

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 277209411  
Report Date: 09/16/2025  
Date Signed: 09/17/2025 08:00:38 AM

**Unsubstantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 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 **09/08/2025** and conducted by Evaluator Vadim Gorban

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250908120257</b>
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<b>FACILITY NAME:</b> IVY PARK OF MONTEREY	<b>FACILITY NUMBER:</b> 277209411
<b>ADMINISTRATOR:</b> ANDREA RAMIREZ	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1110 CASS STREET	<b>TELEPHONE:</b> (818) 643-2400
<b>CITY:</b> MONTEREY	<b>ZIP CODE:</b> 93940
<b>CAPACITY:</b> 112	<b>DATE:</b> 09/16/2025
<b>MET WITH:</b> administrator Andrea Ramirez	<b>UNANNOUNCED TIME BEGAN:</b> 10:43 AM
	<b>TIME COMPLETED:</b> 01:00 PM

**ALLEGATION(S):**

1	Staff did not timely address the residents change in medical condition
2	Staff are not meeting the residents bathing needs
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**INVESTIGATION FINDINGS:**

1	On 09/16/2025, Licensing Program Analyst (LPA) V. Gorban arrived unannounced to deliver findings on a
2	complaint investigation. LPA explained the purpose of the visit to administrator Andrea Ramirez and was
3	allowed entry.
4	
5	During the course of the investigation, LPA conducted a facility tour, conducted interviews, and reviewed
6	records.
7	The Department has investigated the allegations: Staff did not timely address the residents change in
8	medical conditions. Based on interviews and record reviews, resident (R1) was provided medication for
9	rush once resident skin was evaluated during shower time. The residents was provided with cream per
10	prescription.
11	
12	Report continues on attached LIC9099-C
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan  
**NAME OF LICENSING PROGRAM ANALYST:** Vadim Gorban  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 09/16/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 09/16/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
LIC9099 (FAS) - (06/04) Page: 1 of 2

**Control Number** 24-AS-20250908120257

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**COMPLAINT INVESTIGATION REPORT  
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SIERRA CASCADE AC/SC, 1314 E SHAW AVE  
FRESNO, CA 93710

**FACILITY NAME:** IVY PARK OF MONTEREY **FACILITY NUMBER:** 277209411  
**VISIT DATE:** 09/16/2025

**NARRATIVE**

1 Regarding, Staff are not meeting the residents' bathing needs. Based on staff interviews and reviews,  
2 residents offered showers as scheduled. Resident refusal documented and tried on different schedule.  
3 During the tour, resident was observed in common area, cleaned, with no odor. Although the allegation  
4 may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation  
5 did or did not occur, therefore above allegations are UNSUBSTANTIATED.  
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7 No deficiencies issued.  
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9 Exit interview conducted. Report signed on-site. A copy of this report with appeal rights was discussed  
10 and provided to the facility representative.  
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**NAME OF LICENSING PROGRAM ANALYST:** Vadim Gorban  
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**DATE:** 09/16/2025