

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005351

Report Date: 03/26/2026

Date Signed: 03/26/2026 02:37:35 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME:	IVY PARK AT MISSION VIEJO	FACILITY NUMBER:	306005351
ADMINISTRATOR/FOUDIL MANADI		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(949) 364-6210
ADDRESS:	27783 CENTER DRIVE	ZIP CODE:	92692
CITY:	MISSION VIEJO	STATE:	CA
CAPACITY:	150	CENSUS:	115
TYPE OF VISIT:	Required - 1 Year	DATE:	03/26/2026
		UNANNOUNCED TIME VISIT/INSPECTION	08:17 AM
		BEGAN:	
MET WITH:	Noe Castaneda and Foudil Manadi	TIME VISIT/INSPECTION	03:00 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analysts (LPAs) Kimberly Lyman and Andrea Mendivil conducted an unannounced
2 visit to Ivy Park at Mission Viejo. The purpose of today's visit was to conduct the annual required visit.
3 Facility is licensed for 150 non-ambulatory residents of which 8 may be bedridden in designated rooms.
4 Facility has an approved hospice waiver for 50 residents and the facility has 72 residents in assisted
5 living and 43 in memory care. There are 8 residents on hospice. Administrator Foudil Manadi has an
6 administrator certificate expiring on 01/28/2027
7
8 LPAs Lyman and Mendivil along with Administrator Manadi toured the facility at 9:28 AM. LPAs toured
9 the physical plant, checked food service, facility records and the first aid kit. The facility consists of two
10 stories in the main building including a library, bistro, cinema room, game room and hair salon. Memory
11 care is a single story detached building. Resident bedrooms had the required furniture, bed linens and
12 closet/drawer space to accommodate each resident comfortably. Resident bathrooms were checked.
13 Toilets and water faucets worked properly, grab bars were secure and shower was free of mold/mildew.
14 Water temperature measured between 108 degrees F and 117.8 degrees F in all restrooms. Resident
15 bath towels, toiletries and personal hygiene supplies were adequately stocked. Emergency pull cord
16 response times were immediate. Common areas were clean and clear of hazards, doorways were free
17 of obstructions. Perishable and non-perishable food supply was checked and adequately stocked at
18 time of visit. Facility had posted appliance temperatures and all were in range. Dining room has varied
19 menu choices for residents. Smoke detectors and fire/ sprinkler inspections are conducted by a third
20 party, Quick Response Fire Protection with the last inspection on 04/16/2025. Fire extinguishers were
21 fully charged. LPAs reviewed the emergency disaster plan and plan is thorough and complete. Facility
22 conducts emergency drills with the last drill conducted on 03/04/2026. CONTINUED ON LIC 809C
23 DATED 03/26/2026
24
25

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/26/2026

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868</p>
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FACILITY NAME: IVY PARK AT MISSION VIEJO

FACILITY NUMBER: 306005351

VISIT DATE: 03/26/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>LPA's observed ample emergency food and water. Outside grounds were toured. LPA's observed outside patio areas for both assisted living and memory care. There is ample outdoor shaded seating for residents. Walkways around the facility were clear of hazards. There are no security bars or weapons on the premises. LPA's observed residents participating in activities and facility offers an array of activities including outings in the community. First aid kit contained all required items including tweezers, scissors and thermometer. LPA's reviewed ten resident files and six staff files. All resident files contained required documentation including admission agreements, physician reports and resident appraisals. Staff files reviewed contained required documentation including required annual training, medical assessment, criminal record clearance and proof of CPR training. LPA's reviewed medication administration and storage. Medications are stored in locked medication carts and facility utilizes an electronic medication administration record. Medications appear to be administered per physician order.</p> <p>Based on the observations made during today's visit, NO deficiencies are being cited. Exit interview conducted and a copy of this report was left at the facility.</p>

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/26/2026