

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804017
Report Date: 03/25/2025
Date Signed: 03/28/2025 07:55:42 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY PARK AT SANTA ROSA	FACILITY NUMBER: 496804017
ADMINISTRATOR/STEPHANIE LIMBERG	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 4225 WAYVERN DRIVE	TELEPHONE: (707) 538-2590
CITY: SANTA ROSA	STATE: CA
CAPACITY: 114	ZIP CODE: 95409
TYPE OF VISIT: Required - 1 Year	CENSUS: 100
	DATE: 03/25/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:45 AM
MET WITH: Stephanie Limberg, Executive Director	TIME VISIT/INSPECTION
	COMPLETED: 04:25 PM

NARRATIVE	
1	At approximately 8:45 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
2	conduct a 1-Year Required inspection and was greeted by Office Director Debbie Spencer.
3	Administrator/Executive Director (ED), Stephanie Limberg arrived at approximately 8:55 AM. Ivy Park at
4	Santa Rosa serves older adults in Assisted Living and Memory Care. Facility has a plan of operation for
5	dementia care and programming on file. Facility has an approved fire clearance and total capacity for
6	114 non-ambulatory residents of which 14 residents can be bedridden. Facility has an approved hospice
7	waiver for 12 residents. The facility consists of two (2) multi-level buildings. One (1) building is for
8	assisted living. The other building is dedicated to memory care. Upon arrival, LPA was informed that
9	there were 100 Residents in care. At approximately 9:10 AM LPA reviewed Facility Staff Roster and
10	found that all staff members on site were background cleared and associated to the facility per
11	regulation.
12	
13	At approximately 10:00 AM LPA toured the facility with ED Limberg. The facility was observed to be
14	clean, orderly, and at a comfortable temperature during today's visit. All common areas, hallways, and
15	bathrooms observed by the LPA had sufficient lighting. Bathrooms observed had grab bars, and non-slip
16	mat/flooring for bathing/showering as needed. The facility has emergency supplies, including food and
17	water to meet requirements of the 72-hour shelter in place. The kitchen was observed to have a
18	sufficient supply of perishable and non-perishable food. The facility offers a variety of menu options for
19	the residents at each meal. Facility has a sufficient supply of cleaners, hygiene items, PPE supply, and
20	paper products. All toxins/cleaners were locked and inaccessible to residents in care. Hot water
21	temperatures for a sample size of nine (9) sinks were found to be within Title 22 regulations of 105 to
22	120 degrees Fahrenheit. All stairwells had evacuation chairs per regulation.
23	
24	Continued on 809-C
25	

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/25/2025

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: IVY PARK AT SANTA ROSA

FACILITY NUMBER: 496804017

VISIT DATE: 03/25/2025

NARRATIVE

1	...Continued from 809
2	
3	Both buildings' smoke and carbon monoxide detectors and sprinkler system were last inspected
4	12/2024. All exits were observed to be unobstructed. All fire extinguishers were serviced and tagged
5	1/10/2025. The facility conducts disaster drills monthly. The last disaster drill was conducted on
6	3/20/2025.
7	
8	LPA conducted a sample file review of ten (10) staff members. All staff members had appropriate
9	documentation, proof of training and current 1 st Aid and CPR certification on file. LPA also conducted a
10	sample file review for ten (10) residents. Upon review, LPA observed residents to have appropriate
11	documentation on file including current Service Plans and Physician's Reports. All medications were
12	locked and inaccessible to residents in care. LPA conducted a spot check of 8 residents' medications
13	both in memory care and assisted living and observed all documentation and medications to be in order.
14	
15	During the tour, residents were observed interacting with staff in common spaces, resting in their private
16	apartments, participating in various activities and mingling with family and amongst each other. The
17	Facility has a library, billiards room, and a small store for the residents. There is also a beauty salon for
18	the residents that operates several days a week. The facility provides an eclectic range of activities
19	specified for both assisted living and memory care engagement.
20	
21	Stephanie Limberg's Administrator Certification 7004545740 is current with an expiration date of
22	7/6/2026.
23	
24	LPA is requesting the following documents submitted to CCLD by 4/25/2025:
25	
26	
27	
28	
29	LIC 500 Personnel Report
30	LIC 610E Emergency Disaster Plan
31	Copy of Current Liability Insurance
32	
	No deficiencies cited during today's visit.
	Exit interview conducted. Copy of report and discussed and provided to ED Limberg. Signature on form confirms receipt of documents.

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Robert Frank	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/25/2025