

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306006069

Report Date: 03/20/2026

Date Signed: 03/20/2026 04:30:05 PM

Document Has Been Signed on 03/20/2026 04:30 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: IVY PARK AT BRADFORD	FACILITY NUMBER: 306006069
ADMINISTRATOR/RUZICA CALABRESE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1180 N BRADFORD AVE	TELEPHONE: (714) 996-9292
CITY: PLACENTIA	STATE: CA
CAPACITY: 136	ZIP CODE: 92870
TYPE OF VISIT: Required - 1 Year	CENSUS: DATE: 03/20/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 08:30 AM
	BEGAN: TIME VISIT/INSPECTION: 04:45 PM
MET WITH: Rose Calabrese	COMPLETED:

### NARRATIVE

1 Licensing Program Analyst (LPA) Claudia Gutierrez made an unannounced visit for the purpose of  
2 conducting a Required/Annual Inspection. LPA met with Executive Director (ED) Rose Calabrese and  
3 the purpose of the inspection was discussed.  
4  
5 During the inspection, LPA and ED conducted a tour of the inside and outside of the facility, common  
6 areas, resident rooms, kitchen, and observed the following:  
7  
8 The facility consists of a two-story building used for assisted living and an adjacent one-story building  
9 used for Memory Care. Resident bedrooms were observed to have the required furnishings. LPA  
10 observed resident beds had linens and blankets. The facility's call system was tested in select resident  
11 bedrooms and observed to be operable. The facility has three courtyard areas, each with multiple  
12 shaded sitting areas. LPA observed residents in common areas, engaging in leisure activities such as  
13 puzzles, cards, and group discussion. Residents were also observed resting in their respective  
14 bedrooms. Bathrooms were observed to be free of debris and mildew and faucets and toilets were  
15 operational. Water temperature tested between 109.0 - 121.4 F degrees. LPA observed the facility has a  
16 2-day supply of perishables and a 7-day supply of non-perishable food as required by regulations.  
17 Smoke detectors are on a sprinkler system and annual fire alarm report indicated last inspection was  
18 conducted on January 13, 2026. Carbon monoxide detectors are located outside every resident's  
19 bedroom and tested operational. Fire extinguishers are located in every facility hallway and were  
20 observed to be fully charged with service tags dated October 28, 2025. Kitchen appliances and laundry  
21 washers and dryers were all observed to be operable. Sharps, all and any toxic chemicals, cleaning  
22 solutions, laundry toxins and disinfectants are inaccessible to residents. (Cont. LIC809-C)  
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24  
25

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Claudia Gutierrez

**LICENSING PROGRAM ANALYST SIGNATURE:**

DATE: 03/20/2026

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

DATE: 03/20/2026

**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.

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

**FACILITY NUMBER:** 306006069

**VISIT DATE:** 03/20/2026

NARRATIVE	
1	Medication was observed to be centrally stored in medication carts, which are stored and locked in the
2	medication room. LPA reviewed medication and medication administrator records for select residents.
3	LPA conducted file review of ten resident files and five staff files. LPA interviewed seven residents and
4	five staff.
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6	Based on the observations made during today's inspection, no deficiencies are being cited per Title 22
7	Division 6 of the California Code of Regulations. An exit interview was conducted, and a copy of this
8	report was left at the facility.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Armando J Lucero <b>NAME OF LICENSING PROGRAM ANALYST:</b> Claudia Gutierrez <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 03/20/2026
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/20/2026
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