

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198320431

Report Date: 11/05/2025

Date Signed: 11/05/2025 05:02:34 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/08/2025** and conducted by Evaluator Wendy Gibbs

	<b>COMPLAINT CONTROL NUMBER: 11-AS-20251008205238</b>
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<b>FACILITY NAME:</b> IVY PARK AT PALOS VERDES	<b>FACILITY NUMBER:</b> 198320431
<b>ADMINISTRATOR:</b> JOE SALDANA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 25535 HAWTHORNE BLVD.	<b>TELEPHONE:</b> (310) 377-7425
<b>CITY:</b> TORRANCE	<b>STATE:</b> CA
<b>CAPACITY:</b> 115	<b>ZIP CODE:</b> 90505
<b>MET WITH:</b> Brenda Myer	<b>CENSUS:</b> UNANNOUNCED
	<b>DATE:</b> 11/05/2025
	<b>TIME BEGAN:</b> 08:15 AM
	<b>TIME COMPLETED:</b> 05:00 PM

#### ALLEGATION(S):

1	Staff does not ensure residents' behavioral needs are being met.
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#### INVESTIGATION FINDINGS:

1	On 11/05/2025, Licensing Program Analyst (LPA), Wendy Gibbs, conducted a subsequent Complaint
2	Visit to the facility listed above. LPA met with Executive Director, Brenda Myer, and the purpose of today's
3	visit was explained. LPA was granted entry into the facility.
4	The investigation consisted of the following:
5	During today's visit, LPA inspected the facility, interviewed Staff S2 a second time, received a Physician's
6	Report (01/09/2025), Physician's Fax Report (09/22/2025), Resident R1 and R2 Charting notes, Staff In-
7	Service Logs, and Staff Relias training logs.
8	During a subsequent visit conducted on 10/17/2025, LPA inspected the facility, interviewed Staff S1, S3-
9	S7, and received and reviewed documents pertinent to the investigation. The following documents were
10	received and reviewed Staff Roster, Resident Roster, Physician's Reports, Physician's Fax Report
11	(03/25/2025), and Optum Referral (dated 03/04/2025).
12	During the initial visit on 10/15/2025, the LPA inspected the facility, interviewed Staff S2, interviewed
13	Residents R1-R8 and received and reviewed documents pertinent to the investigation. The following

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Eva M Alvarez

LICENSING EVALUATOR NAME: Wendy Gibbs  
LICENSING EVALUATOR SIGNATURE:

DATE: 11/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/05/2025

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 11-AS-20251008205238

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
EL SEGUNDO ASC, 1000 CORPORATE DR #100  
MONTEREY PARK, CA 91754

# COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK AT PALOS VERDES

FACILITY NUMBER: 198320431

VISIT DATE: 11/05/2025

## NARRATIVE

1 documents were received and reviewed Staff Roster, Resident Roster, Resident Alert Charting Logs,  
 2 Shift  
 3 Report (dated 10/01/25 through 10/14/25), Incident Reports for R1 (dated 09/17/25 and 09/18/25),  
 4 copies of text messages from med techs, Resident Assessment, and Individualized Service Plan.  
 5  
 6 The investigation revealed the following:  
 7  
 8  
 9 **Allegation: Staff does not ensure resident's behavioral needs are being met.**  
 10 The allegation alleges that residents are expressing aggressive and inappropriate behavior, and the  
 11 facility staff are not addressing it.  
 12  
 13 During record review, LPA observed Incident Reports dated 09/17/2025 and 09/18/2025 regarding an  
 14 incident that occurred between Resident R1 and staff where the resident was upset and yelling at the  
 15 staff. According to Staff who witnessed the incident, reported that the resident did not threaten,  
 16 intimidate, or touch the Staff, but was in the staff's face expressing their frustration. LPA did observe a  
 17 Physician's Fax Report, dated 09/22/2025, that was sent to R1's primary care physician (PCP) informing  
 18 them of the incident and behavior. LPA reviewed Resident R1's Physician's Report, dated 01/09/2025,  
 19 that address R1's behavioral expression.  
 20  
 21  
 22 During record review, LPA observed in R2's Physician's Reports, dated 07/23/2024 and 10/25/2023, that  
 23 indicates R2 does not express inappropriate or aggressive behavior. LPA did observe in R2's Charting  
 24 Notes there were eleven (11) instances of confusion documented since 01/01/2025. LPA reviewed  
 25 Resident R2's Healthcare Provider Communication forms that indicate R2 is seen regularly by their  
 26 physician, home health nurse, and physical therapist.  
 27 LPA received and reviewed staff in-service logs for Behavior Expression, Redirection and Dementia vs.  
 28 MCI conducted on 05/29/2025. LPA received and reviewed seven (7) staff Relias training that include  
 29 Managing Challenging Behaviors, Psychosocial Needs, Communication, and Recognizing Change of  
 30 Condition.  
 31 During interviews with Staff S1-S7, were asked if management follow-up with incidents of behavioral  
 32 expression, seven (7) out of seven (7) stated when it is reported that a resident is experiencing  
 behavioral expression the residents Primary Care Physician and responsible party is notified. During an  
 interview with S2 stated if a resident is exhibiting behavioral expression, they will request a urinalysis  
 and/or psych evaluation when speaking with the PCP.  
 During interviews with Residents R1-R8, were asked if staff address any change of condition/behavior  
 exhibited by them or other residents, eight (8) out of eight (8) stated yes, staff address any changes they

SUPERVISORS NAME: Eva M Alvarez

LICENSING EVALUATOR NAME: Wendy Gibbs

LICENSING EVALUATOR SIGNATURE:

DATE: 11/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/05/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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# COMPLAINT INVESTIGATION REPORT (Cont)

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## NARRATIVE

1 see immediately.  
 2  
 3 During the course of the investigation, LPA was unable to find evidence to support the allegation.  
 4 Although the allegation may have happened or is valid, there is no preponderance of evidence to prove  
 5 the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**.  
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 7 LPA did not observe or cite any deficiencies.  
 8  
 9 An exit interview was conducted with Executive Director, Brenda Myers, and a copy of this report was  
 10 provided.  
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**SUPERVISORS NAME:** Eva M Alvarez  
**LICENSING EVALUATOR NAME:** Wendy Gibbs  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/05/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/05/2025