

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 275202849
Report Date: 03/30/2022
Date Signed: 05/04/2022 03:56:34 PM

Document Has Been Signed on 05/04/2022 03:56 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY PARK AT SALINAS	FACILITY NUMBER: 275202849
ADMINISTRATOR: SAULNIER, AMY	FACILITY TYPE: 740
ADDRESS: 1320 PADRE DRIVE	TELEPHONE: (831) 754-5532
CITY: SALINAS	STATE: CA
CAPACITY: 185	ZIP CODE: 93901
TYPE OF VISIT: Prelicensing	CENSUS: 150
MET WITH: Amy Saulnier, Administrator	DATE: 03/30/2022
	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 12:15 PM

NARRATIVE	
1	On 03/30/22, Licensing Program Analyst (LPA) M. Yang conducted an announced Pre-licensing /
2	Component III Inspection. LPA introduced self, stated the purpose of the visit, and was allowed entry
3	into the facility. LPA met with Administrator Amy Saulnier, Administrator. The facility is a 167 bedrooms of
4	which 123 bedrooms is in assisted living and 44 bedrooms is in memory care. Fire clearance is granted
5	by the local Fire Department for 167 non-ambulatory and 18 bedridden for total capacity of 185.
6	
7	LPA conducted a tour inside and outside of the facility. The following areas were toured and inspected:
8	
9	1st Floor: Community space, Administration offices, Front Lobby, Mail Room, Fitness Center, Laundry
10	Room, Private Dining Room, Dining Area, Medication Room, Kitchen, Break room, Lounge room,
11	Activity rooms, and a sample of rooms.
12	
13	2nd Floor: Administration offices, Hair Salon, Laundry Room, Break room, Lounge room, Medication
14	Room, Library, Chapel, a sample of rooms.
15	
16	3rd Floor: Laundry Room, a sample of rooms.
17	
18	
19	LPA observed bathrooms to be functioning properly with grab bars and non-skid mats. Food supply was
20	checked and appeared to be an adequate supply. Emergency exits are posted. A fire extinguisher was
21	observed and has a service date of 05/26/21. Medications were kept locked and inaccessible to
22	residents in care. Resident records were reviewed. LPA observed resident Admission Agreements and
23	Physician Reports. A sample of staff records were reviewed to have a criminal record clearance.
24	
25	Component III was conducted during today's pre-licensing visit.
	I have found that the applicant has met all pre-licensing requirements. LPA will submit documentation to CAB in Sacramento for final review prior to license being issued.

NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann
NAME OF LICENSING PROGRAM ANALYST: Mai Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/30/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/30/2022

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