

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701363

Report Date: 02/05/2026

Date Signed: 02/05/2026 12:08:23 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/01/2025** and conducted by Evaluator Arvin Villanueva

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| | COMPLAINT CONTROL NUMBER: 27-AS-20251001102433 |
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|--|---|
| FACILITY NAME: IVY PARK AT SACRAMENTO | FACILITY NUMBER: 342701363 |
| ADMINISTRATOR: WEININGER, SARA | FACILITY TYPE: 740 |
| ADDRESS: 345 MUNROE STREET | TELEPHONE: (916) 486-0200 |
| CITY: SACRAMENTO | ZIP CODE: 95825 |
| CAPACITY: 70 | DATE: 02/05/2026 |
| MET WITH: Sara Weininger | UNANNOUNCED TIME BEGAN: 10:30 AM |
| | TIME COMPLETED: 12:15 PM |

ALLEGATION(S):

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|---|---|
| 1 | Resident was sexually assaulted by staff while in care. |
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INVESTIGATION FINDINGS:

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|----|---|
| 1 | On 2/5/2026, Licensing Program Analyst, Arvin Villanueva (LPA), arrived unannounced at this facility to conduct a follow-up complaint investigation and deliver findings regarding the allegations noted above. |
| 2 | |
| 3 | |
| 4 | LPA met with the Executive Director/Administrator, Sara Weininger (AD) and stated the purpose of this visit. |
| 5 | |
| 6 | |
| 7 | R1 disclosed to a hospice home health aide during a bed bath on 9/26/2025 that R1 had been "rape." |
| 8 | This concern was reported to hospice and facility staff and then to licensing. Facility staff responded promptly by checking on R1, completing a body check, and initiating an internal investigation. No injuries or signs of physical harm were observed during the assessment. |
| 9 | |
| 10 | |
| 11 | {1 of 2} |
| 12 | |
| 13 | |

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| Unsubstantiated | Estimated Days of Completion: |
|------------------------|--------------------------------------|

SUPERVISORS NAME: Stephen Richardson
LICENSING EVALUATOR NAME: Arvin Villanueva
LICENSING EVALUATOR SIGNATURE:

DATE: 02/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/05/2026

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 2

Control Number 27-AS-20251001102433

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK AT SACRAMENTO

FACILITY NUMBER: 342701363

VISIT DATE: 02/05/2026

NARRATIVE

1 The investigation included a review of facility reports, medical records, and interviews. Facility records
2 showed that R1 received bed baths on 9/23/2025 and 9/26/2025 by hospice staff, which matched the
3 timing of R1's statements. However, no staff reported witnessing or hearing R1 make similar statements
4 outside of these incidents. Records confirmed that R1 has a diagnosis of Alzheimer's dementia, with
5 periods of confusion, disorientation, sundowning behaviors, and depression. Family members reported
6 that R1 had made similar allegations in the past at another placement, which reportedly stopped after
7 medication was prescribed and later R1's allegations resumed when those medications were
8 discontinued for hospice care.

9
10 During a follow-up interview conducted on 10/23/2025 by the Department, R1 did not disclose any
11 sexual assault. Due to the lack of physical evidence, the absence of witnesses, inconsistent disclosures,
12 and R1's documented cognitive impairment, there was insufficient evidence to confirm that a sexual
13 assault occurred. The allegation that R1 was sexually assaulted by staff while in care could not be
14 proven or disproven, and therefore the finding is UNSUBSTANTIATED.

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16 Note that an unsubstantiated finding means that although the allegations may have happened or are
17 valid, there is not a preponderance of the evidence to prove that the alleged violations occurred.

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19 No deficiencies were cited during this visit. An exit interview was conducted with AD and a copy of this
20 report and appeal rights were provided.
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SUPERVISORS NAME: Stephen Richardson
LICENSING EVALUATOR NAME: Arvin Villanueva
LICENSING EVALUATOR SIGNATURE:

DATE: 02/05/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/05/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2