

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006222

Report Date: 02/02/2023

Date Signed: 07/10/2023 10:41:31 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY AT WELLINGTON, THE	FACILITY NUMBER: 306006222
ADMINISTRATOR: AHMED, SAFOORA	FACILITY TYPE: 740
ADDRESS: 24903 MOULTON PARKWAY	TELEPHONE: (949) 458-2311
CITY: ALISO VIEJO	STATE: CA
CAPACITY: 305	ZIP CODE: 92653
TYPE OF VISIT: Office	CENSUS: 02/02/2023
MET WITH: KATHLEEN OLSON	ANNOUNCED
	DATE: 02/02/2023
	TIME BEGAN: 10:55 AM
	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 305
4	Census (if any clients in care):
5	COMP II Participants: KATHLEEN OLSON, ADMINISTRATOR
6	Interview Method: Telephone interview
7	Virtual interview (Skype, Go To Meeting, etc)
8	In-person interview (Headquarter conference room)
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13	On 2/2/23, applicant/administrator participated in COMP II. Identification
14	of the applicant and administrator was verified through interview questions
15	based on photo ID and other identifying personal information. During COMP
16	II, applicant and administrator confirmed that they have read and understand
17	community care facility licensing laws included in the Health and Safety
18	Codes and the California Code of Regulations Title 22. Signed LIC 809 with
19	copy of photo ID have been obtained.
20	
21	
22	
23	
24	During COMP II, CAB analyst confirmed Applicant/Administrator's
25	understanding of following areas:
	1. Facility operation: License type, client/resident populations, and program
	2. Admission Policies
	3. Staffing requirements & Training

- 4. Restrictive/Prohibited Health Conditions
- 5. General provisions

NAME OF LICENSING PROGRAM MANAGER: Mirella Quaranta

NAME OF LICENSING PROGRAM ANALYST: Stefania Fonteno

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/02/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/02/2023

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