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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610520
Report Date: 07/23/2026
Date Signed: 07/23/2026 03:25:51 PM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/21/2026** and conducted by Evaluator Angela Panushkina

	COMPLAINT CONTROL NUMBER: 31-AS-20260721145722

FACILITY NAME:	IVY PARK AT STUDIO CITY			**FACILITY NUMBER:**	197610520
ADMINISTRATOR:	KANDICE WILLIAMS			**FACILITY TYPE:**	740
ADDRESS:	4610 COLDWATER CANYON			**TELEPHONE:**	(818) 505-8484
CITY:	STUDIO CITY	**STATE:** CA		**ZIP CODE:**	91604
CAPACITY:	121	**CENSUS:** 89		**DATE:**	07/23/2026
		UNANNOUNCED		**TIME BEGAN:**	09:30 AM
MET WITH:	Kandis Williams, Administrator			**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1	Staff did not ensure that the facility passageways were kept free of obstructions
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INVESTIGATION FINDINGS:

1	At 09:30am, Licensing Program Analyst (LPA) Angela Panushkina conducted an unannounced visit in response to the above-mentioned allegation. LPA met with the Administrator, Kandis Williams, and explained the reason for the visit.
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5	On 07/22/2026, LPA contacted the Fire Inspector to request a fire clearance visit.
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7	During today's visit LPA requested resident and staff roster. At approximately 09:50am, LPA conducted a physical plant tour, to ensure health and safety of the residents are protected. Between 10:00am - 12:30pm, LPA conducted an interview with the Administrator, Fire Inspector and five (5) out of seven (7) residents.
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12	Continue on LIC9099-C
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Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Angela Panushkina
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026

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

Control Number 31-AS-20260721145722

FACILITY NAME: IVY PARK AT STUDIO CITY **FACILITY NUMBER:** 197610520
VISIT DATE: 07/23/2026

NARRATIVE

Allegation: Staff did not ensure that the facility passageways were kept free of obstructions

Upon arrival, LPA was informed that the Fire Inspector had already conducted the inspection at around 8:00am on 07/23/26. LPA contacted the Fire Inspector and was informed that during the inspection it was discovered when someone sits on the bench near the elevator, the egress door cannot fully close, creating a potential fire safety hazard. The elevator doors measure approximately 42 inches in width and open directly into an alcove measuring approximately 80 inches wide by 80 inches deep before transitioning into a wider communal hallway. Along the right-hand wall immediately adjacent to the elevator door frame, a settee measuring approximately 52 inches long by 28 inches deep had been permanently placed in the alcove. Because this furniture projects 28 inches into the landing area, the usable passageway width is reduced from 80 inches to approximately 52 inches, creating a narrowed and obstructed pathway directly at the elevator exit. LPA was also informed that the settee on the 4th floor had been removed, providing clear passage for residents exiting the elevator. The Administrator interviewed acknowledged that the settee had been placed in the alcove and confirmed it had remained in that position for an extended period. The Administrator stated they were not aware that this placement reduced the required clearance for safe passage at the elevator landing. Five (5) out of seven (7) residents interviewed reported that the settee had been placed in the same location, but noted that the previous settee was smaller and narrower. Therefore, based on corroborating statements from the Administrator, Fire Inspector, and multiple residents, the allegation that staff did not ensure the facility passageways were kept free of obstructions is **Substantiated**.

Deficiency issued on LIC9099-D

Exit interview conducted. Appeal rights explained and copy of this report signed and delivered.

SUPERVISORS NAME: Nichelle Gillyard
LICENSING EVALUATOR NAME: Angela Panushkina
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026

Control Number 31-AS-20260721145722

FACILITY NAME: IVY PARK AT STUDIO CITY **FACILITY NUMBER:** 197610520
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/23/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 07/30/2026 **Section Cited** CCR 87307(d)(6)	1 2 3 4 5 6 7	Personal Accommodations and Services: d) The following space and safety provisions shall apply to all facilities: 6) All outdoor and indoor passageways and stairways shall be kept free of obstruction. All outdoor and indoor passageways and stairways shall be kept free of obstruction. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	During the physical plant tour, LPA verified that the settee on the 4th floor (by the elevator) had been removed, providing clear passage for residents exiting the elevator. Deficiency is cleared during today's visit
	8 9 10 11 12 13 14	Based on Fire Inspector observation, and interviews, the licensee did not comply with the section cited above to ensure the elevator door/passageway on the 4th floor was free of obstruction, which posed a potential health and safety risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 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: Nichelle Gillyard
LICENSING EVALUATOR NAME: Angela Panushkina
LICENSING EVALUATOR SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026