

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201116

Report Date: 11/16/2021

Date Signed: 11/16/2021 10:41:23 AM

Document Has Been Signed on 11/16/2021 10:41 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: IVY PARK AT SAN RAMON	FACILITY NUMBER: 079201116
ADMINISTRATOR: VILLANUEVA, JOSEPH	FACILITY TYPE: 740
ADDRESS: 9199 FIRCEST LANE	TELEPHONE: (949) 744-5200
CITY: SAN RAMON STATE: CA	ZIP CODE: 94583
CAPACITY: 140	CENSUS: DATE: 11/16/2021
TYPE OF VISIT: Office	ANNOUNCED TIME BEGAN: 10:30 AM
MET WITH: ROBERT JAKINI & SUSAN MCPHERSON	TIME COMPLETED: 11:00 AM
Applicant/administrator	

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 140
4	Census (if any clients in care): (YES) 99
5	
6	
7	
8	Method: Telephone call with CAB
9	COMP II Participants: ROBERT JAKINI & SUSAN
10	MCPHERSON Applicant/administrator
11	Applicant/administrator participated in COMP II via telephone call with the analyst at
12	CAB. During COMP II, applicant and administrator confirmed the understanding of
13	Title 22. Component II was successfully completed.
14	
15	
16	
17	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
18	following areas:
19	
20	1. Facility operation: License type, client/resident populations, and program
21	
22	2. Staff qualifications and responsibilities
23	
24	3. Applicant and Administrator qualifications
25	
	4. Program policy: Abuse, admission agreement, medication management, reporting incidents to CCL, restricted & prohibited conditions
	5. Grievances, Complaints, Community resources
	6. Physical plant, food service
	7. Application document review and technical assistance: Criminal record clearance,

Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

8. Discussed the COVID-19 Mitigation Plan & PIN emailed

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Maria Ejaz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/16/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/16/2021

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