

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 079200355  
**Report Date:** 08/10/2022  
**Date Signed:** 08/10/2022 03:37:14 PM

**Document Has Been Signed on 08/10/2022 03:37 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BROOKDALE SAN RAMON	FACILITY NUMBER: 079200355
ADMINISTRATOR: OMOLE, AKINDELE A	FACILITY TYPE: 740
ADDRESS: 18888 BOLLINGER CANYON RD	TELEPHONE: (925) 831-3964
CITY: SAN RAMON STATE: CA	ZIP CODE: 94583
CAPACITY: 110	CENSUS: 45 DATE: 08/10/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 01:55 PM
MET WITH: Akindele Omole, Executive Director	TIME COMPLETED: 03:50 PM

**NARRATIVE**

1	On 8/10/2022 at 1:40 PM, Licensing Program Analysts (LPAs) L. Francisco and P. Watson arrived
2	unannounced to conduct Infection Control Inspection. LPAs met with Executive Director, Akindele Omole
3	and Carolyn Appeal, and LPAs explained the purpose of the visit.
4	
5	During the Infection Control Inspection, LPAs toured facility with Executive Director and Wellness
6	Director including but not limited to front entrance, screening station, hand washing stations, a sample of
7	apartments, common areas, kitchen and backyard. Facility has a sufficient 2-day perishable and one
8	week non-perishable food supply. There is one central entry point for universal screening for staff,
9	residents and visitors. A sign-in policy, thermometer and hand sanitizer were observed at screening
10	station. Hand washing posters were observed. Common touched surfaces are disinfected at least once
11	daily. Bathrooms are equipped with liquid soap, and paper towel. Facility has a 30-day supply of PPEs
12	maintained at central location and easily accessible for staff.
13	
14	At 3:05 PM, LPAs reviewed 5 staff records and 5 of 5 have TB test on file. Facility has a mitigation plan
15	and maintains record of routine screening for residents and staff.
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17	No deficiencies cited during visit. Exit interview conducted with Wellness Director. A copy of this report
18	provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Harpreet Humpal
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Lizette Francisco

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/10/2022

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/10/2022

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**