

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320431

Report Date: 07/02/2024

Date Signed: 07/02/2024 03:46:41 PM

Document Has Been Signed on 07/02/2024 03:46 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		EL SEGUNDO ASC, 1000 CORPORATE DR #100	
		MONTEREY PARK, CA 91754	
FACILITY NAME: IVY PARK AT PALOS VERDES		FACILITY NUMBER:	198320431
ADMINISTRATOR/KOUL, KELLEY		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(310) 377-7425
ADDRESS: 25535 HAWTHORNE BLVD.	STATE: CA	ZIP CODE:	90505
CITY: TORRANCE	CENSUS: 77	DATE:	07/02/2024
CAPACITY: 115	UNANNOUNCED	TIME VISIT/	
TYPE OF VISIT: Prelicensing	INSPECTION		09:17 AM
	BEGAN:	TIME VISIT/	
MET WITH: Kelley Koul	INSPECTION		04:00 PM
	COMPLETED:		

NARRATIVE	
1	On 07/02/24, Licensing Program Analysts (LPA), Wendy Gibbs and Perry
2	Scott, conducted an announced pre-licensing visit to the facility listed
3	above. LPAs met with Administrator, Kelley Koul, and the purpose of
4	today's visit was explained. There were 77 clients at the facility during the
5	time of visit.
6	
7	
8	An application was submitted to CCLD on 10/20/23 for a change of
9	ownership. The facility is a Residential Care Facility for the Elderly serving
10	residents aged 60 and over, of which 107 can be non-ambulatory and 8
11	can be bedridden.
12	
13	Physical Plant/Structure The facility is a five-story structure located in a
14	commercial neighborhood. The ground floor is the parking and entrance,
15	the first and second floors are Assisted Living, the third floor is Memory
16	Care and the fourth floor is Memory Care. There is a total of 37 Assisted
17	Living units and 61 Memory Care units, each unit contains a bathroom. On
18	the first floor there are 3 common bathrooms, beauty salon, 2 common
19	areas with a TV, computer room, dining room, bistro area, industrial
20	kitchen, storage rooms, laundry room, offices, and staff break room. The
21	second floor consist of an activity room/theater room, bistro, wellness
22	center, laundry room, staff offices, and storage rooms. The third and fourth
23	
24	
25	

floor consist of a kitchen, dining room, activity room, TV room, shaded outdoor patio, staff offices, storage room, and laundry room. During the tour, LPA did not observe any bodies of water on the premises. The outside patio/garden area

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/02/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/02/2024

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

LIC809 (FAS) - (06/04)

Page: 1 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: IVY PARK AT PALOS VERDES

FACILITY NUMBER: 198320431

VISIT DATE: 07/02/2024

NARRATIVE

1 has a shaded area with tables and chairs. The gates exiting the patio are
2 egressed, and work properly. All outside walkways were observed to be
3 clean, clear, and free of obstructions, debris, and hazards. All windows,
4 screens, curtains, and blinds were observed to be in good repair and
5 operate properly.
6
7
8 **Rooms** LPAs inspected all resident rooms and observed them to be clean
9 and in good repair. LPAs observed the rooms have the required furniture
10 including a bed, dresser, nightstand, chair, and storage space for personal
11 belongings. Residents have the option to furnish the rooms how they would
12 like, or the facility has furniture available if residents need it. LPA observed
13 the beds have the required linens including a mattress cover, fitted sheets,
14 blanket, comforter, and pillows. Residents do have the option to use their
15 personal linens, or the facility has a supply. LPAs observed an additional
16 supply of linens in a storage room. All linens and mattress were observed
17 in good condition. All rooms were observed to have ample lighting.
18
19 **Bathrooms** LPAs observed all bathrooms to be operable and within Title
20 22 regulations. The toilet, facets, and shower work properly. The
21 bathrooms were observed clean. The showers were observed with secured
22 safety handrails, nonskid mats, and a shower chair. The showers were
23 observed to be free of mold and mildew. LPA observed storage space for
24 residents' hygiene products. LPAs observed an ample supply of towels and
25 hygiene products available for residents or residents have the option to
26 supply their own. The water temperature measured between 113.3-degrees
27 and 117.5-degrees Fahrenheit.
28
29 **Kitchen** LPAs observed the industrial kitchen to be clean and sanitary
30
31
32

during time of visit. LPAs observed all appliances to be operable and in good repair. LPA

