

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005351
Report Date: 05/20/2026
Date Signed: 06/05/2026 02:40:54 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/19/2025** and conducted by Evaluator Edward Kim

	COMPLAINT CONTROL NUMBER: 22-AS-20250519154715
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FACILITY NAME:	IVY PARK AT MISSION VIEJO	FACILITY NUMBER:	306005351
ADMINISTRATOR:	FOUDIL MANADI	FACILITY TYPE:	740
ADDRESS:	27783 CENTER DRIVE	TELEPHONE:	(949) 364-6210
CITY:	MISSION VIEJO	ZIP CODE:	92692
CAPACITY:	150	DATE:	05/20/2026
		UNANNOUNCED TIME BEGAN:	09:00 AM
MET WITH:	Administrator- Foudil Manadi	TIME COMPLETED:	12:00 PM

ALLEGATION(S):

1	Facility staff failed to provide adequate treatment after a resident sustained a burn on the premises.
2	Facility staff did not provide adequate measures to ensure resident did not sustain a burn while in care.
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INVESTIGATION FINDINGS:

1	** This report was amended due to typographical error"
2	On May 20, 2026, at 9:00 AM, Licensing Program Analyst (LPA) Edward Kim conducted a subsequent
3	complaint visit to deliver complaint investigation findings. LPA met with Administrator (ADMIN) Foudhil
4	Manadi and explained the purpose of the visit.
5	
6	The investigation consisted of the following. LPA Kim toured the facility with ADMIN Manadi. LPA
7	requested and obtained copies of the resident roster and staff roster. LPA Kim reviewed and obtained
8	copies of R1-R6s records, which include Admission Agreement, Identification and Emergency
9	Information, home health notes, physician's reports, pre-appraisals, reappraisals, progress notes, and
10	other pertinent documents.
11	
12	The investigation revealed the following:
13	Continued on LIC9099C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya LICENSING EVALUATOR NAME: Edward Kim LICENSING EVALUATOR SIGNATURE:		DATE: 05/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 05/20/2026

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 4
Control Number 22-AS-20250519154715

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT MISSION VIEJO	FACILITY NUMBER: 306005351
	VISIT DATE: 05/20/2026

NARRATIVE	
1	** This report was amended due to typographical error""
2	Allegation: Facility staff failed to provide adequate treatment after a resident sustained a burn on the
3	premises.
4	It is alleged that Resident #1 (R1) was brought into the hospital on May 10, 2025, and upon review R1
5	was found to have a circumferential partial thickness burn with blistering on their left lower leg. It was
6	alleged that there was no care or treatment provided for the burn and they were left untreated for
7	several days.
8	
9	Based on record review, R1's Physician Report dated March 10, 2025, diagnoses R1 with Dementia.
10	Charting Notes dated May 9, 2025, at 9:42PM, stated R1 had a round blister. Follow-up encounter notes
11	dated May 9, 2025, stated R1 was seen for follow-up for their blister. It was stated R1 had a blister on
12	their lower left leg and a home health order will be done for monitoring. Wound care is not necessary at
13	this time as there is no break in the skin. Ongoing monitoring and routine care will be continued.
14	
15	Charting Notes May 10, 2025, at 12:17PM, stated R1 still had the blister and there was no complaint
16	about the blister on their leg. On May 10, 2025, at 1:42 PM stated R1 was sent to the hospital. At 10:05
17	PM, resident returned to the facility from the hospital. Home health Agency Care Note dated on May 5,
18	2025, Palliative Care came for heel care wounds, and there are no notes on lower left wound or burns.
19	Home health Agency Care Note dated May 6, 2025, came in for vitals and follow up mentioning no falls
20	were reported and the scab was intact on the heel. There are no notes or concerns of a burn or a wound
21	on the lower left leg. Home health Agency Notes dated May 13, 2025, examined and wrote the injury as
22	a wound and not a burn wound. It stated that they asked R1 if they knew what happened, but R1 stated
23	they did not know how that wound appeared on the lower left leg. Home Health Agency dated May 16,
24	2025, May 20, 2025, May 23, 2025, May 27, 2025, June 3, 2025, June 17, 2025, and June 24, 2025,
25	that the wound is healing and finally resolved. There are no indications that the wound was a burn
26	wound.
27	
28	Based on interviews, three out of three staff and two out of four witnesses denied the allegation. One
29	resident and Two out of four witnesses could not confirm or deny the allegation. R1 stated they could not
30	recall when or how they had the wound on their left leg. R1 did not know if it was from a burn. R1 stated
31	the facility treats them well and if they did receive a wound or burn, the facility would provide the best
32	care for them. All three staff stated R1 had a wound. S1 stated they did not suspect a burn when they
	noticed it
	Continued on LIC9099C

