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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201116
Report Date: 08/28/2026
Date Signed: 08/28/2026 03:33:20 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME:	IVY PARK AT SAN RAMON		FACILITY NUMBER:	079201116
ADMINISTRATOR/ DIRECTOR:	MORGAN, OREISHA		FACILITY TYPE:	740
ADDRESS:	9199 FIRCREST LANE		TELEPHONE:	(949) 744-5200
CITY:	SAN RAMON	STATE: CA	ZIP CODE:	94583
CAPACITY: 162		CENSUS: 155	DATE:	08/28/2026
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:30 PM
MET WITH:	Executive Director Gilbert Castro		TIME VISIT/ INSPECTION COMPLETED:	04:00 PM

NARRATIVE

On 8/28/2026 at 1:30pm, Licensing Program Analyst (LPA) A. Gomez arrived unannounced to conduct a Case Management visit. LPA met with Executive Director Gilbert Castro and explained reason for visit.

While LPA A. Gomez was conducting complaint investigation 15-AS-20260825142852 on 8/28/2026 LPA observed the following deficiencies:

- While making observations of R2's apartment LPA observed open medications in the living room next to a wrist watch (Rosuvastatin, Levothroxine, and Asprin 81MG) R2's physicians report (LIC602) dated 6/18/26 states that they are not able to manage prescription medications, PRN medications, or store medications.
- LPA observed that the medication administration record (MAR) for R2 shows that the observed meds had been taken from 8/2/2026 to 8/27/2026 and refused on 8/1/2026 however LPA observed un-taken meds in R2s room on 8/28/2026. Staff did not provide the basic service of medication assistance as was agreed upon in R2's appraisal of needs and services (Resident Assessment) dated 1/15/2026.
- LPA observed scissors on the dining room table and cleaning chemicals under the kitchen sink in R2's apartment. R2's physicians report (LIC602) dated 6/18/26 states that they are at risk and/or other residents are at risk if they have access to these items.

report continues on LIC809-C

Yvonne Flores-Larios
Alona Gomez

	**DATE:** 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 08/28/2026

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.

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Created By: Alona Gomez On 08/28/2026 at 02:21 PM
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 , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME: IVY PARK AT SAN RAMON **FACILITY NUMBER:** 079201116
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 09/11/2026 **Section Cited** CCR 87465(h)(2)	1 2 3 4 5 6 7	(h) The following requirements shall apply to medications which are centrally stored:(2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication. This requirement was not met as evidence by:	1 2 3 4 5 6 7	By POC facility agrees to retrain staff members on medication expectations and notify CCLD.
	8 9 10 11 12 13 14	Based on observation, the licensee did not comply with the section cited above in R2 having centrally stored medications accessible in their apartment which poses an immediate safety risk to persons in care.	8 9 10 11 12 13 14	
Type A 09/11/2026 **Section Cited** CCR87309(a)	1 2 3 4 5 6 7	(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage. This requirement was not met as evidence by:	1 2 3 4 5 6 7	By POC facility agrees to train all staff on identifying dangerous items and what to do and notify CCLD Civil Penalty Assesed
	8 9 10 11 12 13 14	Based on observation, the licensee did not comply with the section cited above in R2 having dangerous items and poisons accessible in their apartment which poses an immediate safety 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.

Yvonne Flores-Larios

NAME OF LICENSING PROGRAM MANAGER:
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2026

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Created By: Alona Gomez On 08/28/2026 at 02:32 PM
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FACILITY NAME: IVY PARK AT SAN RAMON **FACILITY NUMBER:** 079201116
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/28/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 09/11/2026 **Section Cited** CCR 87464(f)(4)	1 2 3 4 5 6 7	(f)Basic services shall at a minimum include:(4) Personal assistance and care as needed by the resident and as indicated in the pre-admission appraisal, with those activities of daily living such as dressing, eating, bathing and assistance with taking prescribed medications, as specified in Section 87608, Postural Supports. This requirement was not met as evidence by:	1 2 3 4 5 6 7	By POC facility agrees to conduct a refresher course to all med-techs on administering medications and provide refresher documents to CCLD.
	8 9 10 11 12 13 14	Based on observation, the licensee did not comply with the section cited above in not providing the basic medication assistance and care service as outlined in R2's plan which posed a potential health and personal rights risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Alona Gomez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
OAKLAND ASC, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY NAME: IVY PARK AT SAN RAMON **FACILITY NUMBER:** 079201116

VISIT DATE: 08/28/2026

NARRATIVE

*** Civil penalty assessed for $250 for repeat violation***

R2 was transferred to the hospital at approximately 5pm on 8/27/2026. LPA observed that the medications Rosuvastatin, Levothroxine, and Asprin 81MG are to be taken in the morning according to the MAR. LPA spoke with Health Service Director who states that when med-techs administer medication they should hand it to the resident and ensure that it is taken. In the event that a resident does not take their medication or a resident refuses after it has already been dispensed staff are to return the medications to the med-room to follow disposal procedures.

The following deficiencies were observed (see LIC 809D) and cited from the California Code of Regulations, Title 22 and/or Health and Safety Code Failure to correct deficiencies by POC date may result in additional Civil Penalties.

Exit interview conducted. Appeal Rights and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2026