

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198204069
Report Date: 09/17/2025
Date Signed: 09/17/2025 03:20:22 PM

Document Has Been Signed on 09/17/2025 03:20 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
FACILITY EVALUATION REPORT	

FACILITY NAME:	IVY PARK AT SANTA MONICA	FACILITY NUMBER:	198204069
ADMINISTRATOR/CLIFTON DOUYON		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(310) 899-1976
ADDRESS:	1312 15TH ST	ZIP CODE:	90404
CITY:	SANTA MONICA	STATE: CA	
CAPACITY: 100		CENSUS: 70	DATE: 09/17/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	09:29 AM
MET WITH:	Clifton Douyon-Administrator.	BEGAN: TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	On 9/17/2025, Licensing Program Analyst (LPA) Bernadette Allen conducted an unannounced visit to
2	conduct an annual required inspection visit. LPA Allen met with Clifton Douyon Administrator who was
3	informed of the purpose of the visit.
4	
5	The facility is licensed to serve (100) elderly adults ages 60 and above, of which (80) can be non-
6	ambulatory and (20) Bedridden. The facility has an approved hospice waiver for (10).
7	
8	The facility is a three story building located in a residential neighborhood and consist of the following:
9	Seventy (70) apartment units with attached bathrooms, open patio area in front of the facility, and three
10	patio areas in the back of facility, two of which are on the second and third floor balconies, salon, two
11	living rooms, restaurant style dining room, two bistro areas, 3 activity rooms and several staff offices on
12	first and second floor.
13	
14	
15	
16	LPA Allen and Clifton toured the physical plant which included the inspection of (6) rooms and (6)
17	bathrooms. The beds and bedding supplies were in good condition, adequate lighting was provided, and
18	storage for the residents' personal belongings was observed and the bathrooms were in good condition
19	and operational.
20	
21	
22	LPA Allen reviewed seven (7) staff files for First Aid/CPR certification, criminal record clearance,
23	training's, and health screenings which all appeared to be current.
24	
25	LPA Allen reviewed seven (7) resident files for admission agreements, updated physician reports, and
	needs and services plans which all appeared to be current.

Continued

NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

NAME OF LICENSING PROGRAM ANALYST: Bernadette Allen

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/17/2025

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

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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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245</p>
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FACILITY NAME: IVY PARK AT SANTA MONICA

FACILITY NUMBER: 198204069

VISIT DATE: 09/17/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>LPA Allen conducted a random audit for four (4) residents' Medication Administration Records (MARs) which appeared that residents medications are being dispensed as prescribed by their physician, centrally stored and properly locked.</p> <p>During the tour LPA Allen observed the facility to be free of obstruction, sanitary, and appropriately furnished. Storage areas for personal hygiene items were in place. Cleaning supplies, toxins, and sharp objects were stored in a way that made them inaccessible to residents in care.</p> <p>Smoke and carbon monoxide detectors were in operable condition, and the fire extinguishers were fully charged, and the last fire drill was conducted on 9/15/2025.</p> <p>The water temperature ranged from 105°F to 120°F, and the temperature ranged from 72°F to 78°F throughout the facility.</p> <p>The kitchen was inspected, and there was a five (5) day supply of perishable and seven (7) day supply of non-perishable food available, which was adequately maintained. There was a menu and activity schedule available for review.</p> <p>All mandated inspection control posters were displayed throughout the facility. According to the California Code of Regulations (Title 22, Division 6, Chapter 8), LPA Allen did not observe deficiencies; therefore, no citations were issued at this time.</p> <p>An exit interview was conducted where this report was discussed and provided to Clifton Douyon Administrator at the conclusion of the visit.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes</p>	
<p>NAME OF LICENSING PROGRAM ANALYST: Bernadette Allen</p>	
<p>LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 09/17/2025</p>

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/17/2025