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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200922
Report Date: 06/04/2025
Date Signed: 06/04/2025 03:39:05 PM

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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: IVY PARK AT HAYWARD		FACILITY NUMBER:	019200922
ADMINISTRATOR/NAENSILA RANDHAWA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1200 RUSSELL WAY	TELEPHONE:	(510) 727-1700
CITY:	HAYWARD	STATE: CA	ZIP CODE: 94541
CAPACITY: 170		CENSUS: 94	DATE: 06/04/2025
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	03:00 PM
MET WITH:	Nansiela 'Nancy' Randhawa/Executive Director	BEGAN: TIME VISIT/INSPECTION	03:45 PM
		COMPLETED:	

NARRATIVE	
1	While the Department conducted investigation of complaint (Control # 15-AS-
2	20230801150316) and upon review of records and interviews, it was learned that fift
3	assist had to be called each time in order to get R1 up. Facility staff admitted that R1
4	would fall "every single day". All facility staff interviewed stated they did not believe
5	they could provide the level of care R1 required but kept R1 at the facility anyway.
6	
7	
8	LPA discussed the above with Executive Director (ED) Nansiela 'Nancy' Randhawa.
9	
10	Deficiency is from Title 22 California Code Regulations and listed on 809D. Failure
11	to submit proof of correction by plan of correction due date and any repeat
12	violation within 12-month period may result in civil penalty.
13	
14	
15	Deficiency and plan and proof of correction were discussed with the ED.
16	
17	Exit interview conducted. Appeal Rights, LIC9098 Proof of Correction form and copy
18	of this report provided.
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Alicia Delmundo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/04/2025

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 3
California Department of Social Services

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.

LIC809 (FAS) - (09/23)

Page: 2 of 3

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Created By: Alicia Delmundo On 06/04/2025 at 01:32 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT HAYWARD

FACILITY NUMBER: 019200922

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/04/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 06/19/2025 Section Cited	1 §1568.03 License requirements; 2 levels of care; application of 3 chapters; multiple licenses; enjoining 4 violations: (b) A facility may accept or 5 retain residents requiring varying 6 levels of care. However, a facility 7 shall not accept or retain residents who require a higher level of care than the facility is authorized to provide.		
	8 -This requirement is not met as 9 evidenced by; 10 -Based on interviews and record 11 review, the licensee did not comply 12 with the section above in retaining a 13 resident who needed higher level of 14 care which posed an immediate health, safety and/or personal rights risks to person in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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:	Bennett Fong
NAME OF LICENSING PROGRAM ANALYST:	Alicia Delmundo
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/04/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/04/2025