SUPERVISORS NAME: Lourdes Montoya LICENSING EVALUATOR NAME: Edward Kim LICENSING EVALUATOR SIGNATURE:		DATE: 05/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 05/20/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** IVY PARK AT MISSION VIEJO**FACILITY NUMBER:** 306005351**VISIT DATE:** 05/20/2026**NARRATIVE**

1 ** This report was amended due to typographical error""
2 when R1 was leaving the facility to the hospital. S3 stated they noticed the wound after R1 returned.
3 Although the charting notes stated 911 was called and family could not pick up the family, S1 stated R1
4 went to the hospital with their family. W1 and W2 could not confirm when the family took R1 to the
5 hospital but recall it was around early May the family brought R1 to the hospital. W1 and W2 stated
6 when they saw the redness and blister, they did not believe it was from a burn. They believed it was due
7 to a fall. All staff, W1, and W2 stated if it was a burn, the facility would have provided adequate
8 treatment. All staff, W1, and W2 stated R1's wound was provided adequate treatment prior to
9 hospitalization.
10
11 Based on the information gathered, there is no sufficient evidence gathered to confirm the above
12 allegation.
13
14 Allegation: Facility staff did not provide adequate measures to ensure resident did not sustain a burn
15 while in care
16 It is alleged that the facility did not provide adequate measure to ensure resident did not sustain a burn
17 while in care.
18
19 Based on Interviews conducted, three out three staff and two out four witnesses denied the allegation.
20 One resident and two out of four witnesses could not confirm or deny the allegation. R1 does not recall
21 how or when the wound happened on their lower left leg. R1 could not verify if the wound was due to
22 being burned. R1 stated the facility does a good job in preventing situations for themselves and
23 residents from being burned. All staff and all witnesses do not know how R1 received the wound. All
24 three staff and two witness stated that R1's room and common areas do not have anything that could
25 lead to any residents sustaining a burn while receiving care or staying at the facility. W1 and W2 stated
26 that the facility is safe in all areas and in R1's room that can be ensured that R1 could not sustain a burn
27 while in care or supervision. All three staff stated, R1's room and the facility is in safe regards to the
28 facility. Based on observations on May 28, 2025, January 9, 2026, and May 20, 2026, LPA observed the
29 facility ensure residents were in safe accommodations. Staff were taking care of residents for their
30 needs and did not observe a situation where any residents sustained a burn or any injury while in care.
31
32 Continued on LIC9099C

SUPERVISORS NAME: Lourdes Montoya**LICENSING EVALUATOR NAME:** Edward Kim**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/20/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 05/20/2026

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20250519154715**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** IVY PARK AT MISSION VIEJO**FACILITY NUMBER:** 306005351**VISIT DATE:** 05/20/2026**NARRATIVE**

1 ** This report was amended due to typographical error""
2 Based on record review, there is no information on how R1 received their wound. Charting Notes dated
3 May 9, 2025, at 9:42PM, stated R1 had a round blister. Prior to that Home health Agency Care Note
4 dated on May 5, 2025, Palliative Care came and did not note any lower left wound or burns for R1.
5 Home Health Agency Care Notes dated on May 6, 2026, Home Health noted no falls were reported and
6 the scab was intact on the heel with no notes or concerns of a burn or a wound on the lower left leg.
7 There is nothing on R1's charting notes that show resident had burnt injuries that were not being tended

8	to.
9	
10	Based on the information gathered, there is no sufficient evidence gathered to confirm the above
11	allegation.
12	
13	Based on observations, interviews, and records review, LPA did not find sufficient evidence to support
14	the above allegations Facility staff failed to provide adequate treatment after a resident sustained a burn
15	on the premises and Facility staff did not provide adequate measures to ensure resident did not sustain
16	a burn while in care. Although the allegations may have happened or are valid, there is not a
17	preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations
18	are Unsubstantiated.
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20	Exit interview was conducted and a copy of the report was provided to Administrator Foudhil Manadi.
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