

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006222

Report Date: 03/24/2026

Date Signed: 03/24/2026 11:07:36 AM

Unfounded

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 **11/20/2023** and conducted by Evaluator Jessica Cho

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20231120131411
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FACILITY NAME: IVY AT WELLINGTON, THE	FACILITY NUMBER: 306006222
ADMINISTRATOR: OLSON, KATHLEEN	FACILITY TYPE: 740
ADDRESS: 24903 MOULTON PARKWAY	TELEPHONE: (949) 458-2311
CITY: ALISO VIEJO	ZIP CODE: 92653
CAPACITY: 160	DATE: 03/24/2026
MET WITH: Melanie Sigar- Assistant Executive Director	UNANNOUNCED TIME BEGAN: 08:00 AM
	TIME COMPLETED: 11:20 AM

ALLEGATION(S):

1	Facility failed to meet resident's needs.
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INVESTIGATION FINDINGS:

1	On March 24, 2026, Licensing Program Analyst (LPA) Jessica Cho made an unannounced visit for the purpose of continuing the investigation into the above allegation. LPA met with Assistant Executive Director (AED) Melanie Sigar and explained the reason for the visit. On November 20, 2023, the Department received the complaint initiated by LPA Jenifer Tirre on November 29, 2023. During the course of the investigation conducted by LPA Cho, LPA interviewed one staff/ witness and obtained copies of the following documentation for review: Resident/Staff Rosters, Residency Agreement, facility map, and written correspondence.
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9	It is alleged that Facility failed to meet the resident's needs concerning Resident #1 (R1). Based on record review, R1 resided in the Independent Living (IL) per the Residency and Service Agreement dated April 19, 2022. Page 7 of the agreement notes under section 9. "Not a Continuing Care or RCFE Contract," the agreement does not entitle resident to receive services in the Residential Care for the Elderly component of the community.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Jessica Cho
LICENSING EVALUATOR SIGNATURE:

DATE: 03/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/24/2026

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 2

Control Number 22-AS-20231120131411

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 AT WELLINGTON, THE

FACILITY NUMBER: 306006222

VISIT DATE: 03/24/2026

NARRATIVE

1 LPA verified per the facility map that R1 lived on the IL side of the facility in room 259 of Building A.
2 Interviewed staff and witness also corroborated R1 resided in the IL portion of the facility. Building A are
3 independent and not under the purview of the Department's requirements. The license only applies to
4 Building B, the Assisted Living.
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6 Therefore, this agency has investigated the complaint and based on the interviews which were
7 conducted and the records that were reviewed, the following allegation: Facility failed to meet resident's
8 needs is deemed UNFOUNDED. We have found that the complaint was unfounded, meaning that the
9 allegation was false, could not have happened and/or is without a reasonable basis. We have therefore
10 dismissed the complaint.
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12 An exit interview was conducted with Assistant Executive Director Melanie Sigar, and a copy of this
13 report including the LIC811 were provided at exit.
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LICENSING EVALUATOR NAME: Jessica Cho
LICENSING EVALUATOR SIGNATURE:

DATE: 03/24/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/24/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2