

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610520

Report Date: 02/19/2026

Date Signed: 02/19/2026 05:13:47 PM

Document Has Been Signed on 02/19/2026 05:13 PM - **It Cannot Be Edited**

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364 |
| FACILITY EVALUATION REPORT | |

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|---|-------------------------|-------------------------|------------------|
| FACILITY NAME: | IVY PARK AT STUDIO CITY | FACILITY NUMBER: | 197610520 |
| ADMINISTRATOR/MARIA QUIZON | | FACILITY TYPE: | 740 |
| DIRECTOR: | | TELEPHONE: | (818) 505-8484 |
| ADDRESS: | 4610 COLDWATER CANYON | STATE: CA | ZIP CODE: 91604 |
| CITY: | STUDIO CITY | CENSUS: 87 | DATE: 02/19/2026 |
| CAPACITY: 121 | | UNANNOUNCED TIME VISIT/ | |
| TYPE OF VISIT: Required - 1 Year | | INSPECTION | 09:15 AM |
| | | BEGAN: | |
| MET WITH: Kandice Vergara Williams - Executive Director | | TIME VISIT/ | |
| | | INSPECTION | 04:45 PM |
| | | COMPLETED: | |

NARRATIVE

1 On 02/19/2026, Licensing Program Analyst (LPA) Nadia Shahbazian conducted an unannounced annual
2 required visit using the CARE Inspection Tool. LPA met with Kandice Vergara Williams - Executive
3 Director and explained the purpose of today's visit. The facility is licensed to serve (121) elderly adults
4 ages 60 and above, of which (121) can be non-ambulatory and (8) Bedridden. The facility has an
5 approved hospice waiver for (20) residents.

6
7 The facility is a four (4) story structure, consisting of the following: Ninety one (91) private resident
8 bedrooms with own bathrooms. The third floor (The Evergreen Unit) is reserved for memory care
9 residents and is equipped with a delayed egress system. There are separate dining rooms, activity
10 rooms, wellness/ medication rooms and patios in Evergreen Memory Care Unit and Assisted Living
11 Units. There are three laundry rooms, administrative offices, kitchen, hair salon and library, theater in the
12 facility. There is no swimming pool or body of water on premises. Facility has a number of patio areas
13 with adequate shading and a separate covered patio on the third floor for the memory care residents.

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17 At 11:50 am, LPA conducted a tour of the physical plant with the Administrator and observed the
18 following:

19
20
21 Facility is equipped with fire doors, delayed egress doors, fire sprinklers, fire extinguishers, cameras in
22 patio and garage. There is internet, cable and telephone available for resident use. Facility conducts
23 quarterly Fire and Disaster Drills, the last drill was conducted on 01/22/2026. LPA observed several fires
24 extinguishers throughout the facility. All fire extinguishers were observed to be full; there is a scheduled
25 fire extinguisher maintenance scheduled tomorrow, 02/20/2026, to be conducted by a contracted
professional company. Smoke and mono-oxide detectors are maintained by the local fire department
annually, therefore the detectors were not tested on today's visit.

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Nadia Shahbazian
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/19/2026

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 WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364 |
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FACILITY NAME: IVY PARK AT STUDIO CITY

FACILITY NUMBER: 197610520

VISIT DATE: 02/19/2026

NARRATIVE

1 Facility's main door is the primary entry/exit access. Screening/Reception area is located immediately
2 upon entrance. Required postings were displayed at the reception area. In addition, the facility has eight
3 (8) exit doors, two (2) exit doors on each floor with two (2) elevators. LPA observed evacuation chair by
4 the stairwells. Roof access is inaccessible to residents. Exit routes are clearly labelled and posted
5 throughout the facility. LPA observed the facility as clean, sanitary, and appropriately furnished in
6 common areas.
7
8 **Kitchen:** Facility has a commercial kitchen with two refrigerators, one walk in refrigerator, one walk in freezer,
9 two stoves, one baking oven and ice cream freezer. LPA observed an adequate supply of perishable foods for two
10 (2) days, and non-perishable food supply for seven (7) days located in the refrigerator, freezer, and pantry. Food
11 was properly labeled and stored. Sharps and knives are stored in the kitchen; inaccessible to residents. Detergents
12 and chemicals were locked in a storage room in the kitchen.
13
14 **Common Areas:** There are living rooms with screened fireplaces on the first floor and the third floor.
15 There are dining room and bistro on the first floor and the third floor. There are multiple activity rooms,
16 libraries, television rooms, patios through out multiple floors, a hair salon on the second floor and a
17 theater on the fourth floor. There are public restrooms in all floors. LPA visited two public bathrooms, in
18 two separate floors and they both were observed to be clean and sanitary.
19
20 **Laundry:** Facility has three laundry rooms, on floors two, three and four, each with two washers and two
21 dryers. LPA observed all the machines in functional capacity. Laundry detergents and chemicals are
22 automatically dispensed.
23
24 **Bedrooms:** LPA toured multiple resident bedrooms on all four floors for safety, privacy, and comfort
25 .The bedrooms were inspected and observed to maintain required furnishings and sufficient lightings
26 and bed linens. All bedrooms were observed to be clean and clear of obstructions. LPA observed that a
27 signal system is activated by a pull cord in each bathroom and bedroom. At 12:42pm in room# 220, LPA
28 pulled the assistance cord; caregiver responded within 2 minutes. At 1:05pm LPA pulled that assistance
29 cord in room# 412 and a caregiver responded in 2 minutes.
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31 Continued on 809-C
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| NAME OF LICENSING PROGRAM MANAGER: Mary G Flores NAME OF LICENSING PROGRAM ANALYST: Nadia Shahbazian LICENSING PROGRAM ANALYST SIGNATURE: | DATE: 02/19/2026 |
|--|-------------------------|

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

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| FACILITY REPRESENTATIVE SIGNATURE: | DATE: 02/19/2026 |
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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION |
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FACILITY EVALUATION REPORT (Cont)WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,
STE. 250
WOODLAND HILLS, CA 91364**FACILITY NAME:** IVY PARK AT STUDIO CITY**FACILITY NUMBER:** 197610520**VISIT DATE:** 02/19/2026**NARRATIVE**

1 **Bathrooms:** LPA toured multiple resident bathrooms on all four floors; all were observed to be clean
 2 and sanitary with necessary supplies and required safety fixtures (grab bars, non-slip mats, anti-slip
 3 floors). Hot water temperature measured between 108.7 °F. and 112.5°F; within the required range. At
 4 1:15pm in bathroom# 311A, LPA pulled the assistance cord; caregiver responded within 3 minutes.
 5

6 **Medications:** Facility has two separate Wellness/Medication rooms and in Evergreen Memory Care
 7 Unit and Assisted Living Unit. All medications were observed to be locked in medications carts,
 8 inaccessible to residents. LPA reviewed Medication Administration Records (MARs) for eight (8)
 9 residents and compared them to the medication count and found no discrepancies. Multiple First Aid kits
 10 and the First Aid Manual were observed in the Wellness Rooms as well.
 11

12 Due to time constraints, LPA was unable to complete today's annual inspection. LPA will return to facility
 13 to review administrative, staff and resident records and to complete the inspection at a later date.
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 18 No deficiencies sited during today's visit. Exit interview was conducted, and copy of the report was given
 19 to facility Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Nadia Shahbazian
LICENSING PROGRAM ANALYST SIGNATURE:

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