

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850424

Report Date: 07/11/2024

Date Signed: 07/11/2024 02:44:51 PM

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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	
FACILITY NAME: IVY PARK AT WOOD RANCH	FACILITY NUMBER: 565850424
ADMINISTRATOR/SKONDIN, JEANNE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 190 TIERRA REJADA WAY	TELEPHONE: (805) 584-8881
CITY: SIMI VALLEY	STATE: CA ZIP CODE: 93065
CAPACITY: 100	CENSUS: 67 DATE: 07/11/2024
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME VISIT/ INSPECTION BEGAN: 09:30 AM
MET WITH: Jeanne Skondin	TIME VISIT/ INSPECTION COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Martha Arroyo conducted a pre-licensing visit to
2	the above noted facility. Upon arrival, LPA was greeted by applicant representative/
3	Executive Director Jeanne Skondin. This is a change of ownership application, but
4	the facility name will remain the same. Entrance interview conducted.
5	
6	
7	LPA inspected facility for Fire Safety, Personal Accommodations and Services, and
8	Food Service. The facility is two-story. At 9:45am, a physical plant tour was
9	conducted inside and out. An approved fire clearance was received, clearing them
10	for ninety-two (92) non-ambulatory residents; and eight (8) bedridden residents. The
11	facility has a capacity total of one hundred (100) residents. The facility has an
12	approved fire clearance for bedridden in any bedroom on both the first and second
13	floors, front desk will maintain current roster of bedridden residents' room location.
14	
15	
16	There is one central kitchen that distributes food to the 3 dining rooms. The kitchen
17	contained a walk-in pantry with a sufficient supply of canned foods, and emergency
18	food and water. The walk-in refrigerator and freezer were observed to have an
19	ample supply of perishable and nonperishable food supplies. The freezer was
20	maintained at zero degrees Fahrenheit, and the refrigerator was maintained at 40
21	degrees Fahrenheit. Stove burners are rendered inaccessible to the residents. The
22	supply of dishes, utensils, pots, pans, and drink ware is adequate. There are no
23	pesticides (poisons) or toxins stored in any food storage area or preparation area
24	with utensils. Appliances in the kitchen were clean and all appeared functional. Trash
25	

cans had tight fitting lids. Cleaning supplies are stored separately from food preparation areas in locked storage closets throughout the facility. There are three (3) laundry rooms throughout the facility for resident use. No flies or other vermin were observed.

Report Continued on LIC 809C...

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Martha Arroyo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/11/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/11/2024

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

LIC809 (FAS) - (06/04)

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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 NAME: IVY PARK AT WOOD RANCH

FACILITY NUMBER: 565850424

VISIT DATE: 07/11/2024

NARRATIVE

1 **Report Continued from LIC 809...**

2 The common areas were appropriately furnished, and the lighting was adequate.
3 The common areas on the first floor consists of the bistro, 2 separate dining areas, a
4 living room, movie room, and multiple activity rooms. Also, on the first floor were
5 observed several offices, staff lounge, a copy room, and a supply room. The second-
6 floor common areas consists of the beauty salon, dining room, leisure/lounge room,
7 offices, and multiple other activity rooms. Smoke alarms, carbon monoxide
8 detectors, sprinklers and fire extinguishers were observed throughout the facility.
9 LPA obtained a copy of the most recent Sprinkler and smoke detector inspection
10 conducted. The fire extinguishers were observed and are fully charged. The
11 emergency exiting plans/sketch are posted throughout the hallways. The facility has
12 required postings, including emergency exit plan, Licensing Complaint Poster,
13 Resident Personal Rights, Theft and Loss Policy, and Resident Council Rights.
14 There is a functioning telephone on the premises. Emergency evacuation chairs
15 were present in all stairways. The facility has approved delayed egress systems in
16 the Memory Care unit. There is a secured patio area with tables and chairs for
17 residents within the Memory Care unit. There is also a large outdoor space with
18 shaded areas and adequate furniture for resident use throughout the facility. All
19 passageways, walkways, driveways, steps and patios are free from obstructions and
20 hazards at this time.
21
22

23 All resident rooms are set up with beds, nightstands, lamps, chests of drawers,
24 chairs, and closet space. The beds are furnished with box springs, comfortable
25 mattress, and clean linen, which includes, a mattress pad, top and bottom linens,
26 pillowcases, blanket, and a bedspread. Lighting in the rooms appeared adequate.
27 The bedrooms were large enough to allow for easy passage between the beds and
28 furniture with a wheelchair or walker. In addition, no bedroom was used as a
29 passageway to another room, bath, or toilet. There are no staff rooms – awake night
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32

staff only on premises. All rooms were free of odors. All window screens were clean and maintained in good repair.

Report Continued on LIC 809C...

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NAME OF LICENSING PROGRAM ANALYST: Martha Arroyo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/11/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/11/2024

LIC809 (FAS) - (06/04)

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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 WOOD RANCH

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VISIT DATE: 07/11/2024

NARRATIVE

1 Report Continued from LIC 809C...

2
3 The resident bathrooms have a shower with non-skid surfaces. The toilet and
4 shower have grab bars. The hot water temperature was tested in random resident
5 rooms in the Assisted Living area and was found to be within the range of 105
6 degrees Fahrenheit and 120 degrees Fahrenheit. The hot water temperature was
7 also tested in random resident rooms in the Memory Care area and was found to be
8 within the range of 105 degrees Fahrenheit and 120 degrees Fahrenheit.

9
10 At 11:00am, the LPA conducted a file review of resident and staff records. Resident
11 and staff records are stored in the Business Director's office. Medications are
12 centrally stored in the Medications Room / Nurses Station which is located on the
13 second floor. In addition, there are total of four (4) medication carts located
14 throughout the facility. The first aid supplies were complete, including a thermometer
15 and a current version of a first aid manual. They were stored in the medication room.

16
17
18 The physical plant of this facility location is in compliance with Title 22 regulations at
19 this time. No corrections required at this time

20
21
22 Comp III conducted with Applicant Representative/Executive Director.

23
24
25 This report will be sent to the Centralized Application Bureau (CAB). You will be
26 notified by the CAB Analyst when your license has been approved. You are not
27 allowed to begin operating until you have been notified that your license has been
28 approved by the CAB Analyst. Failure to comply could affect approval of your
29 license.

30
31
32 Exit interview conducted. A copy of the report was provided.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Martha Arroyo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/11/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/11/2024