

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006402
Report Date: 05/21/2026
Date Signed: 05/21/2026 04:43:45 PM

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

FACILITY NAME:	IVY PARK AT SEAL BEACH	FACILITY NUMBER:	306006402
ADMINISTRATOR/TAMI OJWANG		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3850 AND 3840 LAMPSON AVE	TELEPHONE:	(562) 594-5788
CITY:	SEAL BEACH	STATE: CA	ZIP CODE: 90740
CAPACITY:	261	CENSUS:	182
TYPE OF VISIT:	Required - 1 Year	DATE:	05/21/2026
		UNANNOUNCED TIME VISIT/INSPECTION	12:45 PM
		BEGAN:	
MET WITH:	Administrator- Tami Ojwang	TIME VISIT/INSPECTION	05:00 PM
		COMPLETED:	

NARRATIVE	
1	On May 21, 2026, at 12:45 PM, Licensing Program Analyst (LPA) Edward Kim conducted an unannounced required 1-Year annual visit using the CARE Inspection Tool. Upon arrival at the facility, LPA Kim met with Administrator (ADMIN) Tami Ojwang and explained the purpose of the visit.
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5	The facility is licensed to operate for fifty-three ambulatory residents and two hundred and eight (208) non-ambulatory, of which eight (8) may be bedridden, and have a hospice waiver for twenty (20) residents. The facility has two buildings with three stories each, which consists of the following: one hundred forty-six (146) resident bedrooms, seven (7) offices, three medication rooms, one hundred and fifty (150) bathrooms, two waiting areas, seven activity areas, exercise room, two bistro areas, theater, three dining areas, kitchen, and two outdoor covered patio areas.
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9	LPA Kim toured indoor and outdoor of the physical plant. There are no bodies of water or obstructions on the premises. Beds and bedding supplies were in good condition, adequate lighting was provided, storage for each resident's personal belongings was observed. Bed linens, comforters, and bath towels were adequately stocked at the time of visit. The following bedrooms were inspected in Building A: Resident Room 106, Resident Room 117, Resident Room 127, Resident Room 211, Resident Room 225, Resident Room 303, and Resident Room 312. The following bedrooms were inspected in Building B: Resident Room 106, Resident Room 125, Resident Room 202, Resident Room 215, Resident Room 309, and Resident Room 321. Bathrooms were found to be within Title 22 regulations and were clean and operational. The water temperature measured between 111.9 degrees F and 115.3 degrees F. A comfortable temperature of 75 degrees F was maintained in the facility.
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13	Evaluation Report Continues on LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Edward Kim

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/21/2026

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT SEAL BEACH	FACILITY NUMBER: 306006402
	VISIT DATE: 05/21/2026

NARRATIVE	
1	LPA Kim observed the facility to be sanitary and appropriately furnished at the time of visit. Storage
2	areas for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not
3	accessible to residents. The kitchen was inspected and there is a two-day supply of perishable and
4	seven-day supply of non-perishable food available and maintained properly.
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6	During the visit, LPA Kim observed the facility's infection control practices. LPA observed the facility has
7	a 30-day supply of Personal Protective Equipment (PPE). Emergency water is stored outside by the
8	kitchen exit. Emergency food and emergency supplies were stored in a storage shed in the back of the
9	facility. A working telephone (562-594-5788) remains available. LPA Kim reviewed the facility's plan of
10	operation, emergency and disaster plan, and fire/safety drill log. The facility conducts a Fire/Safety Drill
11	quarterly and was last conducted on April 4, 2026. All facility fire extinguishers were charged, and they
12	were all serviced on October 7, 2025. All smoke detectors and carbon monoxide detectors were
13	operable and were last inspected on December 29, 2025, by Cal Building Systems. Certificate of
14	Liability insurance is effective May 1, 2026, and expires on May 1, 2027.
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16	LPA conducted nine (9) resident interviews and four(4) staff interviews.
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18	Due to time constraints a continuation inspection will be conducted on a later date and the following will
19	be done: 1) an audit of resident files, 2) An audit of staff files, and 3) An audit of medication and
20	medication administration record).
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22	An exit interview was conducted, and a copy of this report was provided to Administrator Tami Ojwang.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya	
NAME OF LICENSING PROGRAM ANALYST: Edward Kim	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/21/2026