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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006069
Report Date: 08/06/2026
Date Signed: 08/06/2026 03:27:13 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/05/2026** and conducted by Evaluator Samer Haddadin

	COMPLAINT CONTROL NUMBER: 22-AS-20260605134143

FACILITY NAME:	IVY PARK AT BRADFORD		**FACILITY NUMBER:**	306006069
ADMINISTRATOR:	RUZICA CALABRESE		**FACILITY TYPE:**	740
ADDRESS:	1180 N BRADFORD AVE		**TELEPHONE:**	(714) 996-9292
CITY:	PLACENTIA	**STATE:** CA	**ZIP CODE:**	92870
CAPACITY:	136	**CENSUS:** 105	**DATE:**	08/06/2026
		UNANNOUNCED	**TIME BEGAN:**	08:44 AM
MET WITH:	Kaylee Koepell and Neha Patel		**TIME COMPLETED:**	01:00 PM

ALLEGATION(S):

1	1-Staff financially abuses former resident
2	2-Staff has not issued refund to former resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sam Haddadin conducted an unannounced complaint investigation
2	visit. Upon arrival, LPA met with Business Office Manager (BOM) who granted entry into the facility and
3	was informed of the purpose of the visit.
4	The allegations were that “Staff has not issued refund to former resident” and “Staff financially abuses
5	former resident.”
6	During the investigation, LPA interviewed four staff members and four residents. Four out of four staff
7	members denied the allegations and stated they had no knowledge of the facility withholding a refund or
8	financially abusing R1. Four out of four residents denied the allegations and stated they had not
9	experienced financial or other misconduct by facility staff. LPA attempted to interview R1 by telephone;
10	however, R1 was unable to hear or understand LPA’s questions due to cognitive impairment and could
11	not provide a reliable statement. Regarding the allegation that “Staff has not issued refund to former
12	resident,” RP stated that R1 left the facility following a fall on February 1, 2026, subsequently received
13	skilled nursing care, and did not return to the facility.
	{***CONTINUE 9099C***}

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Samer Haddadin
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026

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

Control Number 22-AS-20260605134143

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 BRADFORD **FACILITY NUMBER:** 306006069
VISIT DATE: 08/06/2026

NARRATIVE

RP requested a full refund because R1 did not reside at the facility for the remainder of February 2026. LPA reviewed the facility's incident report, E mail communication, Residence and Services Agreement, and account records. The records confirmed that R1 was transported from the facility on February 1, 2026. RP provided written notice on February 18, 2026, that R1 would move to another care facility beginning February 20, 2026, but did not give thirty-day notice. The Residence and Services Agreement required 30 days' written notice when the resident or responsible party elected to terminate the agreement. RP did not provide the required 30-day notice before relocating R1. Therefore, the facility continued charging rent through the applicable notice period. The account records reflected that the facility applied existing credits and a prorated rent credit for the period after the 30-day notice requirement ended. LPA interviewed the Business Office Manager (BOM) who stated that the facility did not refuse to readmit R1. BOM stated that facility staff advised RP that R1 could return to the facility and would reassess R1's condition and care needs to determine the appropriate level of care. BOM stated that RP declined to return R1 because RP had obtained a physician's report from an outside source indicating that R1 required additional care and should not return to the facility. During the interview with the RP, they confirmed that the facility offered to readmit and reassess R1, but RP elected to place R1 at another care facility. Regarding the allegation that "Staff financially abuses former resident," LPA interviewed 4 staff members and 4 residents who denied the allegations. LPA did not obtain evidence showing that facility staff misappropriated or mishandled any residents' financials.
Therefore, the allegations that "Staff has not issued refund to former resident" and "Staff financially abuses former resident," are Unsubstantiated. Although the allegation may have happened or may be valid, there is not preponderance of evidence to prove that the alleged violation occurred.
An exit interview was conducted, and a copy of this report was provided to Health Services Director (HSD) Neha Patel

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Samer Haddadin
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026