

FACILITY EVALUATION REPORT

Facility Number: 019201329
Report Date: 08/16/2024
Date Signed: 08/16/2024 03:05:29 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 OF OAKLAND HILLS		FACILITY NUMBER:	019201329
ADMINISTRATOR/HARRELL, YOLANDA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	11889 SKYLINE BOULEVARD	TELEPHONE:	(510) 531-7190
CITY:	OAKLAND	STATE: CA	ZIP CODE: 94619
CAPACITY:	100	CENSUS: 60	DATE: 08/16/2024
TYPE OF VISIT:	Prelicensing	UNANNOUNCED TIME VISIT/INSPECTION	11:00 AM
MET WITH: Yolanda Harrell		BEGAN: TIME VISIT/INSPECTION	02:00 PM
		COMPLETED:	
NARRATIVE			
1	On this day at around 10 am, Licensing Program Analysts (LPAs) Luisa Fontanilla and Ardalan		
2	Gharachorloo arrived at the facility unannounced to conduct pre licensing inspection and met with		
3	Executive Director (ED) Yolanda Harrell. LPAs explained to Harrell the purpose of the visit. This pre		
4	licensing is being conducted due to a change in ownership (CHOW) of the facility.		
5			
6	The facility has an approved fire clearance for 96 non ambulatory and 4 bedridden residents. LPAs		
7	inspected the facility inside and out including but not limited to the assisted living and Memory Care		
8	units, common areas, kitchen, dining and activity room.		
9			
10	Hot water temperature was measured in five resident rooms at 106 Fahrenheit. There was sufficient		
11	supply of perishable and non perishable foods. Multiple fire extinguishers that appeared full and were		
12	last serviced on 12/7/2023 were observed. The facility's fire clearance was approved on 1/22/2024. Last		
13	fire drill was conducted on 7/18/2024.		
14			
15	During the resident file review, LPAs observed Resident 2 (R2) Physician's Report does not have the		
16	physician's signature. R2 is diagnosed with Dementia. R3's Physician's Report does not have TB test.		
17	R3 is diagnosed with Dementia.		
18			
19	The ED will have R2 and R3 Physician's Reports completed and send a copy to CCL by		
20			
21			
22	The facility is not yet licensed. LPAs will notify CAB about the visit.		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios			

NAME OF LICENSING PROGRAM ANALYST: Luisa Fontanilla

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/16/2024

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

LIC809 (FAS) - (06/04)

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Created By: Luisa Fontanilla On 08/16/2024 at 02:56 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY NAME: IVY PARK OF OAKLAND HILLS

FACILITY NUMBER: 019201329

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/16/2024

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87458(a)	
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Medical Assessment

(a) Prior to a person's acceptance as a resident, the licensee shall obtain and keep on file, documentation of a medical assessment, signed by a physician, made within the last year. The licensee shall be permitted to use the form LIC 602 (Rev. 9/89), Physician's Report, to obtain the medical assessment.



This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review conducted, the licensee did not comply with the section cited above in not having R2's Physician's Report signed by the doctor and R3 without TB test which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 08/30/2024
	Plan of Correction
1	By POC date, updated Physician's Reports for R2 and R3 will be completed and submitted to CCL.
2	
3	
4	

	Section Cited			
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	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.

SUPERVISOR'S NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Luisa Fontanilla	
LICENSING EVALUATOR SIGNATURE:	
	DATE: 08/16/2024
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/16/2024