

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 195850423  
Report Date: 01/30/2026  
Date Signed: 01/30/2026 04:43:14 PM

**Unsubstantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/21/2025** and conducted by Evaluator Zabel Chochian

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20251121110048</b>
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<b>FACILITY NAME:</b> IVY PARK AT WOODLAND HILLS	<b>FACILITY NUMBER:</b> 195850423
<b>ADMINISTRATOR:</b> O'GRADY, PATRICE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 20461 VENTURA BLVD.	<b>TELEPHONE:</b> (818) 346-9046
<b>CITY:</b> WOODLAND HILLS	<b>STATE:</b> CA
<b>CAPACITY:</b> 127	<b>ZIP CODE:</b> 91364
	<b>CENSUS:</b> 78
	<b>DATE:</b> 01/30/2026
<b>MET WITH:</b> Aurora Israelson, Business Office Director	<b>UNANNOUNCED TIME BEGAN:</b> 03:21 PM
	<b>TIME COMPLETED:</b> 04:00 PM

**ALLEGATION(S):**

1	Staff did not dispense medications as prescribed
2	Staff did not meet resident's hygiene needs
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Zabel Chochian conducted a subsequent complaint visit to deliver
2	investigation finding regarding above allegations. Upon arrival LPA met with Aurora Israelson, Business
3	Office Director. The reason for the visit was explained.
4	
5	On 11/21/2025, Community Care Licensing Division received the above allegations. On 11/26/2025, LPA
6	Chochian conducted the initial complaint visit and interviewed two (2) staff and three (3) residents from
7	approximately 12:30pm-1:30pm. A subsequent visit was conducted on 1/21/2026, additional interviews
8	were conducted with four (4) staff from approximately 11:45am-12:30pm; and interviewed four residents
9	from approximately 1pm-2pm. LPA also reviewed the facility's medication policy and procedures with
10	staff.
11	
12	Following is a summary of the allegations and investigation finding: Regarding allegation "Staff did not
13	dispense medications as prescribed". (Continue to LIC9099c)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Desaree Perera  
**LICENSING EVALUATOR NAME:** Zabel Chochian  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

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** 29-AS-20251121110048

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 21731 VENTURA BLVD.  
#250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** IVY PARK AT WOODLAND HILLS

**FACILITY NUMBER:** 195850423

**VISIT DATE:** 01/30/2026

### NARRATIVE

1 It was reported that sometime on or about 11/20/25, staff gave an unauthorized medication to resident  
2 #1. Staff interviewed denied the allegation and stated that they would never give any resident  
3 medication that is not prescribed to the resident. LPA asked staff if they ever gave any resident  
4 something that might look like medication and staff said no. Staff also reported that residents on  
5 medication management would only receive medications from the medtechs and no other staff. Staff  
6 interviewed reported that medication policy and procedures are that only medtechs dispense medication  
7 and all medications handled by the facility require a doctors order.  
8

9 LPA interview total of eight (8) residents including resident #1 and all residents reported that they have  
10 never been offered any type of medication or vitamins from any facility staff. Residents on medication  
11 management stated that staff dispense prescribed medications only. Resident #1 manages own  
12 medications. All residents interviewed were observed very alert and able to communicate well with LPA.  
13 Based on the above information gathered although the allegations may be valid, there is insufficient  
14 evidence to support the allegation or that a violation occurred; therefore, the allegation "Staff did not  
15 dispense medications as prescribed" is deemed UNSUBSTANTIATED at this time.  
16

17 Regarding allegation "Staff did not meet resident's hygiene needs":  
18 Information was received that resident #2 was observed to have something dark under fingernails, most  
19 likely feces and staff was unable to remove it with a wet wipe and did not try washing resident's hands.  
20 Staff interviewed reported that residents requiring assistance with toileting and showers are always  
21 assisted with hygiene care. Staff reported that residents are not left unclean or unsanitary. LPA  
22 conducted interview with resident #2. Resident #2 is alert and able to communicate needs. Resident #2  
23 did not report any issues with staff. Resident #2 stated that staff assist with daily living activities and  
24 medications. Resident #2 was satisfied with the services provided by staff. Random residents  
25 interviewed also expressed satisfaction with the care team services. Eight (8) out of eight (8) residents  
26 interviewed reported no issues with care services provided by staff. Based on the above information  
27 gathered although the allegation may be valid, there is insufficient evidence to support the allegation or  
28 that a violation occurred; therefore, the allegation "Staff did not meet resident's hygiene needs" is  
29 deemed UNSUBSTANTIATED at this time.  
30

31 Exit interview conducted. A copy of the report was provided.  
32

**SUPERVISORS NAME:** Desaree Perera  
**LICENSING EVALUATOR NAME:** Zabel Chochian  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2026

LIC9099 (FAS) - (06/04)

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