

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 157209257  
Report Date: 07/01/2025  
Date Signed: 07/01/2025 01:23:28 PM

## Unsubstantiated

|  |  |
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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SIERRA CASCADE AC/SC, 1314 E SHAW AVE<br>FRESNO, CA 93710 |
| <b>COMPLAINT INVESTIGATION REPORT</b>                  |  |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/06/2025** and conducted by Evaluator Mai Yang

|               |   |
|---------------|---|
| <b>PUBLIC</b> | <b>COMPLAINT CONTROL NUMBER: 24-AS-20250606141950</b> |
|---------------|---|

|  |   |
|--|---|
| <b>FACILITY NAME:</b> IVY PARK AT SEVEN OAKS   | <b>FACILITY NUMBER:</b> 157209257       |
| <b>ADMINISTRATOR:</b> BRADLEY, PAMELA          | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 4301 AND 4225 BUENA VISTA ROAD | <b>TELEPHONE:</b> (661) 837-1337        |
| <b>CITY:</b> BAKERSFIELD                       | <b>STATE:</b> CA                        |
| <b>CAPACITY:</b> 164                           | <b>ZIP CODE:</b> 93311                  |
|  | <b>CENSUS:</b> 101                      |
| <b>MET WITH:</b> Pamela Bradley, Administrator | <b>DATE:</b> 07/01/2025                 |
|  | <b>UNANNOUNCED TIME BEGAN:</b> 01:10 PM |
|  | <b>TIME COMPLETED:</b> 01:30 PM         |

**ALLEGATION(S):**

|   |   |
|---|---|
| 1 | Resident was sexually assaulted by another resident while in care.        |
| 2 | Staff not able to assist residents in a timely manner due to short staff. |
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**INVESTIGATION FINDINGS:**

|    |  |
|----|--|
| 1  | On 07/01/25, Licensing Program Analyst (LPA) M. Yang arrived unannounced to delivered complaint findings. LPA met with Administrator Pamela Bradley.   |
| 2  |  |
| 3  |  |
| 4  | During the course of the investigation, the department conducted interviews, toured the facility, and reviewed records. The department observed all nonambulatory and bedridden female residents' room in memory care were locked and inaccessible to other residents. Staff and residents were able to exit bedrooms. Staff were observed responded to call pendant timely pulled. Based on observation, the preponderance of evidence standard has not been met, therefore, the above allegations are found to be UNSUBSTANTIATED. An exit interview was conducted. A copy of this report was provided to the Administrator, whose signature on this form confirms receipt of this report. |
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| <b>Unsubstantiated</b> | <b>Estimated Days of Completion:</b> |
|------------------------|--------------------------------------|

**NAME OF LICENSING PROGRAM MANAGER:** See Moua  
**NAME OF LICENSING PROGRAM ANALYST:** Mai Yang  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/01/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 07/01/2025

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