

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 365530195
Report Date: 10/04/2025
Date Signed: 10/04/2025 01:50:05 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY PARK AT ALTA LOMA	FACILITY NUMBER: 365530195
ADMINISTRATOR/SANCHEZ, JENNIFER	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 9519 BASELINE ROAD	TELEPHONE: (909) 941-3001
CITY: RANCHO CUCAMONGA	STATE: CA
CAPACITY: 77	ZIP CODE: 91730
TYPE OF VISIT: Required - 1 Year	CENSUS: 61
	DATE: 10/04/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:48 AM
MET WITH: Hannah C. Lewis, Activity Director	TIME VISIT/INSPECTION
	COMPLETED: 01:55 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) LaVette Farlow made an unannounced visit to the facility. The purpose
2	of the visit was to conduct a required comprehensive annual inspection LPA was granted entry to the
3	facility by front desk staff. LPA later met with Hannah C. Lewis, Activity Director. The facility is a
4	Residential Care Facility for Elderly (RCFE), Licensed capacity is (77) current census (61). LPA Farlow
5	was accompanied by Activity Director, Hannah Lewis and Health Service Director, Kiara Estrella to
6	conduct a general overall inspection, which included, but was not limited to, the following:
7	
8	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
9	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
10	comfortable temperature. LPA inspected residents bedrooms; they are equipped with required furniture
11	such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were clean, and
12	appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the
13	facility. LPA measured and observed the water temperatures in the bathrooms, and kitchen to be at
14	117.9, 118.0 and 116.2 degrees F. The facility is equipped with operating smoke detectors and carbon
15	monoxide alarms. Posters such as personal rights, the CCL complaint poster, and the disaster plan were
16	posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept
17	inaccessible to residents in care. The facility has a covered patio for residents in care in the Assisted
18	Living units and Memory Care unit. There was a designated storage space for client/staff files.
19	Medications are kept inside Med-Tech Room inaccessible to residents. Overall, the facility is clean, in
20	good repair, and operating in safe conditions for residents in care.
21	
22	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.
23	
24	<u>Care & Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week. All staff
25	members working in the facility have criminal record clearance through the department.

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 10/04/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 10/04/2025
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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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507</p>
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FACILITY NAME: IVY PARK AT ALTA LOMA

FACILITY NUMBER: 365530195

VISIT DATE: 10/04/2025

NARRATIVE	
1	<u>Record Review:</u> LPA reviewed six (6) resident files for admission agreements, updated physician
2	reports, and needs and services plans. LPA Farlow also reviewed four (4) staff files for First Aid/CPR
3	certification, criminal record clearance, training, and health screenings. LPA observed two (2) out of six
4	(6) residents had expired or missing physician report and 1 resident file was not available for review to
5	verify the admission agreement. A deficiency was cited. LPA observed two(2) out of five (5) staff file
6	were missing a CPR/training or criminal records clearance. A technical violation issued.
7	
8	LPA observed the facility did not review or have available for review the LIC610E Emergency Disaster
9	Plan For Residential Care Facilities For the Elderly and LIC9282 Residential Infection Control Plan. A
10	technical violation issued.
11	
12	Medications were audited at random and appeared to be dispensed appropriately by staff members.
13	
14	Based on the observations made during today's visit, One deficiencies was cited and two (2) technical
15	violation were issued per Title 22, Division 6, of the California Code of Regulations.
16	
17	An exit interview was conducted, and this report LIC809, LIC809C, and LIC809D was discussed and
18	provided to Hannah Lewis, Activity Director.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown	
NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/04/2025
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Citations on this Visit Report are Under Appeal!

Created By: Lavette Farlow On 10/04/2025 at 01:16 PM
 Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: IVY PARK AT ALTA LOMA

FACILITY NUMBER: 365530195

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/04/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Under Appeal	Type A	Section Cited	CCR	87463(h)	
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Reappraisals

(h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview, record review, the licensee did not comply with the section cited above two (2) out of six (6) residents in care by not ensuring each resident had a current physician report completed and in their files which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 10/27/2025
	Plan of Correction
1	Licensee agrees to review each residents file for a current physician report, schedule an appointment if needed, and ensure physician report is in each residents file for review. Licensee will submit a statement of understanding for the regulation cited above and proof of current physician reports for the two residents by POC date.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
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.

NAME OF LICENSING PROGRAM MANAGER:	Nedra Brown
NAME OF LICENSING PROGRAM ANALYST:	Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/04/2025