

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006069
Report Date: 03/22/2024
Date Signed: 03/22/2024 04:32:44 PM

Document Has Been Signed on 03/22/2024 04:32 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, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY PARK AT BRADFORD	FACILITY NUMBER: 306006069
ADMINISTRATOR:RUZICA CALABRESE	FACILITY TYPE: 740
ADDRESS: 1180 N BRADFORD AVE	TELEPHONE: (714) 996-9292
CITY: PLACENTIA	STATE: CA ZIP CODE: 92870
CAPACITY: 136	CENSUS: 109 DATE: 03/22/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCEDTIME BEGAN: 08:35 AM
MET WITH: Neha Patel	TIME COMPLETED: 04:45 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Claudia Gutierrez and Rose Ruppert made an unannounced visit for
2	the purpose of conducting a Required/Annual Inspection. LPAs met with Health Services Director (HSD)
3	Neha Patel and explained the purpose of the inspection. Executive Director (ED) Rose Calabrese
4	arrived at 9:30 a.m.
5	
6	During the inspection LPAs, HSD, and ED conducted a tour of the inside and outside of the facility,
7	common areas, resident rooms, kitchen, and observed the following:
8	
9	The facility consists of a two-story building complex for assisted living and an adjacent one-story
10	building used for Memory Care. Delayed egress was tested and observed to be operational. All resident
11	bedrooms had the required furnishings. LPAs observed all resident beds had linens and blankets. The
12	facility has three courtyard areas, each with a shaded sitting area. LPAs observed residents in the
13	facility common areas and resting in their respective bedrooms. Bathrooms were observed to be free of
14	debris and mildew, faucets and toilets were operational. Water temperature tested between 113.7-120.9
15	F degrees.
16	
17	LPAs observed emergency disaster plan with means of exiting and emergency phone numbers listed.
18	Food menu and activities calendar were posted and visible. LPAs observed the facility has a 2-day
19	supply of perishables and a 7-day supply of non-perishable food as required by regulations. Smoke
20	detectors are on a sprinkler system and inspected quarterly. Carbon monoxide detectors are located
21	outside every resident bedroom and tested operational. At least two fire extinguishers are located along
22	every hallway in the facility, and were observed to be fully charged with service tags dated October 30,
23	2023. Kitchen appliances, washer, and dryer were all observed to be operable. Sharps, all and any toxic
24	chemicals, cleaning solutions, laundry toxins and disinfectants are inaccessible to residents. Medication
25	room was observed to be locked; however, over-the-counter medication was observed to be in Resident
	1's (R1's) bathroom cabinet. R1 is diagnosed with dementia per Physician Report (LIC602A); a
	Deficiency was cited on today's date. LPA reviewed eight resident files and five staff files. LPA
	interviewed five residents and five staff.(Cont. LIC809-C)

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Claudia Gutierrez
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 03/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 03/22/2024

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

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

FACILITY NAME: IVY PARK AT BRADFORD **FACILITY NUMBER:** 306006069
VISIT DATE: 03/22/2024

NARRATIVE

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	Based on the observations made during today's inspection, one deficiency is being cited per Title 22 Division 6 of the California Code of Regulations. An exit interview was conducted, and a copy of this report and appeal rights was left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Claudia Gutierrez
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 03/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 03/22/2024

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

FACILITY NAME: IVY PARK AT BRADFORD **FACILITY NUMBER:** 306006069
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/22/2024

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87705
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(f) The following shall be stored inaccessible to residents with dementia: (2) Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, the licensee did not comply with the section cited above as over-the-counter medication was observed to be accessible in a dementia resident's bathroom, which poses an immediate health and safety risk to persons in care.
2	
3	
4	
POC Due Date: 03/23/2024	
Plan of Correction	
1	HSD immediately removed medication from resident's bathroom and stated staff training will be conducted and proof will be submitted to LPA via email by POC date.
2	
3	
4	

Section Cited

Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
1	
2	
3	
4	

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:	Armando J Lucero
LICENSING EVALUATOR NAME:	Claudia Gutierrez
LICENSING EVALUATOR SIGNATURE:	
	DATE: 03/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/22/2024