

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 198320432  
Report Date: 07/30/2025  
Date Signed: 07/30/2025 03:27:03 PM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/22/2025** and conducted by Evaluator Perry Scott

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 11-AS-20250722124554</b>
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<b>FACILITY NAME:</b> IVY PARK AT PLAYA VISTA	<b>FACILITY NUMBER:</b> 198320432
<b>ADMINISTRATOR:</b> ELIGIO, NESTOR	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5555 PLAYA VISTA DRIVE	<b>TELEPHONE:</b> (310) 437-7178
<b>CITY:</b> PLAYA VISTA	<b>ZIP CODE:</b> 90094
<b>CAPACITY:</b> 102	<b>DATE:</b> 07/30/2025
<b>MET WITH:</b> Maria Dejoya Bellomo	<b>UNANNOUNCED TIME BEGAN:</b> 10:18 AM
	<b>TIME COMPLETED:</b> 03:45 PM

**ALLEGATION(S):**

1	Staff are not meeting resident's needs due to lack of staff.
2	Staff do not seek medical attention for residents.
3	Staff leave residents soiled for extended periods of time.
4	Staff did not ensure facility's plumbing was in good repair.
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	On 07/30/25, at 09:50am, Licensing Program Analyst (LPA) Perry Scott conducted an initial complaint
2	visit to the facility and was greeted by Johanna Dejoya Bellomo, Business Office Director. LPA explained
3	the purpose of this visit is to gather information about the complaint, gather facility files, interview
4	staff/residents, and deliver findings for the allegations mentioned above.
5	
6	The investigation consisted of the following: The department investigated the allegations mentioned in
7	this complaint; and conducted interviews with staff (S1-S7) and residents (R1-R7) from 10:00am-
8	03:00pm. The department received the following: Resident Roster (Dated: 01/08/2025) Personnel Roster
9	(Dated: 06/03/2025), ID/Emergency Information (Dated: 05/14/2025, 02/28/2025, 07/30/2025),
10	Physicians Report (Dated: 06/26/2025, 04/14/2025, 02/28/2025) Appraisal/Needs and Service Plan
11	(Dated: 09/08/2024, 04/14/2025, 02/28/2025), Maintenance Notes/Invoice (Dated: 01/28/2025,
12	01/13/2025, 01/23/2025) and Incident/Injury Reports (Dated: 07/22/2025, 06/13/2025,
13	06/16/2025,07/05/2025) from the facility.
	Report Continued On LIC9099-C

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Janae Hammond

**NAME OF LICENSING PROGRAM ANALYST:** Perry Scott

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/30/2025

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 4

**Control Number** 11-AS-20250722124554

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340  
EL SEGUNDO, CA 90245

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** IVY PARK AT PLAYA VISTA

**FACILITY NUMBER:** 198320432

**VISIT DATE:** 07/30/2025

### NARRATIVE

1 The investigation revealed the following: **Allegation #1- Staff are not meeting resident's needs due**  
2 **to lack of staff.**

3  
4 The details of the complaint alleged that residents are not getting proper care due to the lack of staff in  
5 the facility. It was reported that residents are not being bathed and that meals are not served in a timely  
6 manner. On 7/30/25, from 10:00am-3:00pm, the department interviewed staff (S1-S7) and residents  
7 (R1-R7) regarding the allegation. 5 of 7 staff denied the allegation that the **Staff are not meeting**  
8 **resident's needs due to lack of staff.** The majority of the staff interviewed stated that the staff were  
9 providing enough care to meet the needs of the residents. They stated that each resident has a service  
10 plan in place that provides different dates to bathe or shower the residents. They also stated that there  
11 haven't been any complaints of residents not getting their meals in a timely manner.

12  
13 The department interviewed residents (R1-R7) about the allegation and 5 of 7 residents that were  
14 interviewed stated that there is enough staff to meet their needs. They also state that they do receive  
15 their meals in a timely manner and that staff does assist them with their ADLs when needed.

16  
17 The department reviewed the Personnel Roster (Dated: 06/03/2025) and observed that there is  
18 sufficient staff the meet the needs of the residents.

19  
20 Based on interviews and records reviewed, there is insufficient evidence to support the allegation that  
21 the **Staff are not meeting resident's needs due to lack of staff.** Although the allegation may have  
22 happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did  
23 not occur, therefore the allegation is **Unsubstantiated.**

24  
25 **Allegation #2- Staff do not seek medical attention for residents.**

26  
27 The details of the complaint alleged that staff would avoid calling 911 when a resident might need  
28 medical attention, such as when they may fall in the facility, to avoid any issues. On 7/30/25, from  
29 10:00am-3:00pm, the department interviewed staff (S1-S7) and residents (R1-R7) regarding the  
30 allegation. 7 of 7 staff denied the allegation that **Staff do not seek medical attention for residents.** All  
31 staff (S1-S7) that were interviewed stated that whenever a resident needs medical assistance or needs  
32 to go to the hospital, emergency medical services are provided. They also state that any of the staff can  
call 911 for assistance if the resident needs emergency services, no one is denied the right to have  
emergency services come out to the facility. Staff stated that at no time has anyone been told not to call  
911 for help.

