

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 198603729

Report Date: 02/26/2026

Date Signed: 02/26/2026 02:37:51 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/23/2026** and conducted by Evaluator Gabriela Castro

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 28-AS-20260223122931</b>
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<b>FACILITY NAME:</b> IVY PARK AT CLAREMONT	<b>FACILITY NUMBER:</b> 198603729
<b>ADMINISTRATOR:</b> HERNANDEZ, DAISY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2053 NORTH TOWNE AVE	<b>TELEPHONE:</b> (909) 398-4688
<b>CITY:</b> CLAREMONT	<b>ZIP CODE:</b> 91711
<b>CAPACITY:</b> 81	<b>DATE:</b> 02/26/2026
<b>MET WITH:</b> Daisy Hernandez, Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 08:58 AM
	<b>TIME COMPLETED:</b> 02:50 PM

### ALLEGATION(S):

1	Facility does not have hot water Staff did not observe personal hygiene and sanitation practices to maintain infection control.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced complaint visit on 02/26/2026 to deliver findings related to the above allegation(s). LPA met with Daisy Hernandez, Administrator, and explained the purpose of the visit.  The investigation included a review of the client roster, staff roster, facility resident notices (water shutoff) and plumbing invoices for services rendered. LPA also conducted interviews with seven (7) staff members (S1-S7) and seven (7) residents (R1-R7).  (continued 9099C)
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** David Sicairos  
**LICENSING EVALUATOR NAME:** Gabriela Castro  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/26/2026

**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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MONTEREY PARK, CA 91754

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** IVY PARK AT CLAREMONT

**FACILITY NUMBER:** 198603729

**VISIT DATE:** 02/26/2026

### NARRATIVE

1 **Allegation: Facility does not have hot water.**

2 It is alleged that the facility did not provide hot water at resident bathrooms and common area sinks, including the  
3 bathroom near the kitchen and the dining room sink, for several days.  
4

5 Staff consistently reported there was no complete loss of hot water at the facility. Staff reported temporary issues  
6 involving low water pressure and a required water shutoff on 2/11/2026 after approximately 8:00 p.m. to complete  
7 plumbing repairs, including replacement of a water pressure regulator and repair of a piping leak. Staff stated hot  
8 water remained available outside of the repair period, although pressure was reduced at times. Staff reported  
9 residents were notified of the temporary disruptions. Plumbing services were contacted and repairs were  
10 completed, as reflected in work orders and invoices reviewed by LPA dated 2/11/2026 and 2/17/2026.  
11

12 R1 reported experiencing a lack of hot water for several days, including the date of the investigation visit. R1  
13 stated they were not notified of any water shutoffs and reported maintaining a log documenting days without hot  
14 water. During resident interviews R2-R7, Residents provided varied statements. Several residents denied  
15 experiencing issues with hot water or reported having continuous access to hot water. At the time of the visit, all  
16 residents interviewed confirmed that hot water was available. LPA verified hot water was accessible in resident  
17 rooms and common areas during the visit.  
18

19 During Witness One (W1) interview, W1 confirmed plumbing services were rendered at the facility and that  
20 repairs were conducted on 02/11/26 after approximately 8:00 p.m., once the kitchen was closed, in order to  
21 minimize disruption to residents in care. W1 stated that certain repairs may take several hours to complete and  
22 explained that during active plumbing repairs, water service must be shut off. W1 further stated that if a resident  
23 attempted to use water during the repair period, water may not have been available.  
24

25 W1 explained that for certain repairs, such as a piping rupture, initial work may be completed during daytime  
26 hours to patch the pipe, with follow-up visits occurring in the evening to complete full repairs, which require  
27 shutting off the water supply.  
28  
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30 During the facility walk through, LPA tested the dining area sink and observed hot water available. LPA  
31 documented the observation with a photograph and observed posted hand-washing guidelines.  
32 LPA toured the kitchen and observed hot water available, hand-washing signage posted throughout the kitchen, and  
hand sanitizer present at workstations.

(continued on 9099C)

**SUPERVISORS NAME:** David Sicairos  
**LICENSING EVALUATOR NAME:** Gabriela Castro  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/26/2026

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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: IVY PARK AT CLAREMONT

FACILITY NUMBER: 198603729

VISIT DATE: 02/26/2026

**NARRATIVE**

1 LPA received Unusual Incident Reports related to both the pipe leak and the hot water pressure issue, which  
2 included notification of a temporary and slight water shutoff. LPA observed the bathroom near the dining area to  
3 be clean, with hot water accessible. LPA inspected a total of eleven (11) resident bedrooms, including R1's room,  
4 and observed hot water available in each room, meeting regulatory temperature requirements between 105°F and  
5 120°F. Some faucets required additional time to reach the required temperature; however, hot water was available.  
6

7 LPA reviewed work orders and invoices related to the water pressure regulator replacement and the piping leak  
8 repair, which reflected that the issues were addressed and corrected.  
9

10 **Allegation: Staff did not observe personal hygiene and sanitation practices to maintain infection control.**

11 It is alleged that staff did not wash their hands using warm water and soap while performing duties.  
12

13 During resident R1 interview, R1 alleged that dining room staff (servers) did not consistently practice proper hand  
14 hygiene. R1 reported observing servers assist residents with walkers and then proceed to other duties without  
15 washing their hands. R1 further alleged that staff did not wash their hands using warm water and soap and stated  
16 that on the date observed, hot water was not available. During staff interviews, staff consistently reported they  
17 follow proper hand hygiene practices. Staff stated they wash their hands with soap and water, use gloves as  
18 required, and follow posted hand-washing guidelines. Kitchen and dining staff reported hands are typically washed  
19 in the kitchen area, where hand-washing supplies and signage are posted. Staff reported that hand hygiene is  
20 routinely practiced during resident care. During the facility walkthrough, LPA observed sufficient supplies of hand  
21 soap and hand sanitizer available in the kitchen, dining area, and common areas.  
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25 Based on the investigation conducted, which included interviews with staff, witness, and residents, as  
26 well as a review of relevant records, there was insufficient evidence to support the reported allegations.  
27 Although the allegation may have happened or is valid, there is not a preponderance of evidence to  
28 prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**. Exit  
29 interview was held, and a copy of this report was provided.  
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**SUPERVISORS NAME:** David Sicairos

**LICENSING EVALUATOR NAME:** Gabriela Castro

**LICENSING EVALUATOR SIGNATURE:**

DATE: 02/26/2026

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DATE: 02/26/2026