

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006435

Report Date: 07/03/2025

Date Signed: 07/03/2025 01:42:08 PM

Document Has Been Signed on 07/03/2025 01:42 PM - It Cannot Be Edited

Table with 2 columns: STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY and CALIFORNIA DEPARTMENT OF SOCIAL SERVICES. Includes FACILITY EVALUATION REPORT title and address: ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868.

Facility details table including: FACILITY NAME: IVY PARK AT TUSTIN, ADMINISTRATOR/LOUER, SANDRA ACOSTA, ADDRESS: 12291 S. NEWPORT AVE., CITY: SANTA ANA, STATE: CA, ZIP CODE: 92705, DATE: 07/03/2025, TYPE OF VISIT: Required - 1 Year, UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 08:00 AM, MET WITH: Executive Director Sandra Acosta Louer, TIME VISIT/INSPECTION COMPLETED: 01:45 PM.

NARRATIVE section containing a detailed inspection report starting with 'On July 3, 2025, Licensing Program Analyst (LPA) Brandon Lopez made an unannounced visit to the facility...' and ending with 'CONTINUED ON 809-C'.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos

NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/03/2025

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

FACILITY NAME: IVY PARK AT TUSTIN

FACILITY NUMBER: 306006435

VISIT DATE: 07/03/2025

NARRATIVE	
1	LPA inspected the facility kitchen area and observed it be clean. LPA observed the facility to have a
2	minimum two day perishable and seven day non-perishable food supply on hand. LPA observed the
3	facility has a three day emergency food and water supply kept in a storage room. LPA observed multiple
4	fire extinguishers to be mounted in the wall across the facility. All fire extinguishers were observed to be
5	charged and serviced as of October 8, 2024. LPA observed that the facility had their most recent Fire
6	Inspection conducted on March 21, 2025. LPA observed that the facility fire sprinklers and smoke
7	detectors tested operational during the inspection. LPA observed the facility conducted their last
8	emergency disaster drill on May 8, 2025. LPA observed the centrally stored medication to be kept in
9	locked medicine carts located in the medication room. LPA observed First Aid Kits in the medication
10	room and they had all the required components. LPA observed all the facility's chemicals and toxins to
11	be stored in a locked storage room. LPA observed other common areas such as the dining rooms, staff
12	offices, and activity areas to be clear of any hazards.
13	
14	LPA, accompanied by the ED, conducted a tour of the exterior portions of the facility. LPA observed the
15	facility has outdoor areas for both assisted living and memory care. LPA observed the exterior to be free
16	of obstructions and hazards. LPA observed shaded outdoor seating areas with furniture for resident use.
17	LPA tested the delay egress doors located on the exterior portions which tested operational. There are
18	no bodies of water on the premises.
19	
20	LPA reviewed the seven resident files. All the required documentation were present and current in the
21	resident files reviewed. LPA reviewed residents' medication and medication records. LPA reviewed
22	seven staff files. All staff are background cleared and associated to the facility.
23	
24	
25	Based on the observations made during today's visit, no deficiencies are being cited per the Title 22 of
26	the California Code of Regulations. An exit interview was conducted with Executive Director Sandra
27	Acosta Louer and a copy of the report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/03/2025
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