

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 275202849  
Report Date: 08/27/2025  
Date Signed: 08/29/2025 12:56:19 PM

**Unsubstantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO ASC, 1314 E SHAW AVE FRESNO, CA 93710
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/23/2025** and conducted by Evaluator Sarah Hurt

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250823144243</b>
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<b>FACILITY NAME:</b> IVY PARK AT SALINAS	<b>FACILITY NUMBER:</b> 275202849
<b>ADMINISTRATOR:</b> POST, SARA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1320 PADRE DRIVE	<b>TELEPHONE:</b> (831) 754-5532
<b>CITY:</b> SALINAS	<b>STATE:</b> CA <b>ZIP CODE:</b> 93901
<b>CAPACITY:</b> 185	<b>CENSUS:</b> 171 <b>DATE:</b> 08/27/2025
<b>MET WITH:</b> Administrator, Sara Post	<b>UNANNOUNCED TIME BEGAN:</b> 02:30 PM
	<b>TIME COMPLETED:</b> 07:15 PM

**ALLEGATION(S):**

1	Staff did not assist residents during an emergency alarm event.
2	Licensee did not ensure elevator was maintained in good repair.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to investigate the
2	allegations listed above. LPA met with facility Administrator Sara Post, and explained the purpose of
3	today's visit.
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5	Regarding the allegation staff did not assist residents during an emergency alarm event. Based on
6	interviews conducted there was no actual fire or emergency, no residents were trapped in the elevator,
7	and no resident required evacuation or staff intervention. While the Reporting Party expressed concern
8	that resident was startled by the alarm, there is no evidence that staff failed to respond appropriately or
9	that the facility neglected to maintain the elevator in good repair. Therefore, this complaint is deemed
10	unsubstantiated. Although the allegation may have happened or is valid, there is not a preponderance of
11	evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan  
**NAME OF LICENSING PROGRAM ANALYST:** Sarah Hurt  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/27/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/27/2025

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
FRESNO ASC, 1314 E SHAW AVE  
FRESNO, CA 93710

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

**FACILITY NAME:** IVY PARK AT SALINAS

**FACILITY NUMBER:** 275202849

**VISIT DATE:** 08/27/2025

**NARRATIVE**

1 Regarding the allegation Licensee did not ensure elevator was maintained in good repair. Based on  
2 interviews conducted, the investigation revealed that a maintenance technician was working on a  
3 separate alarm system when the fire alarm was accidentally triggered. As designed, the elevator ceased  
4 operation in response to the alarm; however, the elevator was in good working order outside of the  
5 alarm activation. Although the allegation may have happened or is valid, there is not a preponderance of  
6 evidence to prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.  
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9 No deficiencies cited Per Title 22 Regulations. Exit interview conducted with Sara Post and a copy of  
10 this report provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan  
**NAME OF LICENSING PROGRAM ANALYST:** Sarah Hurt  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/27/2025

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**DATE:** 08/27/2025