

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209257

Report Date: 12/16/2025

Date Signed: 12/16/2025 03:10:06 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710 |
| FACILITY EVALUATION REPORT | |

| | | | |
|-------------------------|---|--|----------------|
| FACILITY NAME: | IVY PARK AT SEVEN OAKS | FACILITY NUMBER: | 157209257 |
| ADMINISTRATOR/DIRECTOR: | BRADLEY, PAMELA | FACILITY TYPE: | 740 |
| ADDRESS: | 4301 AND 4225 BUENA VISTA ROAD | TELEPHONE: | (661) 837-1337 |
| CITY: | BAKERSFIELD | STATE: | CA |
| CAPACITY: | 164 | ZIP CODE: | 93311 |
| TYPE OF VISIT: | Required - 1 Year | CENSUS: | 93 |
| | | DATE: | 12/16/2025 |
| | | UNANNOUNCED TIME VISIT/INSPECTION BEGAN: | 09:50 AM |
| MET WITH: | Administrator Pamela Bradley and Health Service Director Sarah Archuleta-Weaver | TIME VISIT/INSPECTION COMPLETED: | 03:20 PM |

NARRATIVE

1 On 12/16/25, Licensing Program Analyst (LPA) M. Yang arrived at the facility unannounced to conduct
2 the
3 Required Annual Inspection. LPA were greeted by receptionist, stated the purpose of the visit and
4 requested to meet with the Administrator. LPA met with Administrator (A1) Pamela Bradley. LPA
5 conducted tour of facility with A1 and Health Service Director Sarah Archuleta-Weaver. Facility consists
6 of Assisted Living (AL) and Memory Care (MC) Unit. Residents were observed seating in dining room
7 and in memory care dining room.
8 The facility was observed to be at a comfortable temperature, clean, in good repair, and there were no
9 passageway obstructions or fire hazards. Facility is equipped with pull stations and fire sprinklers
10 throughout facility. Fire extinguishers were observed throughout the facility with a service date
11 of:10/15/25. Kitchen was toured. An adequate supply of perishable and non-perishable food was
12 observed to be properly stored in walk-in freezer, walk-in refrigerator, and walk-in pantry. Walk-in
13 refrigerator temperature was maintained at 32 degree F. and walk- in freezer was observed at -1 degree
14 F. First Aid kit observed with required items. LPA toured a sample of resident bedrooms in Assisted
15 Living and Memory Care. Facility has sufficient furnishings inside and outside for resident use. LPA
16 observed pulling cords in resident bedrooms. LPA observed securely fastened grab bars and non-skid
17 mats in shower. Medications were stored in a locked medication room in a medication cart. MARs and
18 medications were reviewed. Washer and dryer were observed operational during visit. The outside was
19 observed to be free from debris with outdoor seating available for residents. LPA observed exits in
20 Memory Care to have a 30-second delay egress. A sample of resident and staff files reviewed.
21
22 A deficiency is being cited on the attached Lic 809D in accordance to California Code of Regulations,
23 Title 22, Division 6. An exit interview was conducted. LPA received copies of Lic 308, Lic 500, Lic 610E,
24 Lic 9020, current liability insurance, and Administrator certificate. A copy of this report and appeal rights
25 was provided to Administrator.

| |
|--|
| NAME OF LICENSING PROGRAM MANAGER: See Moua |
| NAME OF LICENSING PROGRAM ANALYST: Mai Yang |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/16/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont) | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710 |
|--|--|

FACILITY NAME: IVY PARK AT SEVEN OAKS

FACILITY NUMBER: 157209257

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/16/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

| | Type A | Section Cited | CCR | 87465(c)(2) | |
|--|--------|---------------|-----|-------------|--|
|--|--------|---------------|-----|-------------|--|

87465 (c)(2) Once ordered by the physician the medication is given according to the physician's directions.
 This requirement was not met as evidenced by:

Deficient Practice Statement

1 Based on interviews conducted, records review, and observation, R1's Senna-Time medication bubble
 2 pack with quantity of 15 was first administered daily starting on 12/11/25 at 08:30AM. Bubble pack was
 3 checked and verified by Health Service Director and LPA, 8 tablets were administered with 7 tablets left
 4 in the bubble pack, which poses an immediate health and safety risk for the person in care.

POC Due Date: 12/17/2025

Plan of Correction

1 Administrator stated will submit written POC of when all medication technicians will complete in-service
 2 training on medications by. POC will be submitted to Fresno CLL by 12/17/25. Staff roster of in-service
 3 training completed will be submitted to the Fresno CCL.
 4

| | | Section Cited | | | |
|--|--|---------------|--|--|--|
|--|--|---------------|--|--|--|

Deficient Practice Statement

1
 2
 3
 4

POC Due Date:

Plan of Correction

1
 2
 3
 4

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

| | |
|---|----------|
| NAME OF LICENSING PROGRAM MANAGER: | See Moua |
| NAME OF LICENSING PROGRAM ANALYST: | Mai Yang |

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/16/2025

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1314 E SHAW AVE
FRESNO, CA 93710

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: IVY PARK AT SEVEN OAKS

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/16/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

| Type B | Section Cited | CCR | 87303(a)(1) |
|--------|---------------|-----|-------------|
|--------|---------------|-----|-------------|

87303(a)(1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.

This requirement was not met as evidenced by:

| Deficient Practice Statement | |
|------------------------------|--|
| 1 | Based on observation, mold was observed in and around three of the kitchen floor sink drain and was observed dirty, which poses/posed a potential Health, Safety, and Personal Rights risk to the residents. |
| 2 | |
| 3 | |
| 4 | |

POC Due Date: 12/22/2025

| Plan of Correction | |
|--------------------|--|
| 1 | Kitchen floor sink drainers shall be clean and with no mold. Proof shall be submitted to Fresno CCL office by POC due date 12/22/25. |
| 2 | |
| 3 | |
| 4 | |

| Section Cited |
|---------------|
|---------------|

| Deficient Practice Statement | |
|------------------------------|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

POC Due Date:

| Plan of Correction | |
|--------------------|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

| | |
|------------------------------------|----------------------|
| NAME OF LICENSING PROGRAM MANAGER: | See Moua Mai Yang |
|------------------------------------|----------------------|

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

A rectangular box for the analyst's signature, containing a small icon of a document with a green checkmark in the top-left corner.

DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

A rectangular box for the facility representative's signature, containing a small icon of a document with a green checkmark in the top-left corner.

DATE: 12/16/2025