

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201317
Report Date: 04/24/2026
Date Signed: 04/24/2026 02:38:30 PM

Document Has Been Signed on 04/24/2026 02:38 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: IVY PARK AT WALNUT CREEK		FACILITY NUMBER:	079201317
ADMINISTRATOR/LINDA NGUYEN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2175 YGNACIO VALLEY ROAD	TELEPHONE:	(925) 932-3500
CITY:	WALNUT CREEK	STATE: CA	ZIP CODE: 94598
CAPACITY: 86		CENSUS: 72	DATE: 04/24/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION
			09:45 AM
MET WITH: Executive Director Linda Nguyen		BEGAN:	
		TIME VISIT/INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE	
1	On 04/24/2026 at 09:45 AM, Licensing Program Analyst (LPA) James Sampair arrived unannounced to
2	conduct this Required One Year inspection. Upon entry, the LPA stated the purpose of the visit to
3	Executive Director (ED) Linda Nguyen.
4	
5	The LPA toured the interior and exterior of the facility, including but not limited to, residents' rooms,
6	bathrooms, kitchen, common areas, and the court yard. The LPA observed adequate lighting for the
7	comfort and safety of residents in all rooms. Inside and outside areas are free of obstruction and no
8	bodies of water. The temperature in the lobby was measured at 72.1 degrees Fahrenheit. The LPA
9	interviewed the Maintenance Director, Tony Raymundo, who stated that he measures the maximum hot
10	water temperature in every room in the facility each week. He keeps the temperature between 110 and
11	115 degrees Fahrenheit.
12	
13	The residents' bathrooms are equipped with grab bars and slip-resistant mats. There is more than the
14	minimum of a one week supply of nonperishable foods and 2 days of perishable foods. The LPA
15	observed the required postings in the facility. Smoke detectors, carbon monoxide detectors, and fire
16	sprinkler system were tested and found to be in operating condition on 01/24/2026. The fire
17	extinguishers were fully charged and last serviced on 10/15/2025. The Emergency Disaster Plan was
18	reviewed within the past year; the most recent review was on 12/05/2025. Emergency, disaster, and fire
19	drills were conducted on a quarterly basis; the most recent was 04/23/2026. The LPA observed the
20	Electronic Medication Administration Record (MAR) being used to track, document, and verify the
21	dosage and time medications are being administered to residents. First aid kit was observed to be
22	complete. The liability insurance for the facility expires on 05/01/2026.
23	
24	Continued on LIC 809-C . . .
25	

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: James Sampair

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/24/2026

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

DATE: 04/24/2026

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.

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

FACILITY NAME: IVY PARK AT WALNUT CREEK

FACILITY NUMBER: 079201317
VISIT DATE: 04/24/2026

NARRATIVE	
1	. . . Continued from LIC 809
2	
3	The LPA reviewed 5 resident records and 5 staff records.
4	
5	No citations were issued during the inspection.
6	
7	Exit interview conducted and a copy of this report provided.
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	

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal	
NAME OF LICENSING PROGRAM ANALYST: James Sampair	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/24/2026