

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019201329
Report Date: 02/20/2026
Date Signed: 02/20/2026 02:07:34 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/06/2025** and conducted by Evaluator Ardalan Gharachorloo

	COMPLAINT CONTROL NUMBER: 15-AS-20251006162442
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FACILITY NAME: IVY PARK AT OAKLAND HILLS	FACILITY NUMBER: 019201329
ADMINISTRATOR: HARRELL, YOLANDA	FACILITY TYPE: 740
ADDRESS: 11889 SKYLINE BOULEVARD	TELEPHONE: (510) 531-7190
CITY: OAKLAND	STATE: CA
CAPACITY: 100	ZIP CODE: 94619
	CENSUS: 92
MET WITH: Yolanda Harrell, Executive Director	DATE: 02/20/2026
	UNANNOUNCED TIME BEGAN: 12:05 PM
	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Physical Abuse/Corporal Punishment while in care
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INVESTIGATION FINDINGS:

1	On 02/20/2026 at 12:05 PM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2	unannounced to deliver findings in regard to the allegation above. LPA met Yolanda Harrell, Executive
3	Director and explained the purpose of the visit.
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5	During the course of the investigation, LPA interviewed four staff (S1-S4) and obtained and reviewed
6	records related to R1 and R2's care, including admission agreements, physician reports, and care plans.
7	Records reviewed did not contain incident reports, notes, or documentation indicating physical abuse,
8	injury, or concerns involving corporal punishment while residents were in care. LPA also obtained contact
9	information for the responsible party/POA to conduct additional follow-up.
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11	***CONTINUE ON 9099C***
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13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Ardalan Gharachorloo
LICENSING EVALUATOR SIGNATURE:

DATE: 02/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/20/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 15-AS-20251006162442

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK AT OAKLAND HILLS

FACILITY NUMBER: 019201329

VISIT DATE: 02/20/2026

NARRATIVE

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during the interview with LPA, S1 stated that "the incident occurred before R1 and R2 were admitted and residing at the facility. LPA reviewed R1 and R2's files as well as the admission agreements. 8/16/2025 was the admission date for R1 and R2. S1 further stated "R1 and R2 were admitted to the community on 08/16/2026. The first week that R1 was in the community, she received a visit from a home health nurse. When the home health nurse was conducting her evaluation, R1's sister mentioned to the nurse that there was an incident that happened before they were admitted to the community alleging that R2 hit her". The home health nurse reported this information to the ombudsmen and CCL.

Additional interviews with S2,S3 and S3 did not reveal any reports of physical abuse involving R1 and R2. S1 stated that residents' personal rights are respected and not interfered with by the facility, and that staff prioritize residents' health and safety at all times.

This agency has investigated the allegations above. We have found that the allegations were unsubstantiated. Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations are UNSUBSTANTIATED.

Exit interview conducted, a copy of this report provided.

SUPERVISORS NAME: Yvonne Flores-Larios

LICENSING EVALUATOR NAME: Ardalan Gharachorloo

LICENSING EVALUATOR SIGNATURE:

DATE: 02/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/20/2026

LIC9099 (FAS) - (06/04)

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