

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 415601177

Report Date: 08/21/2024

Date Signed: 08/21/2024 11:28:10 AM

Document Has Been Signed on 08/21/2024 11:28 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
<b>FACILITY EVALUATION REPORT</b>	
FACILITY NAME: IVY PARK OF BELMONT	FACILITY NUMBER: 415601177
ADMINISTRATOR/MILLER, COREY	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1010 ALAMEDA DE LAS PULGAS	TELEPHONE: (650) 508-0400
CITY: BELMONT	STATE: CA ZIP CODE: 94002
CAPACITY: 117	CENSUS: 75 DATE: 08/21/2024
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME VISIT/ INSPECTION BEGAN: 09:15 AM
MET WITH: Administrator - Minnie Weber	TIME VISIT/ INSPECTION COMPLETED: 11:30 AM

NARRATIVE	
1	On 08/20/2024, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced pre-licensing inspection visit. LPA met with administrator Minnie Weber and explained the purpose of today's visit.
2	
3	
4	This is a three level facility with a memory care area named "Evergreen" which currently there are 17 residents currently residing in. There are 58 residents in assisted living. Seven residents are currently on hospice. LPA toured facility and grounds. This is a three level facility. LPA observed resident rooms at random. All rooms observed contained the required furniture items outlined within regulations including flash lights and non-skid mats in resident showers. Personal protective equipment (PPE) is in place in an exterior storage area outside of the facility. Perishable and non-perishable food supplies are in place. Food preparation and service items are present in the main kitchen and in other food serving areas such as the dining rooms for assisted living and memory care. Hot water temperature is tested at 110F.
5	Carbon monoxide and smoke detectors are hard wired and operable. The facility is fully equipped with fire sprinklers through out all areas in the facility. LPA observed multiple fire extinguishers through out the facility, including the kitchen, with inspection/service date of 01/30/2024. Fire pull stations are located at fire exits. Emergency exit routes are observed to be clear of obstructions inside and outside.
6	Medications are secured in the primary medication room on the second floor. Medications are observed to be locked. Toxins, chemicals, and other cleaning supplies are inaccessible to resident in care. Based on observations made LPA did not observe any such items accessible to residents during this inspection visit today. LPA observed two laundry rooms, one on the ground floor and one on the third floor, and both are operational clean and functioning. The third floor of the facility is where secured memory care is located. There is an outdoor patio on this level that is in good condition and a secured perimeter with furnishings. There are an emergency set of keys in place accessible to staff and emergency personnel if needed.
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	The administrator Minnie Weber is the current facility administrator. LPA requested the required items to have her name transferred as administrator. Component III RCFE orientation is provided to the administrator.

This pre-licensing is complete and this facility has no deficiencies.

**NAME OF LICENSING PROGRAM MANAGER:** April Cowan

**NAME OF LICENSING PROGRAM ANALYST:** Jaime Vado

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/21/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/21/2024

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL

SERVICES

COMMUNITY CARE LICENSING DIVISION

SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360

SAN BRUNO, CA 94066

## FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** IVY PARK OF BELMONT

**FACILITY NUMBER:** 415601177

**VISIT DATE:** 08/21/2024

### NARRATIVE

1    \*\*\* AMENDED SECOND PAGE DUE TO ERROR. THIS PAGE SHOULD NOT HAVE BEEN  
2    GENERATED AND IS INTENTIONALLY LEFT BLANK \*\*\*  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

**NAME OF LICENSING PROGRAM MANAGER:** April Cowan

**NAME OF LICENSING PROGRAM ANALYST:** Jaime Vado

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/21/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/21/2024