

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006017  
Report Date: 06/04/2026  
Date Signed: 06/04/2026 04:46:57 PM

Document Has Been Signed on 06/04/2026 04:46 PM - It Cannot Be Edited

|                                                                       |                                                                                                              |                                                                                                                                                     |                 |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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 TERRACE AT FULLERTON                               |                                                                                                              | FACILITY NUMBER:                                                                                                                                    | 306006017       |
| ADMINISTRATOR/TAMMIE SAMPEDRO                                         |                                                                                                              | FACILITY TYPE:                                                                                                                                      | 740             |
| DIRECTOR:                                                             |                                                                                                              |                                                                                                                                                     |                 |
| ADDRESS:                                                              | 1510 E. COMMONWEALTH AVENUE                                                                                  | TELEPHONE:                                                                                                                                          | (657) 551-3355  |
| CITY:                                                                 | FULLERTON                                                                                                    | STATE: CA                                                                                                                                           | ZIP CODE: 92831 |
| CAPACITY: 72                                                          | CENSUS: 39                                                                                                   | DATE:                                                                                                                                               | 06/04/2026      |
| TYPE OF VISIT: Required - 1 Year                                      | UNANNOUNCED                                                                                                  | TIME VISIT/INSPECTION                                                                                                                               | 12:30 PM        |
| MET WITH: Samuel de Guzman, LVN/ Regional Operations Specialist (ROS) |                                                                                                              | BEGAN: TIME VISIT/INSPECTION                                                                                                                        | 04:36 PM        |
| COMPLETED:                                                            |                                                                                                              |                                                                                                                                                     |                 |
| NARRATIVE                                                             |                                                                                                              |                                                                                                                                                     |                 |
| 1                                                                     | Licensing Program Analyst (LPA) Rose Ruppert made an unannounced visit to conduct an Annual                  |                                                                                                                                                     |                 |
| 2                                                                     | Required Evaluation. LPA was greeted and granted entry by Concierge at 12:30p,. LPA met with                 |                                                                                                                                                     |                 |
| 3                                                                     | Regional Operations Specialist Samuel de Guzman and explained the purpose of the visit.                      |                                                                                                                                                     |                 |
| 4                                                                     |                                                                                                              |                                                                                                                                                     |                 |
| 5                                                                     | Currently the facility has thirty-nine residents with a capacity of seventy-two ambulatory; of which twenty  |                                                                                                                                                     |                 |
| 6                                                                     | five may be non-ambulatory. The facility is approved for a hospice waiver for twenty. Currently the facility |                                                                                                                                                     |                 |
| 7                                                                     | is approved for delayed egress and construction is being done with contractors to provide delayed            |                                                                                                                                                     |                 |
| 8                                                                     | egress doors. Currently, all exit doors are secured and locked.                                              |                                                                                                                                                     |                 |
| 9                                                                     |                                                                                                              |                                                                                                                                                     |                 |
| 10                                                                    | The facility consists of two buildings. The first building is primarily administrative offices and is two    |                                                                                                                                                     |                 |
| 11                                                                    | floors.. No residents reside in the building. The second building is a single story building with five wings |                                                                                                                                                     |                 |
| 12                                                                    | with single and shared apartments. Bathrooms are shared in a "Jack and Jill" fashion in each apartment       |                                                                                                                                                     |                 |
| 13                                                                    | but there are no showers. Each wing has two restrooms/showers that are used for the community. LPA           |                                                                                                                                                     |                 |
| 14                                                                    | observed bathrooms had grab bars and non-skid flooring, One bathroom was being renovated but all             |                                                                                                                                                     |                 |
| 15                                                                    | other bathrooms were in working order. LPA tested the hot water temperature in four of four resident         |                                                                                                                                                     |                 |
| 16                                                                    | apartments. The hot water temperature was 105.2 degrees Fahrenheit.                                          |                                                                                                                                                     |                 |
| 17                                                                    |                                                                                                              |                                                                                                                                                     |                 |
| 18                                                                    | During today's visit, LPA toured the facility and inspected the physical plant. Regional Maintenance         |                                                                                                                                                     |                 |
| 19                                                                    | Specialist Tony Chiasson provided LPA background history on delayed egress and fire inspection               |                                                                                                                                                     |                 |
| 20                                                                    | reports by vendor Cal Building Systems on April 30, 2026. Fire and carbon monoxide detectors were            |                                                                                                                                                     |                 |
| 21                                                                    | tested and passed. Fire extinguishers were charged and inspected on March 25, 2026. The facility's last      |                                                                                                                                                     |                 |
| 22                                                                    | fire drill was conducted on May 20 2026.                                                                     |                                                                                                                                                     |                 |
| 23                                                                    | (Continued on LIC 809-C)                                                                                     |                                                                                                                                                     |                 |
| 24                                                                    |                                                                                                              |                                                                                                                                                     |                 |
| 25                                                                    |                                                                                                              |                                                                                                                                                     |                 |
| NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz                        |                                                                                                              |                                                                                                                                                     |                 |
| NAME OF LICENSING PROGRAM ANALYST: RoseMarie Ruppert                  |                                                                                                              |                                                                                                                                                     |                 |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/04/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/04/2026

**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 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 TERRACE AT FULLERTON | FACILITY NUMBER: 306006017 |
|                                         | VISIT DATE: 06/04/2026     |

| NARRATIVE |                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------|
| 1         | (Continued from LIC 809)                                                                                   |
| 2         |                                                                                                            |
| 3         | LPA inspected the kitchen's food supply and observed the facility retained a minimum of two days           |
| 4         | perishable and seven days non-perishable food on hand. Resident modified diets were posted in the          |
| 5         | kitchen. Emergency supplies were in a storage room with large water storage tanks. LPA toured resident     |
| 6         | apartments and all rooms had the required furnishings and linens. LPA observed residents in a              |
| 7         | communal activity. LPA toured the courtyard and observed a shaded seating area and ample outdoor           |
| 8         | space for activities.                                                                                      |
| 9         |                                                                                                            |
| 10        | LPA reviewed three of three staff training and fingerprint records and reviewed four of four resident      |
| 11        | records. LPA interviewed alert residents regarding their quality of care and spoke to staff present        |
| 12        | regarding care provided. LPA confirmed that administrator has a current administrator certificate which    |
| 13        | expires on August 28, 2026.                                                                                |
| 14        |                                                                                                            |
| 15        | Based on the observations made during today's visit, the facility appears to be in compliance with Title   |
| 16        | 22 Division 6 of the California Code of Regulations, no deficiencies cited on this date. An exit interview |
| 17        | was conducted with Samuel de Guzman, ROS and a copy of the report and files reviewed (LIC 858 &            |
| 18        | LIC 859) were given at the time of the visit.                                                              |
| 19        |                                                                                                            |
| 20        |                                                                                                            |
| 21        |                                                                                                            |
| 22        |                                                                                                            |
| 23        |                                                                                                            |
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| 30        |                                                                                                            |
| 31        |                                                                                                            |
| 32        |                                                                                                            |

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz                                                          |                  |
| NAME OF LICENSING PROGRAM ANALYST: RoseMarie Ruppert                                                    |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                                                    | DATE: 06/04/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 06/04/2026 |