

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 195850423
Report Date: 08/19/2026
Date Signed: 08/19/2026 05:49:03 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/21/2026** and conducted by Evaluator Quoc Huynh

PUBLIC	COMPLAINT CONTROL NUMBER: 29-AS-20260521102549
--------	--

FACILITY NAME: IVY PARK AT WOODLAND HILLS		FACILITY NUMBER:	195850423
ADMINISTRATOR:LILIT MNATSAKANYAN		FACILITY TYPE:	740
ADDRESS:	20461 VENTURA BLVD.	TELEPHONE:	(818) 346-9046
CITY:	WOODLAND HILLS	ZIP CODE:	91364
CAPACITY:	127	DATE:	08/19/2026
MET WITH: Lilit Mnatsakanyan - Executive Director		UNANNOUNCED TIME BEGAN:	09:40 AM
		TIME COMPLETED:	06:00 PM

ALLEGATION(S):

1	Staff mismanage residents medications
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs) Quoc Huynh and Angela Barutyan conducted a subsequent complaint to deliver findings for the above allegation. The LPAs arrived at 9:40AM and met with Executive Director (ED) Lilit Mnatsakanyan. Entrance interview conducted.
2	
3	
4	
5	On 05/27/2026, LPA Huynh conducted an initial complaint visit. Between 2:43PM and 5:42PM, the LPA conducted a physical plant tour and interviewed one (1) staff and reviewed and obtained pertinent documents.
6	
7	
8	During today's visit, the LPAs conducted a physical plant tour at 10:08AM, and no immediate concerns were observed. The following was then determined:
9	
10	
11	Report Continued on LIC 9099-C
12	
13	

Substantiated	Estimated Days of Completion:
---------------	-------------------------------

SUPERVISORS NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Quoc Huynh	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2026

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 3
Control Number 29-AS-20260521102549

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT WOODLAND HILLS	FACILITY NUMBER: 195850423
	VISIT DATE: 08/19/2026

NARRATIVE	
1	Allegation: "Staff mismanage residents medications"
2	
3	It was reported that facility staff did not refill four (4) of Resident #1's (R1) medications, resulting in R1
4	not receiving these medications for over thirty (30) days. Interview with Staff #1 (S1) confirmed the
5	oversight and revealed that there had also been a miscommunication regarding R1's primary care
6	physician (PCP). R1's PCP had changed, and the facility was not notified. After S1's attempt to resolve
7	the issue, it was discovered that R1's pharmacy had not been informed of the PCP change, preventing
8	renewal of R1's medication orders. S1 additionally reported that the facility's Medication Technicians
9	noted the medication discrepancies on the Medication Administration Record (MAR) but did not conduct
10	any further follow up. The Medication Technicians listed the medications as "not on hand" in the MAR.
11	
12	Record review showed that R1's medications were documented as "not on hand" from varying start
13	dates to 05/20/2026 when medications were filled and resumed: Citracal+D 600MG starting 03/24/2026,
14	Donepezil 10MG starting 04/17/2026, Memantine 10MG starting 04/11/2026, Mirtazapine 15MG starting
15	05/01/2026, and Losartan 25MG starting 05/05/2026. On 04/29/2026, the facility requested R1's PCP to
16	provide a new order for Citracal+D, and on 05/05/2026, requested new orders for the remainder of R1's
17	medications. The PCP provided the new orders on 05/06/2026. The facility's MAR documented that R1
18	resumed receiving the missing medications on 05/20/2026, resulting in discrepancies of up to fifty-seven
19	(57) days.
20	
21	Additionally on 07/06/2026, the Department received an Incident Report stating that on 06/30/2026
22	Resident #2 (R2) was scheduled to receive a dose of ten (10) units of Tresiba and it was not
23	administered.
24	
25	Based on interview and record review, the preponderance of evidence standard has been met;
26	therefore, the allegation is deemed SUBSTANTIATED at this time.
27	
28	
29	Pursuant to Title 22 CA Code of Regulations and/or the Health and Safety Code, the following deficiency
30	was cited (Refer to LIC 9099-D).
31	
32	Exit interview conducted. A copy of the appeal rights and report was reviewed and provided.

SUPERVISORS NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Quoc Huynh	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 29-AS-20260521102549

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA
--	--

**COMPLAINT INVESTIGATION REPORT
(Cont)**

BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: IVY PARK AT WOODLAND HILLS
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 195850423
VISIT DATE: 08/19/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/20/2026 Section Cited CCR 87465(a)	1	(a) A plan for incidental medical and	1	The Licensee will submit a statement of understanding of the section cited and provide proof to CCLD by POC due date.
	2	dental care shall be developed by each	2	
	3	facility. The plan shall encourage	3	
	4	routine medical and dental care and	4	
	5	provide for assistance in obtaining such	5	
	6	care, by compliance with the following:	6	
	7	This requirement was not met as	7	
		evidenced by:		
	8	Based on interview and record review,	8	
	9	the Licensee did not comply with	9	
	10	section cited above as R1's	10	
	11	medications were not refilled and	11	
	12	subsequently not administered for over	12	
	13	30 days, and R2 was not administered	13	
	14	their prescribed medication which	14	
		posed an immediate health, safety, and		
		personal rights risk to person in care.		
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		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.

SUPERVISOR'S NAME: Kristin Heffernan	
LICENSING EVALUATOR NAME: Quoc Huynh	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/19/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2026