Report Continued On LIC9099-C

**NAME OF LICENSING PROGRAM MANAGER:** Janae Hammond

**NAME OF LICENSING PROGRAM ANALYST:** Perry Scott

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 07/30/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 4

Control Number 11-AS-20250722124554

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK AT PLAYA VISTA

FACILITY NUMBER: 198320432

VISIT DATE: 07/30/2025

NARRATIVE

1 The department interviewed residents (R1-R7) about the allegation and 7 of 7 residents that were
2 interviewed stated that staff does call 911 for residents if they need assistance and that they are
3 satisfied with the care and supervision provided by the staff.
4
5 The Department reviewed Incident/Injury Reports (Dated: 07/22/2025,06/13/2025, 06/16/2025,
6 07/05/2025) and observed that the facility has consistently reported incidents in the facility and
7 requested emergency services to come out to the facility to assist with residents' injuries.
8
9 Based on interviews and records reviewed, there is insufficient evidence to support the allegation that
10 the Staff do not seek medical attention for residents. Although the allegation may have happened or
11 is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
12 therefore the allegation is Unsubstantiated.
13
14 Allegation #3- Staff leave residents soiled for extended periods of time.
15
16 The details of the complaint alleged that due to lack of staffing, the residents that are incontinent, are not
17 being changed timely and are left in soiled briefs for an extended period of time. On 7/30/25, from
18 10:00am-3:00pm, the department interviewed staff (S1-S7) and residents (R1-R7) regarding the
19 allegation. 7 of 7 staff denied the allegation that Staff leave residents soiled for extended periods of
20 time. All staff (S1-S7) interviewed stated that they have not observed any residents who were not
21 changed or were left in soiled briefs because of a lack of staffing. They state that they have enough staff
22 to meet the needs of the residents and that their resident census has decreased. They state that they
23 have two care givers and one med-tech per floor to care for the residents.
24
25 The department interviewed residents (R1-R7) about the allegation and 7 of 7 residents that were
26 interviewed stated that they had no knowledge of any resident who were left in soiled briefs for an
27 extended period of time. They also stated that they were satisfied with the care and supervision
28 provided by the staff.
29
30 Based on interviews and records reviewed, there is insufficient evidence to support
31 the allegation that the Staff leave residents soiled for extended periods of time.
32 Although the allegation may have happened or is valid, there is not a preponderance
of evidence to prove the alleged violation did or did not occur, therefore the
allegation is Unsubstantiated.
Report Continued On LIC9099-C

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Perry Scott
LICENSING PROGRAM ANALYST SIGNATURE: DATE: 07/30/2025

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FACILITY REPRESENTATIVE SIGNATURE: DATE: 07/30/2025

LIC9099 (FAS) - (06/04)

Page: 3 of 4

Control Number 11-AS-20250722124554

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

340  
EL SEGUNDO, CA 90245

**FACILITY NAME:** IVY PARK AT PLAYA VISTA

**FACILITY NUMBER:** 198320432

**VISIT DATE:** 07/30/2025

**NARRATIVE**

1 **Allegation #4- Staff did not ensure facility's plumbing was in good repair.**  
2  
3 The details of the complaint alleged that the facility has plumbing issues that leave the residents without  
4 drinking water. It was reported that plumbers are always at the facility fixing something. On 7/30/25, from  
5 10:00am-3:00pm, the department interviewed staff (S1-S7) and residents (R1-R7) regarding the  
6 allegation. 7 of 7 staff denied the allegation that the **Staff did not ensure facility's plumbing was in**  
7 **good repair.** All staff (S1-S7) interviewed stated that at no time has there been an issue where  
8 residents could not receive drinking water. They state that residents have access to bottled water  
9 throughout the building as well as drinkable tap water, if needed. Staff also stated that on January 28,  
10 2025, there was an issue with the plumbing that needed the Department of Water and Power to come  
11 out for essential maintenance and repairs to maintain a backflow prevention device. They stated that the  
12 repair took place between 6am -11pm and the residents and their family members were notified on  
13 January 15<sup>th</sup> and January 23<sup>rd</sup> of the pending repairs. They stated that at no time were the residents  
14 impacted by the repairs.  
15  
16 The department interviewed residents (R1-R7) about the allegation and 7 of 7 residents that were  
17 interviewed stated that they have never been without drinking water. They also state that they see  
18 plumbers around fixing things, but it hasn't impacted their care.  
19  
20 The Department reviewed the Maintenance Notes/Invoice (Dated: 01/28/2025, 01/13/2025, 01/23/2025)  
21 and observed that the facility alerted the residents to the pending repairs that would take place on  
22 January 28, 2025. The department also observed that the repair was completed on January 28, 2025.  
23  
24 Based on interviews and records reviewed, there is insufficient evidence to support the allegation that  
25 the **Staff did not ensure facility's plumbing was in good repair.** Although the allegation may have  
26 happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did  
27 not occur, therefore the allegation is **Unsubstantiated.**  
28  
29 **No deficiencies were cited.**  
30  
31 An exit interview was conducted with Johanna Dejoya Bellomo, Business Office Director, and a hard  
32 copy of this Complaint Investigation Report was provided.

**NAME OF LICENSING PROGRAM MANAGER:** Janae Hammond

**NAME OF LICENSING PROGRAM ANALYST:** Perry Scott

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/30/2025