

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 374604768

**Report Date:** 03/18/2026

**Date Signed:** 03/18/2026 10:41:12 AM

**Document Has Been Signed on** 03/18/2026 10:41 AM - **It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	IVY PARK AT LA JOLLA	FACILITY NUMBER:	374604768
ADMINISTRATOR/DIRECTOR:	FRANZ, MEGAN	FACILITY TYPE:	740
ADDRESS:	810 TURQUOISE STREET	TELEPHONE:	(858) 488-4300
CITY:	SAN DIEGO	STATE:	CA
CAPACITY:	76	ZIP CODE:	92109
TYPE OF VISIT:	Case Management - Incident	CENSUS:	51
		DATE:	03/18/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:30 AM
MET WITH:	Executive Director Meg Franz	TIME VISIT/INSPECTION COMPLETED:	11:00 AM

### NARRATIVE

1 Licensing Program Analyst (LPA) Janet Ngallo conducted an unannounced case management visit. LPA  
2 identified herself and met with Executive Director Meg Franz, to discuss the purpose of the visit.  
3  
4 Today's visit was in response to the self-reported medication error that occurred on 02/13/2026.  
5  
6 LPA conducted interviews, made observations, and reviewed pertinent records. Interviews revealed that  
7 on 02/13/2026, Resident 1(R1) was given the wrong medication. Staff 1 (S1) administered to R1 the  
8 medication intended for the resident in the adjacent room. Interviews revealed the error was caught  
9 immediately, staff called emergency services, and R1 was transferred to the hospital for evaluation and  
10 treatment. No adverse reactions occurred in R1.  
11  
12  
13 One(1) deficiency was cited per California Code of Regulations, Title 22 (refer to the LIC 809-D page). A  
14 Plan of Correction was jointly developed with the licensee.  
15  
16 An exit interview was conducted with Executive Director Meg Franz and a copy of this report, the LIC  
17 9099-D page, along with the Licensee/Appeal Rights (LIC 9058 03/22) was provided at the conclusion of  
18 the visit.  
19  
20  
21  
22  
23  
24  
25

**NAME OF LICENSING PROGRAM MANAGER:** Lizzette Tellez

**NAME OF LICENSING PROGRAM ANALYST:** Janet Ngallo

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/18/2026

**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 Ill, 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: Janet Ngallo On 03/18/2026 at 10:01 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 , 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
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**FACILITY NAME:** IVY PARK AT LA JOLLA

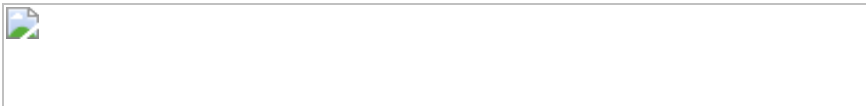
**FACILITY NUMBER:** 374604768

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/18/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/19/2026 <b>Section Cited</b> CCR 80075(b)(5)(B)	1 (B)Once ordered by the physician the 2 medication is given according to the 3 physician's directions. 4 This requirement has not been met as 5 evidenced by: 6 7	1 The licensee will provide proof of 2 medication re-training for S1 conducted 3 in February 2026 with sign in sheet and 4 training topic clearly noted to the LPA 5 via email by 03/19/2026. 6 7
	8 Based on documentation, the licensee 9 failed to ensure 1 out of 51 residents 10 received the correct prescribed 11 medication. On 02/13/2026 staff gave 12 R1 the wrong medication. This is an 13 immediate health & safety risk to clients 14 in care.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	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>	Lizzette Tellez
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Janet Ngallo
<b>ANALYST:</b>	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/18/2026