

FACILITY EVALUATION REPORT

Facility Number: 371881684
Report Date: 04/29/2025
Date Signed: 04/29/2025 12:53:14 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507	
FACILITY EVALUATION REPORT			
FACILITY NAME: IVY PARK AT ESCONDIDO		FACILITY NUMBER:	371881684
ADMINISTRATOR/OLSON, KATHLEEN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	930 MONTICELLO DRIVE	TELEPHONE:	(760) 747-4888
CITY:	ESCONDIDO	STATE: CA	ZIP CODE: 92029
CAPACITY:	123	CENSUS: 88	DATE: 04/29/2025
TYPE OF VISIT:	Prelicensing	UNANNOUNCED TIME VISIT/INSPECTION	09:45 AM
MET WITH: Administrator, Samuel De Guzman		BEGAN: TIME VISIT/INSPECTION	01:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Janira Arreola, made an announced visit to the facility in order to
2	conduct a pre licensing inspection. LPA met with current Administrator, Samuel De Guzman, who was
3	informed of the purpose of the visit. LPA conducted interviews, records review and a walk through of the
4	facility.
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6	The facility is applying for a change in ownership for a residential care facility for the elderly, with
7	capacity of 123 residents. The fire inspection was conducted by the local fire jurisdiction and approved
8	for 116 non-ambulatory residents and (7) bedridden residents in rooms 108, 109, 110, 111, 112, 113,
9	AND 114 only. The facility does not have a pool or firearms. The building is (2) stories comprised of
10	resident activity rooms, bedrooms, bathroom, staff offices, laundry and storage spaces.
11	
12	The resident bedrooms were observed with the required furniture. The physical plant was observed to
13	be clean and sanitary. LPA observed hygiene supplies, PPE supplies, and cleaning supplies are stored.
14	The cleaning and hazardous items were observed to be locked and inaccessible to residents. LPA was
15	provided with smoke and carbon monoxide alarm inspections showing they are in working condition.
16	The outdoor area was free of any hazards and had a shaded area for residents and an emergency exit.
17	The kitchen had the ability to prepared food is a clean and safe environment.
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NAME OF LICENSING PROGRAM MANAGER: Tricia Danielson	

NAME OF LICENSING PROGRAM ANALYST: Janira Arreola

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/29/2025

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.

LIC809 (FAS) - (09/23)

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

FACILITY NUMBER: 371881684

VISIT DATE: 04/29/2025

NARRATIVE	
1	LPA observed the food supply met the department requirements. The hot water temp was measured at
2	116F. The facility has a land line at (760) 747-4888 which is operational. Common spaces are available
3	for clients to engage in activities and posted activity calendar and menus. LPA observed areas were the
4	staff and resident files will be kept. Emergency supplies are retained by the facility, including complete
5	first aid kits, emergency water food and lighting.
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7	The facility is currently operating with residents and staff. LPA conducted records review of resident
8	records and found required documentation. LPA reviewed the staff roster and confirmed all staff have
9	criminal record clearance.
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11	At this time there are no objections for the applicant to proceed in the prelicensing process. An exit
12	interview was conducted where a copy of this report was reviewed and provided.
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NAME OF LICENSING PROGRAM MANAGER: Tricia Danielson	
NAME OF LICENSING PROGRAM ANALYST: Janira Arreola	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/29/2025
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/29/2025

LIC809 (FAS) - (06/04)

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