

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 374604455

Report Date: 08/12/2021

Date Signed: 08/12/2021 05:06:25 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: IVY PARK AT OTAY RANCH		FACILITY NUMBER:	374604455
ADMINISTRATOR: WILLIAMS, REBECCA		FACILITY TYPE:	740
ADDRESS:	1290 SANTA ROSE DRIVE	TELEPHONE:	(949) 744-5200
CITY:	CHULA VISTA	STATE: CA	ZIP CODE: 91913
CAPACITY:	137	CENSUS: 68	DATE: 08/12/2021
TYPE OF VISIT:	Prelicensing	UNANNOUNCED TIME BEGAN:	09:27 AM
MET WITH:	John Brennan	TIME COMPLETED:	05:13 PM
<b>NARRATIVE</b>			
1	Licensing Program Analysts (LPAs) Kennedy and Ruiz conducted a Prelicensing/Component III Visit to		
2	observe the physical plant for compliance. The LPAs and Executive Director John Brennan toured the		
3	physical plant and observed by the LPAs were resident accommodations including furnishings, linens		
4	and personal hygiene items; a resident bathrooms are located in each apartment are equipped with grab		
5	bars, non-skid floors and water measured at 7 locations throughout the facility were all within the		
6	regulation; resident and staff records are located at the facility and were reviewed for completeness;		
7	food service including dishes, utensils, food storage and a seven day supply of nonperishables and a		
8	two day supply of fresh perishables are present; toxic substances are stored locked in multiple locations		
9	within the facility; medication storage and administration logs are located in locked medication rooms;		
10	first aid kit and current first aid manual are located on each floor and at the front desk; activities,		
11	supplies and sufficient space to conduct are present; fire extinguishers are affixed with a current tags;		
12	smoke and carbon monoxide detectors are present and operable; facility posting requirements are		
13	present in a common area and the facility administrators certification is current; no pool or other body of		
14	water is present at the facility; per the executive director, there are no guns, weapons or ammunition		
15	located on the property. Discussed with Mr. Brennan were continuing operation requirements, record		
16	keeping and physical plant compliance. The applicant shall contact the Centralized Application Unit		
17	(CAU) for completion of this pending facility application.		
18			
19	An exit interview was conducted with John Brennan, Executive Director. A copy of this report along with		
20	Licensee Rights (LIC9058 01/2016) was provided to Mr. Brennan via email. An electronic response		
21	confirms the documents were received.		
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Rebecca Hedgecock			
NAME OF LICENSING PROGRAM ANALYST: Anna Kennedy			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/12/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/12/2021

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**