

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 277209411
Report Date: 09/06/2024
Date Signed: 09/07/2024 03:48:28 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY PARK OF MONTEREY	FACILITY NUMBER: 277209411
ADMINISTRATOR/SHEARER, KELLIE DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1110 CASS STREET	TELEPHONE: (818) 643-2400
CITY: MONTEREY	STATE: CA ZIP CODE: 93940
CAPACITY: 112	CENSUS: 96 DATE: 09/06/2024
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION: 10:15 AM
MET WITH: Business Office Director Lynn Tran	BEGAN: TIME VISIT/INSPECTION: 12:00 PM
	COMPLETED:

NARRATIVE	
1	On 09/06/2024, Licensing Program Analyst (LPA) V Gorban arrived at the facility unannounced to
2	conduct a case management inspection. LPA met with Business Office Director Lynn Tran and
3	announced the purpose of the inspection.
4	
5	The purpose of the inspection was to follow-up on an incident which occurred on 08/15/2024. On
6	8/15/2024, care provider (CP1) was observed by another care provider (CP2) while assisting with
7	shower and being on the phone using face time video facing resident violating resident personal rights.
8	CP1 was suspended on 08/16/2024 pending investigations. Responsible party of R1 was notified of the
9	incident.
10	
11	Per the California Code of Regulations (CCR), Title 22, Division 6, Chapter 8, the following deficiency
12	was observed and cited on the attached LIC 809-D. Failure to correct the deficiency may result in civil
13	penalties.
14	An exit interview was conducted, and a copy of this report provided to the licensee via email. Appeal
15	Rights (LIC 9058) were provided to the licensee.
16	
17	Exit interview conducted, report signed and copy of this report with appeal rights provided for facility
18	records.
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 09/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 09/06/2024

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

Created By: Vadim Gorban On 09/06/2024 at 11:00 AM
Link to Parent Document Below:

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

FACILITY NAME: IVY PARK OF MONTEREY **FACILITY NUMBER:** 277209411
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/06/2024

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 09/10/2024 Section Cited	1 87468.1 Personal rights. (a) 2 Residents in all residential care 3 facilities for the elderly shall have all 4 of the following personal rights: (1) To 5 be accorded dignity in their personal 6 relationships with staff, residents, 7 and other persons. This requirement was not met as evidenced by:		
	8 Based on records review staff/care 9 provider CP1 while providing 10 ADL/shower to R1, had a phone with 11 turned on facetime facing the 12 resident. resident. This poses 13 potential health and safety risk to 14 persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Brenda Chan
LICENSING EVALUATOR NAME: Vadim Gorban

LICENSING EVALUATOR SIGNATURE:



DATE: 09/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/06/2024