

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603729
Report Date: 04/24/2025
Date Signed: 04/24/2025 03:04:07 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 **04/22/2025** and conducted by Evaluator Kimberly Ramirez

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20250422152151
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FACILITY NAME: IVY PARK AT CLAREMONT	FACILITY NUMBER: 198603729
ADMINISTRATOR: HERNANDEZ, DAISY	FACILITY TYPE: 740
ADDRESS: 2053 NORTH TOWNE AVE	TELEPHONE: (909) 398-4688
CITY: CLAREMONT	STATE: CA ZIP CODE: 91711
CAPACITY: 81	CENSUS: 58 DATE: 04/24/2025
MET WITH: Administrator Daisy Hernandez	UNANNOUNCED TIME BEGAN: 08:01 AM
	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Facility staff do not provide adequate food service to residents.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Ramirez conducted an unannounced initial complaint
2	investigation visit on 04/24/2025 regarding the above allegations. During today's visit, LPA Ramirez was
3	greeted by Business Office Director- Lachاون Gill and explained the purpose of the visit. Administrator-
4	Daisy Hernandez arrived shortly after to assist with tour.
5	
6	The investigation consisted of the following: LPA Ramirez requested and obtained copies of
7	Resident/Client Roster, Staff roster, Staff interviews#1-4 (S1 – S4), Resident Interviews#1-6 (R1 – R6),
8	Copies of R1's: Original Admission Agreement, Face Sheet, Physician's Report (LIC 602A), Copies of:
9	Easter Brunch Menu 2025, Easter Brunch Flyer dated 04/19/2025, Reconciliation roster of Easter Brunch
10	meal (04/19/2025) purchased by resident's loved ones, and physical plant tour.
11	
12	See 9099-C
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Tony Vasallo
NAME OF LICENSING PROGRAM ANALYST: Kimberly Ramirez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/24/2025

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-20250422152151

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 CLAREMONT

FACILITY NUMBER: 198603729

VISIT DATE: 04/24/2025

NARRATIVE

1 The investigation revealed the following: regarding the allegation- "**Facility staff do not provide**
2 **adequate food service to residents.**" It is alleged staff over salted food and did not provide quality
3 food service to residents and their families on 04/19/2025. LPA Ramirez toured kitchen area and dining
4 room area during visit. LPA Ramirez observed facility walk in refrigerator temperature to read 40
5 degrees F, which is within regulation General Food Service Requirements- 87555(b)(21). LPA Ramirez
6 observed stored food in containers to contain labels that indicated "preparation date and use by date" on
7 all containers with food. Food was stored away from chemicals and cleaning sinks. LPA Ramirez did not
8 observe spoiled food while inspecting perishable foods and non-perishable foods. LPA Ramirez
9 observed kitchen staff wearing hair nets and using gloves while handling food during today's visit. Four
10 (4) out of the four (4) staff interviewed did not corroborate this allegation. One (1) out of six (6) residents
11 interviewed corroborated this allegation. Although the allegation may have happened or is valid, there is
12 not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the
13 allegation is **UNSUBSTANTIATED**.

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15 No violations were observed during this investigation visit. Exit interview conducted. A copy of this report
16 was provided via email.
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NAME OF LICENSING PROGRAM MANAGER: Tony Vasallo
NAME OF LICENSING PROGRAM ANALYST: Kimberly Ramirez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/24/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/24/2025

LIC9099 (FAS) - (06/04)

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