

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 315002954

Report Date: 01/28/2026

Date Signed: 01/28/2026 11:20:42 AM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 2525 NATOMAS PARK DR STE 270 SACRAMENTO, CA 95833
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/14/2026** and conducted by Evaluator Bethany Mirlohi

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20260114162229</b>
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<b>FACILITY NAME:</b> IVY PARK OF ROSEVILLE	<b>FACILITY NUMBER:</b> 315002954
<b>ADMINISTRATOR:</b> JAMES DIAL	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5161 FOOTHILLS BLVD.	<b>TELEPHONE:</b> (916) 780-3330
<b>CITY:</b> ROSEVILLE	<b>ZIP CODE:</b> 95747
<b>CAPACITY:</b> 140	<b>DATE:</b> 01/28/2026
<b>MET WITH:</b> James Dial, Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
	<b>TIME COMPLETED:</b> 11:30 AM

### ALLEGATION(S):

1	Staff did not report incidents to resident's responsible party.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bethany Mirlohi arrived unannounced to deliver complaint findings. LPA
2	met with James Dial during today's inspection.
3	
4	LPA investigated allegation, "Staff did not report incidents to resident's responsible party." LPA
5	interviewed relevant party in which they stated R1 had a fall in the dining room in December 2025 and
6	the incident was not reported to the responsible party. LPA interviewed Administrator in which he stated
7	he recalled the incident however no documentation was taken and it appears staff did not notify the
8	responsible party or CCL of the fall incident. Due to the information gathered LPA finds allegation to be
9	SUBSTANTIATED.
10	
11	As a result of this investigation, LPA finds allegations to be (S) Substantiated - A finding that the
12	complaint is Substantiated means that the allegation is valid because the preponderance of the evidence
13	standard has been met. Deficiencies cited on 9099-D. Copy of report provided to the facility.

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Troy Ordonez  
**LICENSING EVALUATOR NAME:** Bethany Mirlohi  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/28/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/28/2026

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** 59-AS-20260114162229

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
 COMMUNITY CARE LICENSING DIVISION  
 SACRAMENTO NORTH ASC, 2525 NATOMAS PARK DR STE 270  
 SACRAMENTO, CA 95833

**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** IVY PARK OF ROSEVILLE

**FACILITY NUMBER:** 315002954

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 01/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p><b>Deficiency Dismissed</b>            Type B            02/10/2026  <b>Section Cited</b>            CCR            87211(a)(1)(D)</p>	<p>87211 Reporting Requirements. (a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following:(1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case. (D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents, or unexplained absence of any resident.</p>	<p>Administrator agrees to review regulation 87211 and submit a plan to CCL on how they will ensure all incidents are reported to responsible parties and CCL within the required time frame.</p>
	<p>8 This requirements was not met by evidenced by: Incidents were not reported to responsible party and CCL, responsible parties, and physicians which poses a potential health and safety risk to residents in care.</p>	

Failure to official correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISORS NAME:** Troy Ordonez  
**LICENSING EVALUATOR NAME:** Bethany Mirlohi  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 01/28/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 01/28/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b> <b>SACRAMENTO NORTH ASC, 2525 NATOMAS PARK DR STE 270</b> <b>SACRAMENTO, CA 95833</b>
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**ALLEGATION(S):**

1	Staff did not conduct a proper assessment of resident in care.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Bethany Mirlohi arrived unannounced to deliver complaint findings. LPA
2	met with James Dial during today's inspection.
3	
4	LPA investigated allegation, "Staff did not conduct a proper assessment of resident in care." LPA
5	interviewed relevant party in which they stated R1 has not received a proper assessment since moving
6	into the facility approximately 2 years ago. LPA interview administrator, in which he stated they do an
7	assessment on each resident every 6 months or as needed. Administrator provided LPA all of R1's
8	assessments since moving in. There are a total of 6 assessments since move in in September 2023. R1
9	is independent with care and no changes were noted on the assessments. Due to the information
10	gathered LPA finds allegation unfounded.
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12	A finding that the allegation is unfounded means that the allegation is false, could not have happened,
13	and/or is without a reasonable basis. Exit interview conducted.

<b>Unfounded</b>	<b>Estimated Days of Completion:</b> _____
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**LICENSING EVALUATOR NAME:** Bethany Mirlohi  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 01/28/2026

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