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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201324
Report Date: 09/30/2025
Date Signed: 09/30/2025 02:30:27 PM

Document Has Been Signed on 09/30/2025 02:30 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME:	IVY PARK AT PLEASANTON			FACILITY NUMBER:	019201324
ADMINISTRATOR/ DIRECTOR:	MARTINEZ, DIANE DIEM			FACILITY TYPE:	740
ADDRESS:	5700 PLEASANT HILL ROAD			TELEPHONE:	(925) 416-0238
CITY:	PLEASANTON	STATE: CA		ZIP CODE:	94588
CAPACITY: 103		CENSUS: 92		DATE:	09/30/2025
TYPE OF VISIT:	POC	UNANNOUNCED		TIME VISIT/ INSPECTION BEGAN:	12:30 PM
MET WITH:	Jessica Pryor, Regional Operations Specialist			TIME VISIT/ INSPECTION COMPLETED:	02:45 PM

NARRATIVE

On 09/30/2025 at 12:30 PM Licensing Program Analyst (LPA) L. Alexander conducted an unannounced Proof of Correction (POC) visit and met with Regional Operations Specialist, Jessica Pryor. LPA explained the purpose of the visit to Jessica.

LPA obtained the following documents: copy of R2's Resident Assessment (dated 09/01/24) and Service Plan Reports (dated 02/05/23 and 09/03/23).

On 09/24/2025, LPA L. Alexander conducted a case management visit and cited the facility for not having R1's and R2's files available, including but not limited to documents from 2024.

The facility was previously licensed under License #19200722, with Welltower OPCO Group LLC as the owner and Oakmont Management Group LLC as the operator at the time Complaint #15-AS-20240520111558 was opened on 05/22/2024. The Change of Ownership became effective on 09/06/2024. Staff 1 (S1) stated that Welltower remains the owner while Oakmont manages daily operations. At the time of the ownership change, R2 was still a resident at the facility until 10/01/2024 and R1 moved out 05/31/2024.

LIC809-C Continued...

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong **NAME OF LICENSING PROGRAM ANALYST:** Lori Alexander-Washington **LICENSING PROGRAM ANALYST SIGNATURE:**	**DATE:** 09/30/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 09/30/2025

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.

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

FACILITY NAME: IVY PARK AT PLEASANTON **FACILITY NUMBER:** 019201324

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- **Deficiency Not Cleared:**
  CCR 87506(d) $100.00 x's 1 day = $100.00

Civil Penalties in the amount of $100.00 is assessed today for the period of 09/30/2025 for failure to meet POC due date for deficiency CCR 87506(d). Facility is subject to ongoing penalties until citation is corrected.

Exit interview conducted. A copy of this report, LIC421FC and appeal rights provided.

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
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