

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601177
Report Date: 08/05/2025
Date Signed: 08/05/2025 12:34:33 PM

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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/MINNIIE WEBER 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: 08/05/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:00 AM
MET WITH:	Business Office Director, Broneesha Bradford	BEGAN: TIME VISIT/ INSPECTION	12:45 PM
		COMPLETED:	

NARRATIVE	
1	On August 5, 2025, Licensing Program Analyst (LPA) Komal Charitra conducted an unannounced
2	annual inspection. LPA met with Business Office Director, Broneesha Bradford and explained the
3	purpose of the visit.
4	
5	LPA toured facility and grounds. No accessible bodies of water or fire safety hazards observed. This is a
6	3 story facility; Assisted Living (AL) on the first, second, and half of the third floor and Memory Care
7	(MC) on the other half of the third floor. LPA toured the facility including but not limited to a random
8	sample of resident rooms on each floor, common areas, and kitchen area. LPA observed residents
9	eating lunch, walking around or participating in activities. A comfortable temperature of 74 degrees F is
10	maintained in the facility and lighting is sufficient for comfort. Hot water temperature measured 111-118
11	degrees F throughout the facility. Overall facility was in clean, odor-free and free from any tripping
12	hazards. Resident rooms and bathrooms observed had all required furnishings, and grab bars in each
13	bathroom.
14	
15	LPA toured kitchen and observed 2 days for perishables and and 7 days non-perishable. Medications
16	and sharps were locked and inaccessible to residents. Emergency drill are being conducted and logged
17	every 3 months. Carbon monoxide monitors are working properly. All fire extinguishers have been
18	checked and current as of March 2025. First aid kits were observed present and complete.
19	
20	Five resident records and five staff records were reviewed. Resident records are updated, complete and
21	signed. Staff records are complete, with training logs that have met the basic requirement. Medication
22	review was done, and all medications are accounted for, and centrally stored medication records are
23	updated. No citations are issued during the visit. Report is reviewed with the Business Office Director
24	and a copy is provided.
25	

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Komal Charitra

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/05/2025

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.