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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006222
Report Date: 07/13/2026
Date Signed: 07/13/2026 11:15:00 AM

Unfounded

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 **07/06/2026** and conducted by Evaluator Jessica Cho

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260706092549

FACILITY NAME:	IVY AT WELLINGTON, THE			**FACILITY NUMBER:**	306006222
ADMINISTRATOR:	ALVARADO, DAVID			**FACILITY TYPE:**	740
ADDRESS:	24903 MOULTON PARKWAY BLDG B			**TELEPHONE:**	(949) 458-2311
CITY:	LAGUNA HILLS	**STATE:** CA		**ZIP CODE:**	92653
CAPACITY:	160	**CENSUS:** 110		**DATE:**	07/13/2026
		UNANNOUNCED		**TIME BEGAN:**	08:30 AM
MET WITH:	David Alvarado - Executive Director			**TIME COMPLETED:**	11:30 AM

ALLEGATION(S):

1	Facility is in disrepair.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jessica Cho made an unnannounced visit for the purpose of initiating
2	the complaint investigation into the above allegation. LPA met with Assistant Executive Director Melanie
3	Sigar and explained the reason for the visit. At approximately 9:20am, LPA was greeted by Executive
4	Director David Alvarado. During the course of the investigation, LPA inspected one unit and interviewed
5	three staff, one witness, and made an interview attempt with one resident. LPA obtained copies of
6	Resident/Staff Rosters, facility map, work orders, plumbing invoice, and photos.
7	
8	The investigation is as follows: Regarding the allegation, Faciltiy is in disrepair, it is alleged that there is a
9	lingering odor in the closet by the front door of the unit for Resident #1 (R1) after a leak occurred from the
10	5th floor. LPA inspected the coat closet with Staff #1 (S1), Staff #2 (S2), and Staff #3 (S3). There was no
11	odor present in the coat closet and in the unit. The carpet in the closet was removed by S2, however
12	there were no signs of mold/mildew and signs of water damage. LPA smelled the carpet in the coat closet
13	in several areas, and there was no odor present.

Unfounded	Estimated Days of Completion:

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Jessica Cho
LICENSING EVALUATOR SIGNATURE:
DATE: 07/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/13/2026

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

Control Number 22-AS-20260706092549

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: IVY AT WELLINGTON, THE **FACILITY NUMBER:** 306006222
VISIT DATE: 07/13/2026

NARRATIVE

LPA inspected the bathroom and walk-in closet with Witness #1 (W1) and there were no odor present and signs of water damage. Based on interviews with three of three staff and one witness, the carpet was cleaned after the water leak. Based on the work order, the carpet was cleaned March 25, 2026. LPA attempted an interview with R1, however LPA was unable to qualify R1 due to their medical condition. LPA verified that per the facility map, R1 lives on the Independent Living (IL) side of the facility of Building A. Interviewed staff and witness also corroborated R1 resides in the IL. Building A is independent and is not under the purview of the Department's jurisdiction as the license only applies to Building B for the Assisted Living portion of the facility.

Therefore, this agency has investigated the complaint and based on observation, interviews, and record review, the allegation: Facility is in disrepair is deemed UNFOUNDED. We have found that the complaint was unfounded, meaning that the allegation was false, could not have happened and/or is without a reasonable basis. We have therefore dismissed the complaint.

An exit interview was conducted with Executive Director David Alvarado, and a copy of this report including the LIC811 were provided at the end of the visit.

SUPERVISORS NAME: Lourdes Montoya
LICENSING EVALUATOR NAME: Jessica Cho
LICENSING EVALUATOR SIGNATURE:
DATE: 07/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/13/2026