

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 565850299  
**Report Date:** 03/16/2023  
**Date Signed:** 03/16/2023 04:53:49 PM

**Document Has Been Signed on 03/16/2023 04:53 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: IVY PARK AT SIMI VALLEY	FACILITY NUMBER: 565850299
ADMINISTRATOR: BOGOYEVAC, LEA	FACILITY TYPE: 740
ADDRESS: 5300 E. LOS ANGELES AVE.	TELEPHONE: (805) 583-3500
CITY: SIMI VALLEY	STATE: CA
CAPACITY: 175	ZIP CODE: 93063
TYPE OF VISIT: Prelicensing	CENSUS: 84
MET WITH: Lea Bogoyevac	DATE: 03/16/2023
	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 05:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Martha Arroyo conducted a pre-licensing visit to the above noted
2	facility. The LPA met with applicant, Lea Bogoyevac. This is a change of ownership from The Foothills at
3	Simi Valley #565802454 to Ivy Park at Simi Valley #565850299.
4	
5	LPA inspected facility for Fire Safety, Personal Accommodations and Services, and Food Service. The
6	facility is two-story. At 1:05pm, a physical plant tour was conducted inside and out. An approved fire
7	clearance was received, clearing them for one hundred and sixty-five (165) non-ambulatory residents;
8	and ten (10) bedridden residents. The facility has a total of one hundred and forty seven (147) resident
9	bedrooms. The facility has an approved fire clearance for bedridden, front desk will maintain current
10	roster of bedridden residents' room location. All resident rooms are set up with beds, nightstands, lamps,
11	chests of drawers, chairs, and closet space. The beds are furnished with box springs, comfortable
12	mattress, and clean linen, which includes, a mattress pad, top and bottom linens, pillowcases, blanket,
13	and a bedspread. Lighting in the rooms appeared adequate. The bedrooms were large enough to allow
14	for easy passage between the beds and furniture with a wheelchair or walker. In addition, no bedroom
15	was used as a passageway to another room, bath, or toilet. There are no staff rooms – awake night staff
16	only on premises. All rooms were free of odors. All window screens were clean and maintained in good
17	repair.
18	
19	The resident bathrooms have a shower with non-skid surfaces. The toilet and shower have grab bars.
20	The hot water temperature was tested in random resident rooms in the Assisted Living area and was
21	found to be within the range of 105 degrees Fahrenheit and 120 degrees Fahrenheit. The hot water
22	temperature was tested in random resident rooms in the Assisted Living area at 1:18pm and was found
23	to be within the range of 105 degrees Fahrenheit and 120 degrees Fahrenheit. The hot water
24	temperature was also tested in random resident rooms in the Memory Care area at 1:42pm and was
25	found to be within the range of 105 degrees Fahrenheit and 120 degrees Fahrenheit.
	Report Continued on LIC 809C...

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Desaree Perera
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Martha Arroyo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/16/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/16/2023

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 21731 VENTURA BLVD.  
#250  
WOODLAND HILLS, CA 91364

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** IVY PARK AT SIMI VALLEY

**FACILITY NUMBER:** 565850299

**VISIT DATE:** 03/16/2023

**NARRATIVE**

1 Report Continued from LIC 809...

2

3 At 2:43pm, the LPA conducted a file review of resident and staff records. Resident and staff records are

4 stored in the Executive Director and Human Resources office. Medications are centrally stored in the

5 medications room. There are two (2) medication rooms; one in the Assisted Living area and the other in

6 the Memory Care area. The first aid supplies were complete, including a thermometer and a current

7 version of a first aid manual. They were stored in the medication room.

8

9 Kitchen knives are stored in the kitchen. Stove burners are rendered inaccessible to the residents. The

10 supply of dishes, utensils, pots, pans, and drink ware is adequate. The freezer was maintained at zero

11 degrees Fahrenheit and the refrigerator was maintained at 40°F. The supply of perishable and

12 nonperishable food is adequate. There are no pesticides (poisons) or toxins stored in any food storage

13 area or preparation area with utensils. Appliances in the kitchen were clean and all appeared functional.

14 Trash cans had tight fitting lids. Kitchen, laundry, and house cleaning supplies are stored in a locked

15 cabinet located inside the laundry rooms. No flies or other vermin were observed.

16

17 The common areas were appropriately furnished, and the lighting was adequate. There are games

18 and/or activity supplies in the activity rooms as well as throughout the facility. There was sufficient space

19 to accommodate both indoor and outdoor activities. Night lights were maintained in hallways and

20 passageways to non private bathrooms. Alarms on all exterior doors were engaged at the time of visit

21 and functional. In addition, the physical plant is consistent with the submitted facility sketch/floor plan.

22 The facility had emergency lighting, which included flashlights, or other battery powered lighting, and

23 batteries. The facility has a furnace, which is able to heat rooms that residents occupy to a minimum of

24 68 degrees Fahrenheit; and, they have central air conditioning and are able to cool rooms to a

25 comfortable range, not to exceed 85 degrees Fahrenheit.

26

27

28 The facility smoke alarm system is hard wired. The fire alarm was tested at 1:38pm and functioned

29 properly during the time of the visit. The fire extinguishers were observed and are fully charged. The

30 emergency exiting plans/sketch are posted throughout the hallways. The facility has required postings,

31 including emergency exit plan, Licensing Complaint Poster, Resident Personal Rights, Theft and Loss

32 Policy, and Resident Council Rights.

Report Continued on LIC 809C...

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera

**NAME OF LICENSING PROGRAM ANALYST:** Martha Arroyo

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/16/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/16/2023

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** IVY PARK AT SIMI VALLEY**FACILITY NUMBER:** 565850299**VISIT DATE:** 03/16/2023**NARRATIVE**

1 Report Continued from LIC 809C...

2 The exterior passageways were clean and clear of any obstructions. There is a covered patio area with

3 tables and chairs where residents can sit. The entire property is fenced. There are no bodies of water on

4 the premises at the time of the visit.

5

6 The physical plant of this facility location is in compliance with Title 22 regulations at this time.

7

8 Comp III conducted with Applicant Representative.

9

10 This report will be sent to the Centralized Application Bureau (CAB). You will be notified by the CAB

11 Analyst when your license has been approved. You are not allowed to begin operating until you have

12 been notified that your license has been approved by the CAB Analyst. Failure to comply could affect

13 approval of your license.

14 Exit interview conducted. A copy of the report was provided.

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**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera**NAME OF LICENSING PROGRAM ANALYST:** Martha Arroyo**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/16/2023**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/16/2023