

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306006402  
Report Date: 08/11/2025  
Date Signed: 08/11/2025 10:23:32 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/09/2025** and conducted by Evaluator RoseMarie Ruppert

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20250609111614</b>
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<b>FACILITY NAME:</b> IVY PARK AT SEAL BEACH	<b>FACILITY NUMBER:</b> 306006402
<b>ADMINISTRATOR:</b> TAMI OJWANG	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3850 AND 3840 LAMPSON AVE	<b>TELEPHONE:</b> (562) 594-5788
<b>CITY:</b> SEAL BEACH	<b>STATE:</b> CA <b>ZIP CODE:</b> 90740
<b>CAPACITY:</b> 261	<b>CENSUS:</b> 182 <b>DATE:</b> 08/11/2025
<b>MET WITH:</b> Tami Ojwang, Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 08:00 AM
	<b>TIME COMPLETED:</b> 10:45 AM

#### ALLEGATION(S):

1	Facility staff did not address resident's fall risk
2	Facility staff did not address resident's change in condition
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced visit regarding a complaint
2	received in our Regional Office. LPA was greeted and granted entry and explained the purpose of the
3	visit. LPA met with Tami Ojwang, Executive Director.
4	
5	LPA obtained and reviewed the following documents: Unusual Incident Reports for the past six months,
6	Resident #1 (R1's) facesheet, Physician's Report, Preplacement Appraisal, Appraisal and Needs and
7	Services Plan. LPA reviewed hospital discharge paperwork and Home Health Agency notes. LPA
8	requested and reviewed facility notes regarding each of the fall incidents for R1.
9	
10	R1 moved in July 25, 2024 and began to have falls on December 12, 2024, February 7, 2025, March 8,
11	2025, May 24, 2025 and June 4, 2025. Resident received Home Health (HH) services and LPA obtained
12	(Continued on LIC 9099-C)
13	

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz  
**NAME OF LICENSING PROGRAM ANALYST:** RoseMarie Ruppert  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/11/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/11/2025

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-20250609111614

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 SEAL BEACH

**FACILITY NUMBER:** 306006402

**VISIT DATE:** 08/11/2025

### NARRATIVE

1 (Continued from LIC 9099)

2

3 HH notes. Each of the dates were documented by HH, who provided wound care and mental  
4 assessment and worked with facility staff to prevent falls and to observe any changes in condition.  
5 Facility also documented on Unusual Incident Reports to the Department regarding R1's falls and the  
6 medical services received.

7

8 On June 16, 2025 LPA interviewed three of three residents regarding care received. Three of three  
9 residents did not have issues with care and that staff arrived in a timely manner and would check on  
10 them throughout the day. LPA toured R1's apartment and did not observe any immediate fall risks and  
11 spoke with Resident #2 (R2) who is R1's spouse, regarding any care issues. R2 stated everything was  
12 fine.

13

14 It is alleged the: Facility staff did not address resident's fall risk. LPA interviewed two of two staff  
15 members regarding Resident #1 (R1) and both felt staff constantly checked on R1 and Resident #2 (R2)  
16 due to R2's higher level of care. Staff reported R1 had access to a pendant at all times and had frequent  
17 checks. The Responsible Party (RP) was notified of R1's falls and does not have any concerns other  
18 than the resident has falls due to becoming weaker. Both the facility and Home Health continued to  
19 monitor R1's fall risk and were in communication with the RP.

20

21 It was alleged the Facility staff did not address resident's change in condition. Unusual Incident Reports  
22 and Home Health notes both documented that if R1 had any systemic infections; facility and home  
23 health were to follow-up with physician if any changes of condition were observed. Both facility and HH  
24 continued to monitor R1's falls and assess R1. Home Health notes on March 10, 2025 documented R1,  
25 who was initially independent, was no longer able to leave the community and that facility staff and RP  
26 were informed. Two of two staff reported R1 continued to have frequent checks and that R1 would not  
27 press pendant for assistance. On May 24, 2025 R1 was sent for further evaluation after a fall and  
28 returned to the community with no new orders. R1 fell on June 4, 2025 and was admitted at the hospital  
29 and Skilled Nursing for rehabilitation. R1 will return to the community on August 12, 2025.

30

31 Based on LPA record review and interviews, although the allegations may have happened or are valid,  
32 there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore  
the

(Continued on LIC 9099C1)

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz  
**NAME OF LICENSING PROGRAM ANALYST:** RoseMarie Ruppert  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/11/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 08/11/2025

**Control Number** 22-AS-20250609111614

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>COMPLAINT INVESTIGATION REPORT</b> <b>(Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868</p>
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**FACILITY NAME:** IVY PARK AT SEAL BEACH

**FACILITY NUMBER:** 306006402

**VISIT DATE:** 08/11/2025

**NARRATIVE**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>(Continued from LIC 9099C)</p> <p>allegations that: Facility staff did not address resident's fall risk and Facility staff did not address resident's change in condition are Unsubstantiated.</p> <p>An exit interview was conducted with Executive Director Tami Ojwang and a copy of the report was provided to the facility.</p>
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