

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003765  
Report Date: 08/04/2025  
Date Signed: 08/04/2025 05:41:47 PM

Document Has Been Signed on 08/04/2025 05:41 PM - It Cannot Be Edited

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100<br>ORANGE, CA 92868 |
| FACILITY EVALUATION REPORT                             |                                                                                                                                                     |

|                         |                                  |                                   |                |
|-------------------------|----------------------------------|-----------------------------------|----------------|
| FACILITY NAME:          | IVY COTTAGES I                   | FACILITY NUMBER:                  | 306003765      |
| ADMINISTRATOR/DIRECTOR: | CARMEN RODRIGUEZ                 | FACILITY TYPE:                    | 740            |
| ADDRESS:                | 9856 MARIPOSA AVENUE             | TELEPHONE:                        | (714) 965-0412 |
| CITY:                   | FOUNTAIN VALLEY                  | STATE:                            | CA             |
| CAPACITY:               | 6                                | ZIP CODE:                         | 92708          |
| TYPE OF VISIT:          | Required - 1 Year                | CENSUS:                           | 6              |
|                         |                                  | DATE:                             | 08/04/2025     |
|                         |                                  | UNANNOUNCED TIME VISIT/INSPECTION | 03:15 PM       |
|                         |                                  | BEGAN:                            |                |
| MET WITH:               | Carmen Rodriguez - Administrator | TIME VISIT/INSPECTION             | 05:30 PM       |
|                         |                                  | COMPLETED:                        |                |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | On August 4, 2025, at 3:15pm, Licensing Program Analyst (LPA) Eboni Bentley conducted an unannounced required 1-Year annual visit. Upon arrival at the facility, LPA Bentley was greeted and granted entry by Caregiver (CG) Michelle Franco. Administrator (AD) Carmen Rodriguez later joined the inspection and was present during the inspection. LPA stated the purpose of the visit and requested Resident/Staff rosters and Personnel Record.                                                            |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6         | The facility is licensed to operate for six (6) non-ambulatory residents, of which one (1) may be bedridden, and has a hospice waiver for three (3) residents. The facility is a single-story building located in a residential neighborhood. It consists of the following: five (5) resident bedrooms, one (1) staff bedroom, two (2) bathrooms, two living room areas, dining area, kitchen, an outdoor covered seating area, and an attached two car garage.                                                |
| 7         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11        | LPA Bentley toured inside and outside of the physical plant with AD Rodriguez. There are no obstructions on the premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting was provided, storage for each resident's personal belongings was observed. Bed linens, comforters, and bath towels were adequately stocked at the time of visit. Bathrooms were found to be clean and operational. The water temperature measured 109.0 degrees F to 112.6 degrees F. |
| 12        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16        | CONTINUE TO LIC809-C....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 17        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 25        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                    |                 |
|------------------------------------|-----------------|
| NAME OF LICENSING PROGRAM MANAGER: | Lourdes Montoya |
| NAME OF LICENSING PROGRAM ANALYST: | Eboni Bentley   |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/04/2025

**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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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                                     |

|                               |                            |
|-------------------------------|----------------------------|
| FACILITY NAME: IVY COTTAGES I | FACILITY NUMBER: 306003765 |
|                               | VISIT DATE: 08/04/2025     |

| NARRATIVE |                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------|
| 1         | LPA Bentley observed the facility to be sanitary and appropriately furnished at the time of visit. Storage |
| 2         | areas for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not              |
| 3         | accessible to residents. The                                                                               |
| 4         | kitchen was inspected and there is a two-day supply of perishable and seven-day supply of non-             |
| 5         | perishable food available and maintained properly.                                                         |
| 6         |                                                                                                            |
| 7         | During the visit, LPA Bentley observed all mandated inspection control posters were posted. A              |
| 8         | comfortable                                                                                                |
| 9         | temperature of 78 degrees F was maintained in the facility. The smoke detectors and carbon monoxide        |
| 10        | detectors were operable. A working telephone (714-965-0412) remains available, and the facility has a      |
| 11        | device                                                                                                     |
| 12        | that can be used for video teleconference purposes. Emergency food, emergency water, and                   |
| 13        | emergency                                                                                                  |
| 14        | supplies were stored in the garage. The facility has one (1) fire extinguisher that was charged, mounted,  |
| 15        | and                                                                                                        |
| 16        | serviced on August 12, 2024. Liability Insurance is effective April 30, 2025, and expires on April 30,     |
| 17        | 2026. Emergency safety drills were last conducted on July 1, 2025, and conducted quarterly. First aid kit  |
| 18        | is maintained and contains all the necessary elements.                                                     |
| 19        |                                                                                                            |
| 20        | Based on observations, interviews and record reviews, no deficiencies are being cited during this visit as |
| 21        | per Title 22 Division 6 Chapter 8 of the California Code of Regulations. LPA will address the following    |
| 22        | during the continuation annual visit:                                                                      |
| 23        |                                                                                                            |
| 24        | • Fire clearance for garage                                                                                |
| 25        | • Medication refrigerator in garage                                                                        |
| 26        | • Food storage                                                                                             |
| 27        | • Medication and MAR                                                                                       |
| 28        |                                                                                                            |
| 29        |                                                                                                            |
| 30        | An exit interview was conducted, and a copy of this report was provided to Administrator Carmen            |
| 31        | Rodriguez at the end of the visit.                                                                         |
| 32        |                                                                                                            |

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|---------------------------------------------------------------------------------------------------------|------------------|
| NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya                                                      |                  |
| NAME OF LICENSING PROGRAM ANALYST: Eboni Bentley                                                        |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                                                    | DATE: 08/04/2025 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 08/04/2025 |