

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604757

Report Date: 09/17/2024

Date Signed: 09/17/2024 01:12:35 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	
FACILITY NAME: IVY PARK AT BONITA	FACILITY NUMBER: 374604757
ADMINISTRATOR/GOODING, ROXANNE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3302 BONITA ROAD	TELEPHONE: (619) 470-2220
CITY: CHULA VISTA	STATE: CA ZIP CODE: 91910
CAPACITY: 96	CENSUS: 61 DATE: 09/17/2024
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 11:00 AM
MET WITH: Randal Newton	TIME VISIT/INSPECTION COMPLETED: 01:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ramon Serrano, conducted an announced Pre-Licensing inspection.
2	LPA met with Executive Director Randal Newton and we discussed the purpose of the visit.
3	
4	LPA conducted a tour of the facility, both inside and outside. Their are no bodies of water on the
5	premises. LPA inspected three resident rooms in both the assisted living section and the memory care
6	unit. The smoke and carbon monoxide alarms were present. Toilets intended for resident use were
7	operating as intended, and bathing facilities were observed to be clean and kempt. The windows,
8	curtains and paint throughout the rooms and the facility, were observed in good condition. Each room
9	intended for resident use had the appropriate furniture, bedding and appropriate lighting. Licensee
10	stated there are no firearms stored on the premises.
11	
12	Hot water temperature was measured at different locations throughout the facility including resident
13	rooms and the two kitchen areas. The average hot water temperature was 115 degrees F. The ambient
14	temperature inside the facility and resident rooms was measured at an average of 74 degrees F. The
15	facility was observed to be clean and kempt with no strong malodors. The main kitchen refrigerator and
16	freezer was observed to be clean and operational, with an ample amount of food to meet resident
17	needs. Cleaning solutions were also properly secured in the various laundry rooms and storage areas.
18	
19	The Component III portion of the application process was completed with Executive Director Randal
20	Newton on today's date as well.
21	
22	Pre-Licensing is complete and this facility has no deficiencies. An exit interview was conducted with
23	Randal Newton and a copy of this report along with Licensee Rights was provided to Randal Newton
24	whose signature below verifies receipt of these.
25	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob

NAME OF LICENSING PROGRAM ANALYST: Ramon Serrano
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/17/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/17/2024

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