

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	
FACILITY EVALUATION REPORT			
FACILITY NAME: IVY PARK OF BELMONT		FACILITY NUMBER:	415601177
ADMINISTRATOR/MILLER, COREY DIRECTOR:		FACILITY TYPE:	740
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	09:15 AM
MET WITH: Administrator - Minnie Weber		BEGAN: TIME VISIT/INSPECTION	11:30 AM
		COMPLETED:	
NARRATIVE			
1	On 08/20/2024, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced pre-licensing		
2	inspection visit. LPA met with administrator Minnie Weber and explained the purpose of today's visit.		
3			
4	This is a three level facility with a memory care are named "Evergreen" which currently there are 17		
5	residents currently residing in. There are 58 residents in assisted living. Seven residents are currently on		
6	hospice. LPA toured facility and grounds. This is a three level facility. LPA observed resident rooms at		
7	random. All rooms observed contained the required furniture items outlined within regulations including		
8	flash lights and non-skid mats in resident showers. Personal protective equipment (PPE) is in place in		
9	an exterior storage area outside of the facility. Perishable and non-perishable food supplies are in place.		
10	Food preparation and service items are present in the main kitchen and in other food serving areas such		
11	as the dining rooms for assisted living and memory care. Hot water temperature is tested at 110F.		
12	Carbon monoxide and smoke detectors are hard wired and operable. The facility is fully equipped with		
13	fire sprinklers through out all areas in the facility. LPA observed multiple fire extinguishers through out		
14	the facility, including the kitchen, with inspection/service date of 01/30/2024. Fire pull stations are		
15	located at fire exits. Emergency exit routes are observed to be clear of obstructions inside and outside.		
16	Medications are secured in the primary medication room on the second floor. Medications are observed		
17	to be locked. Toxins, chemicals, and other cleaning supplies are inaccessible to resident in care. Based		
18	on observations made LPA did not observed any such items accessible to residents during this		
19	inspection visit today. LPA observed two laundry rooms, one on the ground floor and one on the third		
20	floor, and both are operational clean and functioning. The third floor of the facility is where secured		
21	memory care is located. There is an outdoor patio on this level that is in good condition and a secured		
22	perimeter with furnishings. There are an emergency set of keys in place accessible to staff and		
23	emergency personnel if needed.		
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