

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850424

Report Date: 02/12/2026

Date Signed: 02/12/2026 11:18:28 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY PARK AT WOOD RANCH	FACILITY NUMBER: 565850424
ADMINISTRATOR/KELLIE SMITH	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 190 TIERRA REJADA WAY	TELEPHONE: (805) 584-8881
CITY: SIMI VALLEY	STATE: CA
CAPACITY: 100	ZIP CODE: 93065
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 81
	DATE: 02/12/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 09:57 AM
MET WITH: Kellie Smith - Executive Director	BEGAN: TIME VISIT/INSPECTION: 11:30 AM
	COMPLETED:

NARRATIVE

1 Licensing Program Analyst (LPA) Quoc Huynh conducted an unannounced Case Management visit in
2 conjunction with Complaint #29-AS-20250514091509. The LPA arrived at 9:57AM and met with
3 Executive Director (ED) Kellie Smith. Entrance interview conducted.
4
5 On 09/10/2025, the Complaint investigation was referred to Community Care Licensing Division's
6 (CCLD) Program Clinical Consultant (PCC) and assigned to Lorena Kho. PCC Kho reviewed documents
7 including facility files, hospice records, and hospital records.
8
9 During today's visit, LPA Huynh and the ED conducted a physical plant tour at 10:03AM and no
10 immediate concerns were observed. The following was revealed during the Complaint investigation:
11
12 Between 05/05/2025 and 05/12/2025, Resident #1 (R1) sustained three (3) falls resulting in wrist
13 fractures, a skin laceration, and significant physical pain. On the morning of 05/06/2025, R1 informed
14 their Hospice nurse of an unwitnessed fall that occurred the evening of 05/05/2025. According to
15 Hospice notes, facility staff denied the fall due to the absence of documentation. Later that same day,
16 during a care plan meeting with R1's family, the facility disclosed an unwitnessed fall that caused
17 bruising and swelling to R1's right shoulder, though no specific date or time was provided. The facility
18 did not provide any additional information or documentation regarding the care plan meeting.
19
20
21 **Report Continued on LIC 809-C**
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2026

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: IVY PARK AT WOOD RANCH

FACILITY NUMBER: 565850424

VISIT DATE: 02/12/2026

NARRATIVE	
<p>1 2 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</p>	<p>On 05/07/2025, R1 sustained a second fall in the dining room, landing in a seated position on the floor while attempting to reach for a snack. On 05/12/2025, R1 was left unattended near a fireplace and was found on the floor with a skin laceration. Staff interviews revealed that R1 had been left unsupervised while staff attended to another resident, and R1 was later discovered by a staff passing by.</p> <p>R1 began reporting pain and limited mobility in their arm on 05/06/2025. The facility notified Hospice who recommended as needed (PRN) medications, increased dosages, and provided new medication orders. In the following days, R1 continued to report severe pain and was unable to move their arm. Facility staff and the Hospice nurse observed extensive bruising and swelling extending from R1's right shoulder to the right arm and upper right chest. Staff documentation included observations such as: "moaning in pain and [their] arm is extremely swollen and bruised," "redness and swelling continues to worsen," and "right hand is so swollen and [their] arm just hanging down [their] recliner."</p> <p>The Facility Assessment Summary documented R1's last assessment on 02/05/2025 with an effective date of 05/01/2025. The Assessment indicated R1 required standby assistance and cueing for transfers and showering, did not require assistance with repositioning, and was able to ambulate to the dining room and participate in activities without assistance. R1 was identified as a high fall risk and at high risk for fractures due to osteopenia. The Assessment instructed staff to "provide personalized interventions, per fall management protocol," but did not specify active transfer or ambulation assistance or other safety measures to prevent falls or fractures. The facility did not complete an updated assessment or implement additional safety interventions following R1's initial falls, further increasing R1's risk for subsequent falls and injury.</p> <p>Report Continued on LIC 809-C</p>

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan	
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/12/2026

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: IVY PARK AT WOOD RANCH

FACILITY NUMBER: 565850424

NARRATIVE

1 On 05/25/2025 CCLD received an Incident Report stating that R1 experienced a "slip/fall" on 05/12/2025
 2 resulting in a skin laceration and was hospitalized on 05/13/2025 when fractures were discovered. The
 3 Incident Report also referenced an unwitnessed fall on 05/06/2025 "which didn't result in any serious
 4 injuries except slight complaints of discomfort... noted by light bruise on the clavicle." However, the
 5 report did not disclose R1's second fall on 05/07/2025. Interviews with R1's family revealed that the
 6 facility did not communicate or disclose the seriousness of R1's condition, aside from receiving
 7 notification of the first and last falls.
 8
 9 Based on interviews and record review, the facility failed to provide adequate care and supervision to
 10 R1, resulting in fractures of the distal radius and distal ulna with soft tissue swelling, as well as a skin
 11 laceration. The facility also failed to provide timely and adequate notification to R1's family and did not
 12 submit required notification to CCLD within seven (7) days of the occurrences, as required by reporting
 13 regulations.
 14
 15 An immediate civil penalty in the amount of \$500 was assessed today (Refer to LIC421M). The ED was
 16 informed that additional civil penalties may be assessed based on Health and Safety code Section
 17 1569.49.
 18
 19 Pursuant to Title 22 CA Code of Regulations and/or the Health and Safety Code, the following
 20 deficiencies were cited (Refer to 809-D).
 21
 22 Exit interview conducted. A copy of the appeal rights and report was reviewed and provided.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

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LIC809 (FAS) - (06/04)

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Created By: Quoc Huynh On 02/12/2026 at 10:26 AM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: IVY PARK AT WOOD RANCH

FACILITY NUMBER: 565850424


DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/13/2026 Section Cited CCR 87464(f)(1)	1 (f) Basic services shall at minimum 2 include: (1) Care and supervision as 3 defined in Section 87101(c)(3) and 4 Health and Safety Code section 5 1569.2(c). 6 7	1 The Licensee will conduct in-service 2 training with all care staff on care and 3 supervision as well as ensuring 4 Appraisals are current/maintained and 5 will provide CCLD proof by POC due 6 date. 7

		This requirement was not met as evidenced by:	
	8 9 10 11 12 13 14	Based on interviews and record review, the Licensee did not comply with the above cited section in that R1 did not receive adequate care and supervision resulting in bodily injuries which poses/posed an immediate health, safety, and personal rights risk to persons in care.	8 9 10 11 12 13 14
Type B 02/13/2026 Section Cited CCR87211(a)(1)	1 2 3 4 5 6 7	(a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following: (1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D)... This requirement was not met as evidenced by:	1 2 3 4 5 6 7
	8 9 10 11 12 13 14	Based on interview and record review, the Licensee did not comply with the above cited section in CCLD and R1's family were not adequately notified of R1's incidents in a timely manner which poses/posed a potential health, safety, and personal rights risk to persons in care.	8 9 10 11 12 13 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST:	Quoc Huynh
LICENSING PROGRAM ANALYST SIGNATURE:	 DATE: 02/12/2026
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FACILITY REPRESENTATIVE SIGNATURE:	 DATE: 02/12/2026