

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 371881684

Report Date: 02/19/2026

Date Signed: 02/19/2026 12:00:26 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: IVY PARK AT ESCONDIDO	FACILITY NUMBER: 371881684
ADMINISTRATOR/ALISHIA PEREZ	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 930 MONTICELLO DRIVE	TELEPHONE: (760) 747-4888
CITY: ESCONDIDO	STATE: CA
CAPACITY: 123	ZIP CODE: 92029
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 81
	DATE: 02/19/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 10:00 AM
MET WITH: Administrator, Samuel De Guzman	BEGAN: TIME VISIT/INSPECTION: 12:10 PM
	COMPLETED:

### NARRATIVE

1 Licensing Program Analysts (LPAs) Janira Arreola, Imaculada Vasquez, and Toni Nwala, conducted an  
2 unannounced visit to the facility in order to conduct a case management. LPA met with Administrator,  
3 Samuel De Guzman, who was informed of the purpose of the visit. During the visit, LPA conducted  
4 interviews, documented observations, conducted a walk through, and conducted records review.  
5  
6 A health and safety check was conducted on the facility and residents, no immediate health or safety  
7 issues were observed. During the time of the visit there was a deficiency identified. (1) Resident,  
8 Resident #1 (R1) did not have an incident report done for the resident's death within the required time  
9 frame. Therefore a deficiency was cited and a plan of correction was documented.  
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11 An exit interview was conducted where this report, appeal rights, and deficiency page was reviewed and  
12 provided.  
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NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba

NAME OF LICENSING PROGRAM ANALYST: Janira Arreola

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 02/19/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/19/2026

**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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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**Created By: Janira Arreola On 02/19/2026 at 11:40 AM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	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 ESCONDIDO

**FACILITY NUMBER:** 371881684

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/19/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 02/25/2026 <b>Section Cited</b> CCR 87211(a)(1)(A)	1 87211Reporting Requirements(a)Each 2 licensee shall furnish to the licensing 3 agency such reports...(1)A written 4 report shall be submitted to the 5 licensing agency..for the resident within 6 seven days of the occurrence of... 7 (A)Death of any resident from any cause regardless of where the death occurred...a hospital, en route to or from a hospital, or visiting away from the facility. This requirment was not met as evidenced by:	1 2 3 4 5 6 7	The administrator agreed to conduct an in service with staff on the reporting requirements cited in this section and submit proof by the POC due date. The administrator agreed to submit an incident report for R1 within the next business day.
	8 Based on interview and record review 9 an incident report was not submitted for 10 R1. This poses a potential health safety 11 or personal rights risk to residents in 12 care. 13 14	8 9 10 11 12 13 14	
		1 2 3 4 5 6 7	
		1 2 3 4 5 6 7	

**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</b>	Carolyn Tuba
<b>MANAGER:</b>	Janira Arreola

**NAME OF LICENSING PROGRAM**

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**

A rectangular box for the analyst's signature, containing a small icon of a document with a green checkmark in the top-left corner.

**DATE:** 02/19/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

A rectangular box for the facility representative's signature, containing a small icon of a document with a green checkmark in the top-left corner.

**DATE:** 02/19/2026