

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006223
Report Date: 01/13/2026
Date Signed: 01/13/2026 11:09:32 AM

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 **01/12/2026** and conducted by Evaluator Ruth Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20260112093724
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FACILITY NAME: IVY PARK AT LAGUNA WOODS	FACILITY NUMBER: 306006223
ADMINISTRATOR: SYED, ZEHRA	FACILITY TYPE: 740
ADDRESS: 24441 CALLE SONORA	TELEPHONE: (949) 830-8057
CITY: LAGUNA WOODS	ZIP CODE: 92637
CAPACITY: 233	DATE: 01/13/2026
MET WITH: Zehra Syed	UNANNOUNCED TIME BEGAN: 07:30 AM
	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Resident sustained neck bruising.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit to the facility to
2	investigation the above identified complaint allegation. LPA met with Zehra Syed, Executive Director and
3	explained the nature of the visit.
4	
5	During the course of the investigation, interviews were conducted, a tour of the physical plant of the
6	facility was conducted, a review of resident records was completed and copy of pertinent documents
7	obtained.
8	
9	It is alleged that resident sustained neck bruising. LPA obtained resident roster at the facility and
10	observed resident (R1) was not listed. Interview with 2 of 2 staff stated that R1 moved into the facility on
11	January 3, 2026, and on January 8, 2026, R1 was sent to the hospital via 911 due to finding R1 in
12	distress in their
13	Continued on LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:

DATE: 01/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/13/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20260112093724

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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 LAGUNA WOODS

FACILITY NUMBER: 306006223

VISIT DATE: 01/13/2026

NARRATIVE

1 apartment upon staff doing a resident status check. R1's daughter informed that facility on January 9,
2 2026, that hospital informed them that due to having a stroke R1 would expire within hours. On January
3 10, 2026, facility received information that R1 had passed away at the hospital. Due to R1's status LPA
4 was unable to verify the allegation or interview R1.

5
6 Based on the information mentioned above, the Department is unable to ascertain if the allegation
7 occurred as reported. Although the allegation may have happened or is valid, there is not a
8 preponderance of evidence to prove or refute the alleged violation occurred; therefore, this allegation is
9 deemed Unsubstantiated.

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11 An exit interview was conducted with the Executive Director and a copy of this LIC9099 report was left
12 at facility.
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SUPERVISORS NAME: Armando J Lucero
LICENSING EVALUATOR NAME: Ruth Martinez
LICENSING EVALUATOR SIGNATURE:

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LIC9099 (FAS) - (06/04)

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