

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 195850423
Report Date: 02/27/2025
Date Signed: 02/27/2025 01:54:05 PM

Unsubstantiated

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 **01/23/2025** and conducted by Evaluator Angela Barutyan

	COMPLAINT CONTROL NUMBER: 29-AS-20250123134452
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FACILITY NAME: IVY PARK AT WOODLAND HILLS	FACILITY NUMBER: 195850423
ADMINISTRATOR: O'GRADY, PATRICE	FACILITY TYPE: 740
ADDRESS: 20461 VENTURA BLVD.	TELEPHONE: (818) 346-9046
CITY: WOODLAND HILLS	STATE: CA ZIP CODE: 91364
CAPACITY: 127	CENSUS: 67 DATE: 02/27/2025
MET WITH: Terri Seifert	UNANNOUNCED TIME BEGAN: 10:13 AM
	TIME COMPLETED: 02:10 PM

ALLEGATION(S):

1	Staff verbally abused a resident while in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angela Barutyan arrived at the facility unannounced to conduct a
2	subsequent complaint investigation at 10:13AM. Upon arrival, LPA met with staff and Executive Director
3	(ED) Terri Seifert. Entrance interview conducted.
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5	During today's visit, LPA Barutyan conducted a brief physical plant tour, conducted interviews with two (2)
6	residents and two (2) staff members, and reviewed and obtained copies of pertinent documents. During
7	the initial visit on 01/27/2025, LPA conducted a brief physical plant tour, conducted interviews with three
8	(3) staff members and one (1) resident, reviewed and obtained copies of pertinent documents relevant to
9	the investigation, and discussed allegation with ED Seifert.
10	
11	CONTINUED ON LIC 9099-C.
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/27/2025

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 29-AS-20250123134452

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: 02/27/2025

NARRATIVE

1 It was alleged that Staff #1 (S1) verbally abused Resident #1 (R1). LPA interviewed S1, R1, ED,
 2 Resident #2 (R2), and Resident #3 (R3). Interviews conducted did not include evidence supporting the
 3 allegation of verbal abuse. No evidence of verbal abuse or threats from S1 to R1 were observed or
 4 noted. No immediate health and safety concerns were noted. Furthermore, ED, R1 and S1 held a formal
 5 meeting mediated by the Ombudsman soon after the initial visit on 01/27/2025. No concerns were noted
 6 from the meeting or reported to the Department. LPA reviewed S1's training transcript and observed
 7 twenty-seven and a half (27.50) hours of training completed between 09/18/2024-09/26/2024 that
 8 include courses such as "knowing the rights of residents," "abuse, neglect, and exploitation in the elder
 9 care setting," and "focus on the individual by listening." ED and S1 were knowledgeable in de-escalation
 10 techniques and types of abuse. LPA had a discussion with the ED and S1 about documenting incidents
 11 involving resident-on-resident and resident-on-staff altercations. LPA also discussed with ED about
 12 identifying and addressing resident changes of condition and how to address and mitigate high
 13 behaviors in residents. The information obtained for this investigation did not include evidence sufficient
 14 to corroborate the allegation. Although the allegation may have happened or is valid, there is not
 15 sufficient evidence to prove the alleged violation did or did not occur, therefore the allegation "Staff
 16 verbally abused a resident while in care" is deemed **UNSUBSTANTIATED** at this time.

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18 No deficiencies cited at this time. Exit interview conducted. A copy of the report was issued.

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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/27/2025