

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603729
Report Date: 07/26/2024
Date Signed: 07/26/2024 02:56:46 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY PARK AT CLAREMONT	FACILITY NUMBER: 198603729
ADMINISTRATOR/HERNANDEZ, DAISY	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2053 NORTH TOWNE AVE	TELEPHONE: (909) 398-4688
CITY: CLAREMONT	STATE: CA
CAPACITY: 81	ZIP CODE: 91711
TYPE OF VISIT: Prelicensing	CENSUS: 58
	ANNOUNCED
	DATE: 07/26/2024
	TIME VISIT/INSPECTION
	BEGAN: 08:57 AM
MET WITH: Administrator Daisy Hernandez	TIME VISIT/INSPECTION
	COMPLETED: 02:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Ramirez conducted an announced pre-licensing visit and
2	was greeted by Administrator Daisy Hernandez. LPA Ramirez explained the purpose of the visit.
3	
4	LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed
5	the following:
6	Physical Plant and Environment safety: Disinfectants, cleaning solutions, poisons and other items
7	that could pose a danger if readily available to residents, were observed to be inaccessible to residents.
8	LPA Ramirez observed carbon monoxide detectors and smoke alarms in hallways. LPA Ramirez
9	inspected six (6) resident rooms. All resident bedrooms contained required furniture, linens and lighting.
10	Water temperatures in all grooming and bathing areas were measured to be with 105 – 120 degrees F.
11	LPA Ramirez observed grab bars near toilets and inside showers. LPA Ramirez observed no-slip mat in
12	showers.
13	Food Service: LPA Ramirez observed sufficient supply of nonperishables for one week and perishable
14	foods for a minimum of two days in the facility kitchen area. Soaps, detergents, and cleaning
15	compounds were observed to be stored away from food supplies. Freezers and refrigerators were
16	observed to be clean and within temperatures of 0 degree F (-17.7 degree C), and refrigerators with
17	maximum temperature of 40 degree F. (4 degree C).
18	Residents Rights-Information: LPA Ramirez observed the following postings in common areas
19	throughout the facility: Complaint Poster (PUB 475), personal rights, and nondiscrimination notice. LPA
20	Ramirez observed facility computers with internet access and a facility land line.
21	Disaster Preparedness: The facility has the Emergency Disaster Plan (LIC610D/9 pages) in place. LPA
22	Ramirez observed facility sketches with exits and emergency exits routes throughout various locations
23	of the facility. LPA Ramirez observed emergency food supply.
24	
25	Residents with Special Needs: LPA Ramirez observed signs posted indicating "No smoking - Oxygen
	in Use" in various locations of the facility. LPA Ramirez observed several oxygen tanks in resident rooms

secured in stands. Knives, sharps or other items that could pose a danger to residents with dementia, were observed to be inaccessible. Auditory devices and delay egress perimeters were observed to be in working order.

SEE 809-C for continuation.

Tony Vasallo
Kimberly Ramirez



DATE: 07/26/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/26/2024

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 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
GREATER LA AC/SC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: IVY PARK AT CLAREMONT

FACILITY NUMBER: 198603729

VISIT DATE: 07/26/2024

NARRATIVE

- 1 **Infection Control:** There are using appropriate hand hygiene and wearing gloves while assisting
- 2 clients. Staff are cleaning and disinfecting often for high touched surfaces. Facility has an Infection
- 3 Control Plan in place.
- 4
- 5 **Personnel Records Training:** Staff files are maintained at the facility. LPA Ramirez observed required
- 6 annual training, CPR and First Aid for six (6) out of the six (6) personnel records reviewed. LPA Ramirez
- 7 observed TB testing results, Health screening, fingerprint clearance and job application for six (6) out of
- 8 the six (6) personnel records reviewed.
- 9
- 10 COMP III was reviewed with Administrator Hernandez.
- 11
- 12 Pre-licensing is complete and this facility has no deficiencies. Exit interview was conducted and a copy
- 13 of this report was provided.
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SUPERVISOR'S NAME: Tony Vasallo

LICENSING EVALUATOR NAME: Kimberly Ramirez

LICENSING EVALUATOR SIGNATURE:

DATE: 07/26/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/26/2024