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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 277209411
Report Date: 05/27/2026
Date Signed: 06/01/2026 02:29:59 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/26/2026** and conducted by Evaluator Vadim Gorban

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260526121858

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		**ZIP CODE:**	93940
CAPACITY:	112	**CENSUS:** 106		**DATE:**	05/27/2026
		UNANNOUNCED		**TIME BEGAN:**	08:51 AM
MET WITH:	Administrator Andrea Ramirez			**TIME COMPLETED:**	11:00 AM

ALLEGATION(S):

1	Facility staff do not prevent resident(s) from smoking in the non-smoking areas of the facility.
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INVESTIGATION FINDINGS:

1	On 05/27/2026 Licensing Program Analyst (LPA) Gorban unannounced visited the facility to commence
2	complaint investigation and deliver findings. LPA introduced self and met with administrator Andrea
3	Ramirez 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	Allegation: Facility staff do not prevent resident(s) from smoking in the non-smoking areas of the facility.
8	Based on observation during investigation, R1 smoke across from facility parking lot by the walk way, the
9	facility approved smoking area. Based on interviews, staff accompany and ensure R1 to smokes in
10	designated spot. Although the alleged violation may have happened or is valid, there is not a
11	preponderance of evidence to prove the alleged violation occur, therefore the allegation is
12	Unsubstantiated.
13	
	Exit interview conducted, report signed and copy of this report provided to health services director for facility records.

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Shawna Doucette
LICENSING EVALUATOR NAME: Vadim Gorban
LICENSING EVALUATOR SIGNATURE:

DATE: 05/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/27/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.