

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005512

Report Date: 02/03/2026

Date Signed: 02/03/2026 01:36:23 PM

Unsubstantiated

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 **10/20/2025** and conducted by Evaluator Michael Bilger

	COMPLAINT CONTROL NUMBER: 27-AS-20251020160415
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FACILITY NAME: IVY PARK AT LAGUNA CREEK	FACILITY NUMBER: 347005512
ADMINISTRATOR: JAMES DIAL	FACILITY TYPE: 740
ADDRESS: 6727 LAGUNA PARK DR	TELEPHONE: (916) 683-1881
CITY: ELK GROVE	ZIP CODE: 95758
CAPACITY: 108	DATE: 02/03/2026
MET WITH:	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 01:45 PM

ALLEGATION(S):

1	Resident was sexually abused while in care.
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INVESTIGATION FINDINGS:

1	On 2-3-2026 at 10:15am, Licensing Program Analyst (LPA) Michael Bilger arrived unannounced to
2	continue investigation, and to deliver and discuss findings regarding the allegation noted above. LPA met
3	with Administrator Karin Bassi and explained the purpose of the visit. During this investigation, the
4	Department conducted interviews with three residents, three staff members and one additional witness.
5	LPA also reviewed facility file documentation including physician's report, and individualized service plan
6	pertaining to resident1 (R1). Additionally, LPA reviewed a police report pertaining to the above allegation,
7	and hospital discharge paperwork.
8	
9	Allegation: Resident was sexually abused while in care. Based on interviews and record reviews it was
10	revealed that on or about 10/16/2025 R1 was sent to a local hospital with symptoms of illness and sore
11	throat. While at the hospital R1 was evaluated and bruising was noted on the vaginal area, and
12	appropriate parties were contacted to report possible sexual abuse.
13	{Cont. on 9099C}

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Michael Bilger
LICENSING EVALUATOR SIGNATURE:

DATE: 02/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2026

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-20251020160415

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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 LAGUNA CREEK

FACILITY NUMBER: 347005512

VISIT DATE: 02/03/2026

NARRATIVE

1 After an additional evaluation, it was revealed that there were no signs of sexual or other abuse. Police
2 report reviewed contained additional interviews and outside agency consultation which revealed no
3 indication or substantiated evidence of sexual abuse. Interviews conducted and other documentation
4 reviewed did not reveal any corroborated statements or evidence to suggest sexual abuse occurred
5 while in care.
6
7 As a result, the preponderance of evidence standard is not met, and this allegation is
8 UNSUBSTANTIATED. A finding of unsubstantiated means the allegation may have happened or is valid,
9 but there is not a preponderance of the evidence to prove that the alleged violation occurred.
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11 An exit interview was conducted with Administrator, and a copy of this report was provided. Appeal rights
12 and LIC 811 provided.
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LICENSING EVALUATOR NAME: Michael Bilger
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LIC9099 (FAS) - (06/04)

Page: 2 of 2