

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# *FACILITY EVALUATION REPORT*

**Facility Number:** 342701363  
**Report Date:** 10/01/2025  
**Date Signed:** 10/01/2025 03:22:42 PM

**Document Has Been Signed on** 10/01/2025 03:22 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: IVY PARK AT SACRAMENTO	FACILITY NUMBER: 342701363
ADMINISTRATOR/WEININGER, SARA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 345 MUNROE STREET	TELEPHONE: (916) 486-0200
CITY: SACRAMENTO	STATE: CA ZIP CODE: 95825
CAPACITY: 70	CENSUS: 59 DATE: 10/01/2025
TYPE OF VISIT: Post Licensing	UNANNOUNCED TIME VISIT/ INSPECTION 09:00 AM
MET WITH: Sara Weinger	BEGAN: TIME VISIT/ INSPECTION 03:00 PM
	COMPLETED:

NARRATIVE	
1	On 10/01/25, Licensing Program Analyst (LPA) Kimberly Viarella made an unannounced visit to this
2	facility to conduct a post-licensing inspection. LPA identified herself upon arrival, stated the purpose of
3	the visit and asked to meet with the Designated Facility Administrator/Executive Director (ED). LPA met
4	with Sara Weinger and a brief interview followed.
5	
6	The ED shared that they were currently seeking to fill the position of Director of Maintenance as their
7	previous Director was promoted within the company to another position.
8	
9	LPA and the ED then conducted a walkthrough of the facility. LPA noted the ED's certificate, #
10	7008349740 and it expires on 03/26/26.
11	
12	The inspection began in the kitchen. The food supply was adequate for 2-day perishable and 7-day
13	nonperishable. Opened packages in the refrigerator were dated appropriately. LPA pulled a sample of
14	dry goods and items from the freezer and all were in compliance at the time of this inspection.
15	
16	LPA inspected 4 bedrooms 2 in memory care and 2 in assisted living. All resident rooms had the
17	required furniture, furnishings and lighting to be in compliance at this time.
18	
19	LPA noted soap, paper towels and trash cans with lids in the bathrooms. The fire extinguishers were last
20	serviced on 01/29/25 by Power Air and Fire and were also in compliance.
21	
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23	The exterior of the building was inspected by the LPA. There were no bodies of water present and there
24	was
25	

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Kimberly Viarella

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/01/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/01/2025

**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.

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>
<b>FACILITY EVALUATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100</b>
	<b>SACRAMENTO, CA 95827</b>

**FACILITY NAME:** IVY PARK AT SACRAMENTO

**FACILITY NUMBER:** 342701363

**VISIT DATE:** 10/01/2025

<b>NARRATIVE</b>	
1	a sitting area with shade and furniture in the front for residents to enjoy. LPA observed that all screens and gutters were in good repair. There were 2 storage sheds with locks that contained yard equipment and storage items.
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5	LPA observed that all medications were kept in locked medication carts or in 1 of the 2 locked medication rooms. LPA reviewed centrally stored medication log and a sample of residents' medications. All were in compliance at the time of this inspection.
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9	LPA compared the staff roster with the list of background clearances from Community Care Licensing (CCL). Out of the 80 staff members with background clearances, there was one additional employee who had a background clearance but who was not associated to this facility. This deficiency was cited on the LIC 809D page.
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13	According to the California Code of Regulations, Title 22, no other deficiencies were cited during today's visit, a copy of this report was provided along with APPEAL rights.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Stephen Richardson	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Kimberly Viarella	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 10/01/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 10/01/2025
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** IVY PARK AT SACRAMENTO **FACILITY NUMBER:** 342701363  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 10/01/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87355(e)(3)	
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**Criminal Record Clearance**

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on a review of records, the licensee did not comply with the section cited above in 1 out of 81 background clearances when 1 caregiver did not have their clearance transferred to this facility. This poses an immediate health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 10/02/2025
	<b>Plan of Correction</b>
1 2 3 4	The Designated Facility Administrator associated this employee prior to the completion of this inspection. This POC has been cleared. They also stated they would compare the roster of employees with their Guardian roster monthly to ensure that all transfer requests are completed.

	Section Cited			
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	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1 2 3 4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Stephen Richardson
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Kimberly Viarella
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 10/01/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 10/01/2025

