

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200382
Report Date: 07/28/2021
Date Signed: 07/28/2021 11:59:59 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKDALE DIABLO LODGE	FACILITY NUMBER: 079200382
ADMINISTRATOR: GRADY, WILLIAM	FACILITY TYPE: 740
ADDRESS: 950 DIABLO ROAD	TELEPHONE: (925) 838-8300
CITY: DANVILLE	STATE: CA
CAPACITY: 128	ZIP CODE: 94526
TYPE OF VISIT: Required - 1 Year	CENSUS: 81
MET WITH: Bill Grady, Administrator	DATE: 07/28/2021
	UNANNOUNCED TIME BEGAN: 11:05 AM
	TIME COMPLETED: 12:15 PM

NARRATIVE	
1	On 7/28/2021 at 11:05am, Licensing Program Analyst (LPA) L. Francisco arrived unannounced to
2	conduct Infection Control Inspection. LPA met with Executive Director, Bill Grady and Business Office
3	Manager, Rachel Davis and explained the purpose of this visit..
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5	During the Infection Control Inspection, LPA toured facility with Executive Director and Business Office
6	Manager including but not limited to front entrance, screening station, hand washing stations,
7	apartments, common areas, kitchen and courtyard. 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. Facility staff were observed to be wearing proper PPE. LPA observed 30-day supply of PPEs
11	and accessible to staff. Facility has a mitigation plan and maintains record of routine screening for
12	residents and staff.
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14	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: Lizette Francisco

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/28/2021

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