

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 315920222  
Report Date: 02/25/2025  
Date Signed: 02/25/2025 11:17:04 AM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/06/2025** and conducted by Evaluator Kevin Mknelly

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20250206153154</b>
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<b>FACILITY NAME:</b> IVY AT BLUE OAKS, THE	<b>FACILITY NUMBER:</b> 315920222
<b>ADMINISTRATOR:</b> DOYLE, ANGELIQUE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 275 ROSEVILLE PARKWAY	<b>TELEPHONE:</b> (916) 432-2878
<b>CITY:</b> ROSEVILLE	<b>STATE:</b> CA <b>ZIP CODE:</b> 95678
<b>CAPACITY:</b> 157	<b>CENSUS:</b> 64 <b>DATE:</b> 02/25/2025
<b>MET WITH:</b> Cheryl Stevenson	<b>UNANNOUNCED TIME BEGAN:</b> 10:20 AM
	<b>TIME COMPLETED:</b> 11:15 AM

**ALLEGATION(S):**

1	Staff are not following refund conditions
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**INVESTIGATION FINDINGS:**

1	On February 25, 2025, Licensing Program Analyst (LPA) Kevin Mknelly spoke with acting administrator , Cheryl Stevenson, to deliver complaint findings for the above allegation.
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3	
4	LPA reviewed resident records, facility records and conducted interviews.
5	LPA finds that the allegations cited above are substantiated.
6	
7	The complaint alleged that R1 paid a pre-admissions fee in July 2024, to reserve a room at the facility.
8	R1 stated the licensee was not yet admitting residents at the time. R1 stated they changed their mind
9	about moving in and went to the facility to let them know on October 7, 2024. R1 stated she spoke to the
10	admissions coordinator.
11	R1 stated they sent a letter on 10/24/24 stating they would not be moving in and requested a refund of
12	fees paid to date.
13	Report continued

**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty  
**NAME OF LICENSING PROGRAM ANALYST:** Kevin Mknelly  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 02/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 02/25/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 3  
**Control Number** 59-AS-20250206153154

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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**FACILITY NAME:** IVY AT BLUE OAKS, THE **FACILITY NUMBER:** 315920222  
**VISIT DATE:** 02/25/2025

NARRATIVE	
1	LPA conducted an investigation visit on February 11, 2025. LPA spoke with
2	Executive Director, Cheryl Stevenson, and the business manager.
3	LPA reviewed records for R1's agreement and attempts of the licensee to issue a
4	refund.
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6	
7	LPA found that the personnel with whom R1 interacted July to November 2024 no
8	longer work at the facility as they were directing the opening of the facility.
9	Furthermore, a refund check was written to and mailed to an incorrect person, in
10	November 2024, with the same last name but different first name that R1. The
11	mailing address for the check was also for a person other than R1. This showed that
12	a clerical error occurred which resulted in R1 not receiving a refund within 15 days of
13	R1's notice to not enter the facility.
14	
15	
16	LPA has verified that the issue was resolved with both the licensee and resident
17	verifying that the amount due to R1 has now been repaid as of 2/14/25.
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19	
20	As a result of this investigation, LPA finds allegation to be (S) Substantiated - A
21	finding that the complaint is Substantiated means that the allegation is valid because
22	the preponderance of the evidence standard has been met. The following
23	deficiencies were cited on 9099-D, per Title 22 Regulations, Division 6. in care. (B)
24	This poses a potential personal rights violation, to R1.
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26	
27	Report reviewed with Cheryl Stevenson . Copy of this report and appeal rights
28	provided
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**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty  
**NAME OF LICENSING PROGRAM ANALYST:** Kevin Mknelly  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 02/25/2025

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**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 02/25/2025

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** IVY AT BLUE OAKS, THE  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 315920222  
**VISIT DATE:** 02/25/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/26/2025 Section Cited CCR 87507(g)(5)(E)	1 Admission Agreements (g) Admission 2 agreements shall specify the following: 3 (5)Refund conditions. (E) Preadmission 4 fees shall be refunded according to the 5 following conditions: A 100 percent 6 refund of a preadmission fee shall be 7 provided to an applicant or the applicant's	1 LPA has verified that R1 has received 2 their reimbursement during the course 3 of this investigation. 4 Therefore the plan of correction is 5 cleared by this visit. 6 No further action required at this time. 7
	8 representative if: a. The applicant 9 decides not to enter the facility prior to 10 the facility completing a preadmission 11 appraisal ... This requirement was not 12 met based on records and statements. 13 This posed a potential risk to R1's 14 personal rights.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty  
**NAME OF LICENSING PROGRAM ANALYST:** Kevin Mknelly  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/25/2025