

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306006203  
Report Date: 09/12/2022  
Date Signed: 09/12/2022 09:48:49 AM

**Document Has Been Signed on 09/12/2022 09:48 AM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: IVY PARK AT SAN JUAN CAPISTRANO	FACILITY NUMBER: 306006203
ADMINISTRATOR: PRIESMAN, SABRINA	FACILITY TYPE: 740
ADDRESS: 32200 DEL OBISPO STREET	TELEPHONE: (949) 496-8802
CITY: SAN JUAN CAPISTRANO	STATE: CA
CAPACITY: 120	ZIP CODE: 92675
TYPE OF VISIT: Office	CENSUS: ANNOUNCED
MET WITH: Eric Mensah	DATE: 09/12/2022
	TIME BEGAN: 09:30 AM
	TIME COMPLETED: 09:46 AM

NARRATIVE	
1	Component II completion: Successful
2	
3	Facility Type: RCFE
4	Application Type: CHOW
5	Capacity: 120
6	Census (if any clients in care):
7	COMP II Participants: Eric Mensah (Administrator)
8	Interview Method: Telephone interview
9	
10	On 09/12/2022, applicant/administrator participated in COMP II. Identification of the applicant and
11	administrator was verified through interview questions based on photo ID and other identifying personal
12	information. During COMP II, applicant and administrator confirmed the understanding of the California
13	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.
14	
15	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
16	1. Facility operation: License type, client/resident populations, and program
17	2. Admission Policies
18	3. Staffing requirements & Training
19	4. Restrictive/Prohibited Health Conditions
20	5. General provisions
21	6. Emergency Preparedness
22	7. Complaints & Reporting
23	8. Pre-licensing readiness
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Mirella Quaranta <b>NAME OF LICENSING PROGRAM ANALYST:</b> Susan Nguyen
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/12/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/12/2022

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