

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019201329
Report Date: 05/05/2026
Date Signed: 05/05/2026 02:23:41 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 01/26/2026 and conducted by Evaluator Ardalan Gharachorloo

	COMPLAINT CONTROL NUMBER: 15-AS-20260126155656
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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:	91
		DATE:	05/05/2026
		UNANNOUNCED TIME BEGAN:	10:10 AM
MET WITH:	Yolanda Harrell, Executive Director	TIME COMPLETED:	02:50 PM

ALLEGATION(S):

1	Staff do not adequately supervise resident(s) in care.
2	Licensee does not ensure that staff are adequately trained.
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INVESTIGATION FINDINGS:

1	On 05/05/2026 at 10:10 AM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2	unannounced to continue the investigation and to deliver findings in regard to the allegations above. LPA
3	met Yolanda Harrell, Executive Director and explained the purpose of the visit.
4	
5	During the course of the investigation, the LPA conducted interviews with four staff (S1, S2, S3,S4), W1
6	and reviewed R1's hospice records, as well as resident records for R1, R2, and R3, including admission
7	agreements, physician reports, and care plans. The LPA also reviewed three staff records (S2, S3, S4),
8	including training logs. The LPA toured three resident rooms (R1, R2, R3), and the staff roster, resident
9	roster, and staff schedules for the months of January and February were obtained as part of the
10	investigation.
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12	ALLEGATION: Staff do not adequately supervise resident(s) in care - Unsubstantiated
13	***CONTINUE ON 9099C***

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Yvonne Flores-Larios	
LICENSING EVALUATOR NAME: Ardalan Gharachorloo	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/05/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/05/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 15-AS-20260126155656

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT OAKLAND HILLS	FACILITY NUMBER: 019201329
	VISIT DATE: 05/05/2026

NARRATIVE	
1	***CONTINUE FROM 9099***
2	
3	The LPA interviewed staff (S1, S2, S3), additional staff (S4) on a follow-up visit, as well as W1. Staff
4	consistently stated that residents who are at risk for falls are monitored closely and checked on
5	regularly. One staff member shared that “residents who need more supervision are checked frequently
6	throughout the shift.” The LPA reviewed resident records, including care plans and physician reports,
7	which showed that R1’s needs, including fall risk and mobility limitations, were assessed and
8	documented.
9	
10	The LPA reviewed hospice files and R1’s charting notes, which revealed that hospice communicates
11	resident needs to staff and check-in observations were documented daily. During the tour, the LPA
12	observed a check-in log in R1’s room showing that staff were checking on the resident at regular
13	intervals and documenting those check ins with initials.
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15	ALLEGATION: Licensee does not ensure that staff are adequately trained - Unsubstantiated
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20	During the course of the investigation, the LPA reviewed staff training records and conducted interviews
21	with staff. The LPA reviewed staff files, including S2 and S3, and an additional file (S4) during a follow-
22	up visit. All training records were up to date and showed that staff completed required initial and ongoing
23	training, including annual training hours. The training included topics related to resident care, such as
24	dementia care and supervision. Staff interviewed were able to explain their responsibilities and how they
25	provide care and supervision. One staff member stated that “we receive regular training, especially for
26	residents with higher care needs.” Additionally, a review of R1’s hospice records revealed that a hospice
27	agency was overseeing R1’s medical needs, including oxygen use, and coordinating care with facility
28	staff. The LPA reviewed hospice communication logs between hospice and care staff.
29	
30	This agency has investigated the allegations above We have found that the allegations were
31	unsubstantiated. Although the allegations may have happened or are valid, there is not a preponderance
32	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: 05/05/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/05/2026