

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 277209411
Report Date: 02/24/2026
Date Signed: 02/25/2026 06:27:47 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/08/2026** and conducted by Evaluator Vadim Gorban

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260108091256
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FACILITY NAME: IVY PARK OF MONTEREY	FACILITY NUMBER: 277209411
ADMINISTRATOR: ANDREA RAMIREZ	FACILITY TYPE: 740
ADDRESS: 1110 CASS STREET	TELEPHONE: (818) 643-2400
CITY: MONTEREY	STATE: CA
CAPACITY: 112	ZIP CODE: 93940
	CENSUS: 106
MET WITH: Maria Bonilla, Health Services Director	DATE: 02/24/2026
	UNANNOUNCED TIME BEGAN: 05:30 PM
	TIME COMPLETED: 06:50 PM

ALLEGATION(S):

1	Staff are inappropriately charging resident unnecessary fees
2	Staff are threatening resident
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INVESTIGATION FINDINGS:

1	On 02/24/2026 Licensing Program Analyst (LPA) Gorban unannounced visited the facility to deliver
2	findings to complaint investigation. LPA introduced self and met with health services director. LPA stated
3	purpose of the visit and was allowed entry.
4	
5	During this complaint investigation LPA toured the facility conducting health and safety checks, reviewed
6	facility records, and interviewed administrator, staff, and resident.
7	Allegations: Staff are inappropriately charging resident unnecessary fees and Staff are threatening
8	resident.
9	Although the alleged violations may have happened or are valid, there are not a preponderance of
10	evidence to prove the alleged violations occur, therefore the allegations are Unsubstantiated.
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12	Exit interview conducted, report signed and copy of this report provided to health services director for
13	facility records.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Vadim Gorban

LICENSING EVALUATOR SIGNATURE:

DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2026

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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