

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602608
Report Date: 07/24/2025
Date Signed: 07/24/2025 04:44:36 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/15/2025** and conducted by Evaluator Erik Zaragoza

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250715122553
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FACILITY NAME: IVY PARK AT CERRITOS	FACILITY NUMBER: 198602608
ADMINISTRATOR: LAURA RODRIGUEZ	FACILITY TYPE: 740
ADDRESS: 11000 NEW FALCON WAY	TELEPHONE: (562) 865-9500
CITY: CERRITOS	STATE: CA
CAPACITY: 163	ZIP CODE: 90703
	CENSUS: 135
	DATE: 07/24/2025
	UNANNOUNCED TIME BEGAN: 09:31 AM
MET WITH: Martha Altameda - Resident Care Director	TIME COMPLETED: 04:56 PM

ALLEGATION(S):

1	Staff does not respond to resident's call button in a timely manner
2	Facility did not issue refund to resident's responsible party
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs) Erik Zaragoza and Gabriela Castro conducted an unannounced initial
2	complaint visit to address the allegations listed above. LPAs met with Martha Altamina, Resident Care
3	Director for the facility, and explained the purpose of the visit. Administrator Dina Davis arrived shortly
4	thereafter.
5	
6	The investigation consisted of the following: LPAs interviewed Residents #2 - 13 (R2 - R13), Staff #1 - 7
7	(S1 - S7), toured the facility, tested a call light in a room, and obtained the staff and resident rosters, the
8	physician's report for Resident #1 (R1), the most recent reassessment of R1, the pendant activity report
9	for R1, the admissions agreement for R1, along with serious incident reports (SIRs) for R1 dating from
10	April of 2025 - 7/7/2025.
11	
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2025

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 28-AS-20250715122553

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
GREATER LA AC/SC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: IVY PARK AT CERRITOS

FACILITY NUMBER: 198602608

VISIT DATE: 07/24/2025

NARRATIVE

1 In regards to the allegation that "Staff does not respond to resident's call button in a timely manner," it is
2 alleged that staff take a long time to assist residents when they use their call pendant. During interviews
3 with the residents, eleven (11) out of twelve (12) interviewed did not corroborate the allegation. One
4 residents stated that the staff are all very responsive to when they use their call signal. Another resident
5 stated that staff do respond to her pendant requests for assistance in a timely manner. During staff
6 interviews, none of them corroborated the allegation. One of the staff interviewed explained that the
7 facility utilized pages, tablets, and radios to respond to the pendant requests. Another explained that if
8 one caregiver is busy assisting a resident, then another caregiver is called to address the resident
9 pendant requests. During record review of the activity report for R1, on 6/30/2025 there was a eighteen
10 (18) minute delay from when the resident used their pendant and when the pendant was cleared, and on
11 6/29/2025 there was a twenty-four (24) minute delay from the time the resident used the pendant and
12 when it was cleared. All other records of R1's pendant use between 6/24/2025 through 7/3/2025 were
13 fifteen (15) minutes or under. Staff stated that the incident on 6/30/2025 was caused by staff assisting
14 R1 immediately and completely before clearing the pendant on their system. On 6/29/2025 they stated
15 that R1 didn't allow staff to clear the pendant.
16

17 In regards to the allegation that "Facility did not issue refund to resident's responsible party," it's alleged
18 that R1's family was not provided a refund for the monthly fee of July 2025 when they were discharged
19 from the facility on 7/9/2025 because he needed a higher level of care. During interviews with the
20 residents, none of them corroborated the allegation. Most residents interviewed stated they never had to
21 request a refund from the facility. During interviews with staff, none of them corroborated the allegation.
22 One staff interviewed stated that R1 did not require a higher level of care, and that the facility would be
23 able to retain him, and therefore the residents authorized representative needed to issue a thirty (30)
24 day notice of the termination to receive a refund, as indicated on the admissions agreement. Another
25 staff interviewed also stated that R1 was never taken to a Skilled Nursing Facility or Rehabilitation
26 Center, and was taken to a Board and Care facility that houses residents of similar needs. The staff
27 stated the family will still receive a refund of \$628.10.
28

29 Based on statements and interviews conducted with staff, residents, review of resident files and facility
30 file records, there was not enough supportive evidence to concur with the reported allegations. Although
31 the allegations may have happened or are valid, there is not a preponderance of evidence to prove the
32 alleged violations did or did not occur, therefore the allegations are **UNSUBSTANTIATED**.

Exit interview held, and a copy of this report was provided.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2025

