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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006456
Report Date: 07/10/2026
Date Signed: 07/10/2026 04:27:53 PM

Unsubstantiated

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 **05/04/2026** and conducted by Evaluator Samer Haddadin

	COMPLAINT CONTROL NUMBER: 22-AS-20260504082152

FACILITY NAME:	IVY PARK AT HUNTINGTON BEACH			**FACILITY NUMBER:**	306006456
ADMINISTRATOR:	REAMER-YU, BRYAN			**FACILITY TYPE:**	740
ADDRESS:	7401 & 7351 YORKTOWN AVE.			**TELEPHONE:**	(714) 536-3032
CITY:	HUNTINGTON BEACH	**STATE:** CA		**ZIP CODE:**	92648
CAPACITY:	142	**CENSUS:** 111		**DATE:**	07/10/2026
		UNANNOUNCED		**TIME BEGAN:**	01:15 PM
MET WITH:	Bryan Reamer-Yu			**TIME COMPLETED:**	04:22 PM

ALLEGATION(S):

1	Resident was overmedicated
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Samer Haddadin conducted an unannounced complaint investigation
2	visit. Upon arrival, LPA Haddadin was greeted by Executive Director (ED) Bryan Reamer-Yu, who
3	granted entry into the facility. LPA explained the purpose of the visit.
4	The allegation was that “Resident was overmedicated.” The complaint indicated that Resident 1 (R1) was
5	transported from the facility to the hospital on April 30, 2026, and was reportedly admitted for Digoxin
6	toxicity.
7	During the investigation, LPA interviewed four staff members and four residents, including R1. Four out of
8	four staff members denied the allegation and denied having knowledge that R1 was administered
9	medication in excess of the physician’s orders. Three out of three residents who were able to provide
10	reliable statements denied experiencing or observing concerns regarding medication administration at
11	the facility.
12	LPA also interviewed R1. However, due to R1’s cognitive ability, LPA was unable to obtain a reliable
13	statement regarding the allegation.
	{CONTINUE 9099C)

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Samer Haddadin
LICENSING EVALUATOR SIGNATURE:
DATE: 07/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/10/2026

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

Control Number 22-AS-20260504082152

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 HUNTINGTON BEACH **FACILITY NUMBER:** 306006456
VISIT DATE: 07/10/2026

NARRATIVE

During the interview and observation of R1, LPA did not observe any immediate health or safety concerns.
LPA reviewed facility records, including an Unusual Incident Report (UIR) submitted by the facility to the Department. The UIR documented that R1 was observed to be lethargic and pale. Facility staff contacted 911, and responding paramedics evaluated R1. R1 was subsequently transported by ambulance to the emergency room for further medical evaluation and treatment.
LPA also reviewed R1's Medication Administration Record (MAR). The MAR documented that facility staff administered R1's medications as prescribed by the physician. LPA did not identify any documentation indicating that R1 received an excessive dosage or that facility staff administered medication contrary to the physician's orders.
LPA attempted to contact the reporting party on May 7, 2026, using the contact information provided in the complaint. LPA was unsuccessful and was informed that no individual matched the name provided. LPA made an additional contact attempt on July 10, 2026, and was again informed that no individual matched the name provided. Therefore, LPA was unable to obtain an additional statement from the reporting party.
Based on the interviews conducted, observations made, and records reviewed, there was insufficient evidence to establish that facility staff overmedicated R1. Although the allegation may have occurred or may be valid, there was not a preponderance of evidence to prove that the alleged violation occurred. Therefore, the allegation that "Resident was overmedicated" is Unsubstantiated.

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Samer Haddadin
LICENSING EVALUATOR SIGNATURE:
DATE: 07/10/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/10/2026