

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006233
Report Date: 09/22/2025
Date Signed: 09/22/2025 01:02:09 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 **08/28/2025** and conducted by Evaluator Ruth Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20250828135635
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FACILITY NAME: IVY PARK OF WELLINGTON	FACILITY NUMBER: 306006233
ADMINISTRATOR: DAVID ARMOUR	FACILITY TYPE: 740
ADDRESS: 24962 CALLE ARAGON	TELEPHONE: (562) 865-9500
CITY: LAGUNA WOODS	STATE: CA ZIP CODE: 92637
CAPACITY: 220	CENSUS: 163 DATE: 09/22/2025
MET WITH: Brenda Myers, Interim Executive Director	UNANNOUNCED TIME BEGAN: 12:50 PM
	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Staff left resident unattended on toilet with no clothes on for an extended amount of time.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit to the facility to
2	conclude investigation to the above identified complaint allegation. LPA arrived at the facility and was
3	greeted at the door and granted entry. LPA spoke with Brenda Myers, Interim Executive Director and
4	explained the purpose of the visit.
5	
6	Findings are based upon this investigation which included tour of the facility, facility file review, resident
7	file review and interviews conducted.
8	It is alleged that staff left resident unattended on the toilet with no clothes on for an extended amount of
9	time. The interview with staff stated that on August 27, 2025, resident (R1) was being assisted with
10	toileting needs, physical therapist arrived to R1's apartment and did not knock and proceeded to walk in.
11	
12	Continued on LIC9099-C
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/22/2025

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-20250828135635

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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 OF WELLINGTON

FACILITY NUMBER: 306006233

VISIT DATE: 09/22/2025

NARRATIVE

1 R1 was undressed when physical therapist walked in and staff covered R1 with body and asked for
2 them to wait. Staff stated that R1 was not left unattended. The interview with R1 stated that staff assist
3 them with their needs, but there was an incident that happened where they were assisted with changing
4 clothes and toileting needs when therapist walked in without knocking and was uncomfortable. Staff told
5 therapists to please wait while they finished assisting me. Resident stated that they were not left
6 unattended and staff finished helping them get dressed so they can do therapy.

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

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13 An exit interview was conducted with the facility representative and a copy of this LIC9099 report was
14 left at facility.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/22/2025