

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603715

Report Date: 11/03/2025

Date Signed: 11/03/2025 05:22:30 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 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 **06/30/2025** and conducted by Evaluator Cynthia D Chan

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250630101215
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FACILITY NAME: IVY PARK AT SAN MARINO	FACILITY NUMBER: 198603715
ADMINISTRATOR: SANCHEZ, KIMBERLY	FACILITY TYPE: 740
ADDRESS: 8332 HUNTINGTON DRIVE	TELEPHONE: (626) 292-7800
CITY: SAN GABRIEL	ZIP CODE: 91775
CAPACITY: 74	DATE: 11/03/2025
MET WITH: Kimberly Sanchez, Administrator	UNANNOUNCED TIME BEGAN: 12:35 PM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Resident sustained multiple severe pressure injuries due to staff neglect.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Cynthia Chan conducted a subsequent complaint visit for the allegation listed above. LPA met with Administrator Kimberly Sanchez, and was informed the reason for the visit.
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4	The investigation consisted of the following:
5	On 7/1/25, LPA De Leon conducted a 24-hour health and safety inspection. LPA conducted a physical
6	plant tour on both first and second floor and did not observe any immediate health and safety concerns.
7	LPA also requested copies of the staff roster, resident roster, and collected documents for Resident 1
8	(R1). On 10/6/25, LPA interviewed the Executive Director, three staff, and two residents. LPA gathered
9	additional documents for Resident #1 and requested for the Home Health Agency documents. During the
10	visit today, LPA Chan interviewed two additional staff and four residents.
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13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Cynthia D Chan
LICENSING EVALUATOR SIGNATURE:

DATE: 11/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/03/2025

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-20250630101215

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
MONTEREY PARK ASC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK AT SAN MARINO

FACILITY NUMBER: 198603715

VISIT DATE: 11/03/2025

NARRATIVE

1 The investigation revealed the following:
2

3 Allegation - Resident sustained multiple severe pressure injuries due to staff neglect. It is alleged that
4 Resident #1 (R1) was observed with multiple pressure injuries that were not reported until R1 was
5 hospitalized on 6/24/25. It was reported that resident has a right hip unstageable, right heel
6 unstageable, sacral coccyx deep tissue, and right elbow deep tissue. Per the administrator and staff, R1
7 was receiving home health wound care treatment for the hip and heel. Staff stated they also informed
8 the home health nurse of the redness observed on the lower back. LPA obtained and reviewed
9 documents for R1. Home health documents showed that on 6/20/25, the nurse conducted a head-to-toe
10 assessment on R1 and did not observe any new wound at that time. The nurse performed wound care
11 on the right hip, right heel, and lower back. Six (6) out six staff who provide care to residents stated that
12 when they observe any redness on a resident, they report it right away and determine the care plan.
13 Staff also stated they will reposition the residents more often if needed for any wound care. Per the
14 facility staff and home health documentation, there were no indications of a right elbow deep tissue
15 injury before R1 went to the hospital on 6/22/25. LPA interviewed a total of six (6) residents and they all
16 stated that the staff are nice and assist them right away when needed.
17

18 Based on interviews and documents reviewed, there is insufficient evidence to show that R1 sustained
19 multiple pressure injuries due to staff neglect.
20

21 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
22 prove the alleged violation did or did not occur; therefore, the allegation is UNSUBSTANTIATED.
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27 An exit interview was conducted with the administrator. A copy of this report, along with the appeal
28 rights, was provided.
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SUPERVISORS NAME: Fernando Fierros
LICENSING EVALUATOR NAME: Cynthia D Chan
LICENSING EVALUATOR SIGNATURE:

DATE: 11/03/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/03/2025