

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320242  
Report Date: 07/09/2026  
Date Signed: 07/09/2026 04:49:59 PM

Document Has Been Signed on 07/09/2026 04:49 PM - It Cannot Be Edited

|                                                        |                                      |                                                                                                                                                    |                       |
|--------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                                      | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>EL SEGUNDO ASC, 1000 CORPORATE DR #100<br>MONTEREY PARK, CA 91754 |                       |
| FACILITY EVALUATION REPORT                             |                                      |                                                                                                                                                    |                       |
| FACILITY NAME: IVY PARK AT CULVER CITY                 |                                      | FACILITY NUMBER:                                                                                                                                   | 198320242             |
| ADMINISTRATOR/BRITTNEY BUCHANNAN                       |                                      | FACILITY TYPE:                                                                                                                                     | 740                   |
| DIRECTOR:                                              |                                      |                                                                                                                                                    |                       |
| ADDRESS:                                               | 4061 GRAND VIEW BLVD.                | TELEPHONE:                                                                                                                                         | (310) 390-0565        |
| CITY:                                                  | LOS ANGELES                          | STATE: CA                                                                                                                                          | ZIP CODE: 90066       |
| CAPACITY: 150                                          |                                      | CENSUS: 81                                                                                                                                         | DATE: 07/09/2026      |
| TYPE OF VISIT:                                         | Required - 1 Year                    | UNANNOUNCED                                                                                                                                        | TIME VISIT/INSPECTION |
|                                                        |                                      |                                                                                                                                                    | 09:40 AM              |
|                                                        |                                      |                                                                                                                                                    | BEGAN:                |
| MET WITH:                                              | Executive Director - Tierre Thornton | TIME VISIT/INSPECTION                                                                                                                              | 05:00 PM              |
|                                                        |                                      | COMPLETED:                                                                                                                                         |                       |

| NARRATIVE |                                                                                                              |
|-----------|--------------------------------------------------------------------------------------------------------------|
| 1         | On 07/09/2026, the California Department of Social Services (CDSS) – Community Care Licensing                |
| 2         | Division (CCLD) staff conducted an unannounced Required – 1 Year Inspection to the above-named               |
| 3         | facility and met with the Executive Director, Tierre Thornton. The purpose of the visit was explained and    |
| 4         | the LPA was allowed entry to the facility.                                                                   |
| 5         |                                                                                                              |
| 6         | This facility is licensed to serve 150 adults ages 60 and above, of which 140 may be non-ambulatory,         |
| 7         | and 10 may be bedridden. The facility has an approved hospice waiver for 15 residents.                       |
| 8         |                                                                                                              |
| 9         | A total of 81 residents are currently residing in this facility.                                             |
| 10        |                                                                                                              |
| 11        | The Annual Licensing Fees are current.                                                                       |
| 12        |                                                                                                              |
| 13        |                                                                                                              |
| 14        | Facility Layout: The facility is located on a residential street. The facility has a memory care unit and an |
| 15        | assisted living unit; the assisted living unit consists of three floors which includes resident rooms,       |
| 16        | common area, kitchen, dining area, an outdoor shaded area, a laundry room, reception area and                |
| 17        | administrative offices. Memory care unit consists of resident rooms, dining area, common area, outdoor       |
| 18        | activity area and delayed egress doors.                                                                      |
| 19        |                                                                                                              |
| 20        | Outside Grounds: were toured no bodies of water were observed, walkways around the facility were             |
| 21        | clear of hazards, and there are no security bars or weapons on the premises.                                 |
| 22        |                                                                                                              |
| 23        |                                                                                                              |
| 24        |                                                                                                              |
| 25        |                                                                                                              |

|                                                    |
|----------------------------------------------------|
| NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel |
| NAME OF LICENSING PROGRAM ANALYST: Socorro Leandro |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/09/2026

**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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|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
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| <b>FACILITY EVALUATION REPORT (Cont)</b>               |                                                                                                                                                    |

|                                               |                                   |
|-----------------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> IVY PARK AT CULVER CITY | <b>FACILITY NUMBER:</b> 198320242 |
|                                               | <b>VISIT DATE:</b> 07/09/2026     |

| NARRATIVE |                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------|
| 1         | Kitchen Area/Facility Food: The facility has an industrial kitchen. The facility has supplies of           |
| 2         | nonperishable foods for a minimum of one week and fresh perishable foods for a minimum of two days.        |
| 3         | There is fire extinguisher in the kitchen area and it was last serviced on 07/02/2026.                     |
| 4         |                                                                                                            |
| 5         | Indoor Community Space: There are several community indoor spaces for residents; rooms such as             |
| 6         | activity rooms, library room, game rooms, art room, tv room, etc. Residents have access to supplies for    |
| 7         | individual activities and group activities such as books, puzzles, art supplies, board games, and so on.   |
| 8         |                                                                                                            |
| 9         | Outdoor Community Space: Residents have access to outdoor patios with gardens and shaded seating           |
| 10        | areas.                                                                                                     |
| 11        |                                                                                                            |
| 12        | Resident Bedrooms: three to five resident bedrooms were toured on each floor. There was adequate           |
| 13        | lighting, plenty of dresser and closet space observed. Walls and floors were clean and in good condition.  |
| 14        | Toilets, showers, and water faucets worked properly, grab bars were secure, and a non-skid mat was in      |
| 15        | place. Adequate lighting and toiletries were accessible to residents. The pull strings were tested in each |
| 16        | floor and staff responded within one minute.                                                               |
| 17        |                                                                                                            |
| 18        | Medications: There is Medication room in the first floor that is inaccessible to residents in care. All    |
| 19        | medications observed were labeled and maintained in compliance with label instructions and State and       |
| 20        | Federal law. A Medication Administration Records (MARs) was reviewed along with medications, and it        |
| 21        | was current and up to date.                                                                                |
| 22        |                                                                                                            |
| 23        | Miscellaneous: Documents are posted as mandated. The yearly fire alarm testing was conducted on            |
| 24        | 04/20/2026. Yearly fire drill was conducted. The Infection Control Plan and Emergency Disaster Plan are    |
| 25        | current. The Liability Insure expires on 05/01/2027                                                        |
| 26        |                                                                                                            |
| 27        |                                                                                                            |
| 28        | 5 staff records were reviewed, 5 out of 5 staff records had required documentation.                        |
| 29        |                                                                                                            |
| 30        | 5 resident records were reviewed, 5 out of 5 resident records had required documentation.                  |
| 31        |                                                                                                            |
| 32        | No deficiencies are being cited based observation and record review in accordance with the California      |
|           | Code of Regulations, Title 22.                                                                             |
|           | An exit interview was conducted, and a copy of this report was left with the Executive Director, Tierre    |
|           | Thornton.                                                                                                  |

|                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Ulysses Coronel                                               |                         |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Socorro Leandro                                               |                         |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>                                                             | <b>DATE:</b> 07/09/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 07/09/2026 |