

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
FACILITY EVALUATION REPORT	

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

NARRATIVE	
1	Licensing Program Analysts (LPAs) Kennedy and Ruiz conducted a Prelicensing/Component III Visit to observe the physical plant for compliance. The LPAs and Executive Director John Brennan toured the physical plant and observed by the LPAs were resident accommodations including furnishings, linens and personal hygiene items; a resident bathrooms are located in each apartment are equipped with grab bars, non-skid floors and water measured at 7 locations throughout the facility were all within the regulation; resident and staff records are located at the facility and were reviewed for completeness; food service including dishes, utensils, food storage and a seven day supply of nonperishables and a two day supply of fresh perishables are present; toxic substances are stored locked in multiple locations within the facility; medication storage and administration logs are located in locked medication rooms; first aid kit and current first aid manual are located on each floor and at the front desk; activities, supplies and sufficient space to conduct are present; fire extinguishers are affixed with a current tags; smoke and carbon monoxide detectors are present and operable; facility posting requirements are present in a common area and the facility administrators certification is current; no pool or other body of water is present at the facility; per the executive director, there are no guns, weapons or ammunition located on the property. Discussed with Mr. Brennan were continuing operation requirements, record keeping and physical plant compliance. The applicant shall contact the Centralized Application Unit (CAU) for completion of this pending facility application.
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19	An exit interview was conducted with John Brennan, Executive Director. A copy of this report along with Licensee Rights (LIC9058 01/2016) was provided to Mr. Brennan via email. An electronic response confirms the documents were received.
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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.