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/02/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2024

LIC809 (FAS) - (06/04)

Page: 3 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: IVY PARK AT PALOS VERDES

FACILITY NUMBER: 198320431

VISIT DATE: 07/02/2024

NARRATIVE

1 observed an ample supply of cookware, dishware, and cutleries. LPA
2 observed a 3-day supply of perishable foods and a 7-day supply of
3 nonperishable foods. All foods were observed properly dated, labeled,
4 packaged, and stored. The freezer temperature measured 0-degrees
5 Fahrenheit, and the refrigerator temperature measured 45-degrees
6 Fahrenheit. LPA observed knives and sharps to be secured and are
7 inaccessible to residents. LPA observed a menu posted in the dining room.
8 The third and fourth floor kitchens were observed to be clean and sanitary.
9 LPA observed a supply of snacks and drinks available for residents at any
10 time LPA observed cleaning supplies and sharps to be secured in a locked
11 storage room and are inaccessible to residents. All trash cans were
12 observed with tight fitting covers.
13
14 **Common Rooms** LPAs observed all common rooms to have ample
15 seating to accommodate residents. LPAs observed all dining rooms to have
16 ample seating to accommodate residents. In the activity room, LPAs
17 observed arts, crafts, games, puzzles, and reading material available for
18 residents. LPAs observed a daily and monthly activity schedule. LPAs
19 observed laundry rooms, that are available to residents, to be clean and in
20 good repair. All walkways, hallways, and stairs in the facility were observed
21 to be clean, clear, and free of hazards and obstructions. The facility was
22 kept at a comfortable temperature of 72-degrees Fahrenheit. All rooms and
23 hallways were observed to have ample lighting.
24
25 **Files** LPAs observed resident files secured in the locked wellness room
26 and are inaccessible to residents. The facility does not handle resident's
27 finances. The staff files are secured in the business office and are
28 inaccessible to residents.
29
30 **Safety** LPAs tested smoke detectors on each floor and carbon monoxide
31 detectors in each resident unit and found them to be operable. When
32 smoke detectors were

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/02/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2024

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: IVY PARK AT PALOS VERDES

FACILITY NUMBER: 198320431

VISIT DATE: 07/02/2024

NARRATIVE

1 triggered, fire doors on each floor operated properly. LPA observed multiple
2 fully charged fire extinguisher last serviced on 05/17/24, throughout the
3 facility. The Fire Safety Inspection was conducted on 05/14/24. The last
4 emergency drill was conducted on 06/28/24. LPAs observed an evacuation
5 chair at each staircase. The facility has a working landline telephone. LPAs
6 observed the facility's Emergency and Disaster Plan posted. LPAs
7 observed all required posting, posted throughout the facility. LPAs tested
8 the signal system in residents' rooms and in common bathrooms. LPAs
9 received and reviewed a copy of the liability insurance through Acord.
10
11 **Medications** LPAs observed medications secured in locked medication
12 cart on each floor. Medications are inaccessible to residents. LPAs
13 observed medications to be in their original packaging. LPAs observed a
14 fully stocked First Aid kit with a current manual, in the wellness room. LPAs
15 observed additional First Aid supply secured in a storage room.
16
17 LPAs and Administrator reviewed and discussed Component III.
18
19 During today's visit, LPA did not observe any issues requiring corrections.
20
21 LPAs will submit a copy of this facility evaluation report to the Central
22 Applications Bureau (CAB) for review. If the applicant has questions
23 regarding the status of the application, they have been instructed to
24 communicate with the CAB Analyst assigned to their application.
25
26 An exit interview was conducted with Administrator, Kelley Koul, and a
27 copy of this report was provided.
28
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/02/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2024