

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306006069  
Report Date: 12/27/2021  
Date Signed: 12/27/2021 02:14:19 PM

**Document Has Been Signed on 12/27/2021 02:14 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 744 P STREET, MS 9-14-8201	
		SACRAMENTO, CA 95814	
FACILITY NAME: IVY PARK AT BRADFORD		FACILITY NUMBER:	306006069
ADMINISTRATOR: CALABREASE, ROSE		FACILITY TYPE:	740
ADDRESS: 1180 N BRADFORD AVE		TELEPHONE:	(714) 996-9292
CITY: PLACENTIA	STATE: CA	ZIP CODE:	92870
CAPACITY: 136	CENSUS:	DATE:	12/27/2021
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	02:00 PM
MET WITH:		TIME COMPLETED:	02:11 PM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	Facility Type: RCFE
5	Application Type: CHOW
6	Capacity: 136
7	
8	Census (if any clients in care): 84
9	Method: Telephone call with CAB
10	COMP II Participants: Rose Calabrease, Administrator; Shannon Betker, analyst.
11	
12	
13	Applicant/administrator participated in COMP II at CAB via telephone call with analyst at CAB. Identification of the applicant and administrator was verified by
14	confirming driver's license number. During COMP II, applicant and administrator
15	confirmed the understanding of Title 22. Component II was successfully completed.
16	
17	Applicant and administrator were advised to email/fax signed LIC 809 with copy of
18	photo ID to CAB.
19	
20	
21	
22	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
23	following areas:
24	1. Facility operation: License type, client/resident populations, and program
25	2. Staff qualifications and responsibilities
	3. Staff training
	4. Applicant and Administrator qualifications
	5. Grievances, Complaints, Community resources
	6. Food service

7. Medication management

8. Application document review and technical assistance: Pre-licensing inspection

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion

**NAME OF LICENSING PROGRAM ANALYST:** Shannon Betker

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/27/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/27/2021

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