

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005512  
Report Date: 08/26/2026  
Date Signed: 08/26/2026 12:33:08 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on 12/31/2025 and conducted by Evaluator Kimberly Viarella

|  |                                                |
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|  | COMPLAINT CONTROL NUMBER: 27-AS-20251231100403 |
|--|------------------------------------------------|

|                |                                 |                         |                |
|----------------|---------------------------------|-------------------------|----------------|
| FACILITY NAME: | IVY PARK AT LAGUNA CREEK        | FACILITY NUMBER:        | 347005512      |
| ADMINISTRATOR: | KARANDEEP BASSI                 | FACILITY TYPE:          | 740            |
| ADDRESS:       | 6727 LAGUNA PARK DR             | TELEPHONE:              | (916) 683-1881 |
| CITY:          | ELK GROVE                       | ZIP CODE:               | 95758          |
| CAPACITY:      | 108                             | DATE:                   | 08/26/2026     |
|                | STATE: CA                       | UNANNOUNCED TIME BEGAN: | 08:30 AM       |
|                | CENSUS: 89                      | TIME                    |                |
| MET WITH:      | Karen Bassi, Executive Director | COMPLETED:              | 12:45 PM       |

ALLEGATION(S):

|   |                                                             |
|---|-------------------------------------------------------------|
| 1 | Facility did not repair broken plumbing in a timely manner. |
| 2 | Facility did not ensure resident receives a bath/shower.    |
| 3 | Resident's room is in disrepair.                            |
| 4 | Residents heater is not operating in their room.            |
| 5 |                                                             |
| 6 |                                                             |
| 7 |                                                             |
| 8 |                                                             |
| 9 |                                                             |

INVESTIGATION FINDINGS:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | On 08/26/26, Licensing Program Analyst (LPA) Kimberly Viarella made an unannounced visit to this facility to complete and deliver the findings of the investigation into the above allegations. LPA identified herself upon arrival, stated the purpose of the visit and asked to meet with the Designated Facility Administrator/Executive Director (ED). LPA met with ED Karen Bassi and a brief interview followed.                                                                                                                                                                                                                                                                                                                                                   |
| 2  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 5  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 6  | LPA interviewed the ED, the resident, R1,the Maintanance Dirrceptor, and reviewed the work orders provided by the Maintenance Director. A water leak in the ceiling of R1's bathroom was reported on 12/23/25 and a work order was created at 7:53 AM. On that day, the water to the cottage was turned off, the issue was assessed and plumbers were brought in to replace a 1/2 inch copper line valve. On 12/24/25, another work order was created to have a construction crew to fix the damage from the water line in R1's bathroom by dry walling the area. This left the ceiling wet with mud which needed time to dry before finishing the repairs. On 12/25/25, maintenance worker, (M1) stated that workers returned and painted the area to complete the job. |
| 7  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 8  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 9  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 10 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 11 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 12 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 13 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| SUPERVISORS NAME: Lisa Rios                                                                             |                  |
| LICENSING EVALUATOR NAME: Kimberly Viarella                                                             |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 08/26/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 08/26/2026 |

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 3  
**Control Number 27-AS-20251231100403**

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

**FACILITY NAME:** IVY PARK AT LAGUNA CREEK **FACILITY NUMBER:** 347005512  
**VISIT DATE:** 08/26/2026

| NARRATIVE |                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------|
| 1         | The broken water pipe and the damage it caused were repaired within a 3-day period.                        |
| 2         |                                                                                                            |
| 3         | The Department found the allegation, "Facility did not repair broken plumbing in a timely manner,"         |
| 4         | unsubstantiated. Although the allegation may have happened or is valid, there is not a preponderance of    |
| 5         | evidence to prove the alleged violation did or did not occur, therefore the allegation is                  |
| 6         | <b>UNSUBSTANTIATED.</b>                                                                                    |
| 7         |                                                                                                            |
| 8         | According to interviews with the ED, R1 and maintenance worker (M1), the facility offered R1 the           |
| 9         | opportunity to relocate to another room for the duration of the repairs. R1 declined. They also offered to |
| 10        | provide R1 with access to the shower in the model room. R1 also declined that offer. The Department        |
| 11        | found the allegation, "Facility did not ensure resident receives a bath/shower," unsubstantiated. Although |
| 12        | the allegation may have happened or is valid, there is not a preponderance of evidence to prove the        |
| 13        | alleged violation did or did not occur, therefore the allegation is <b>UNSUBSTANTIATED.</b>                |
| 14        |                                                                                                            |
| 15        | Through interviews with the ED and with R1, this LPA learned that R1 preferred things very organized       |
| 16        | and had them just the way they wanted them in their home. When urgent repairs were conducted in their      |
| 17        | bathroom, maintenance removed R1's personal items and put them outside of the bathroom so they             |
| 18        | could conduct the repairs. When they completed the work, housekeeping conducted a routine clean-up.        |
| 19        | R1 was not pleased and contacted management to have them do another cleaning. When this LPA                |
| 20        | asked what was not done by housekeeping, R1 said that everything was still all over the place and that     |
| 21        | they had not returned R1's personal items to their original locations. Some hygiene items were returned    |
| 22        | to the bathroom and others were still in R1's living area and not where they were supposed to be. LPA      |
| 23        | asked if the sink area, toilet, tub/shower and floors were clean. R1 said yes, they were, although "it was |
| 24        | a bit dusty behind the toilet". The facility sent housekeeping in twice in an attempt to meet R1's         |
| 25        | standards. Regarding the allegation, "Resident's room is in disrepair," the Department found the           |
| 26        | allegation unsubstantiated. Although the allegation may have happened or is valid, there is not a          |
| 27        | preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is |
| 28        | <b>UNSUBSTANTIATED.</b>                                                                                    |
| 29        |                                                                                                            |
| 30        |                                                                                                            |
| 31        | LPA interviewed the ED, M1, R1 and reviewed a work order dated 12/29/25. This LPA learned that on          |
| 32        | 12/29/25, a work order was created at 8:49 AM. According to the work order, by 9:40 AM the problem         |
|           | had been resolved. The notes on the work order read, " PTAC unit keeps tripping the main breaker. Was      |
|           | able to                                                                                                    |

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| SUPERVISORS NAME: Lisa Rios                                                                             |                  |
| LICENSING EVALUATOR NAME: Kimberly Viarella                                                             |                  |
| LICENSING EVALUATOR SIGNATURE:                                                                          | DATE: 08/26/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 08/26/2026 |

LIC9099 (FAS) - (06/04) Page: 2 of 3  
**Control Number 27-AS-20251231100403**

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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

SACRAMENTO SOUTH ASC, 9835 GOETHE  
ROAD, SUITE 100  
SACRAMENTO, CA 95827

**FACILITY NAME:** IVY PARK AT LAGUNA CREEK

**FACILITY NUMBER:** 347005512

**VISIT DATE:** 08/26/2026

**NARRATIVE**

1 finally reset breakers. Unit is working at this time. Ordering another PTAC unit for this unit just in case  
2 unit keeps malfunctioning." Regarding the allegation, "Residents heater is not operating in their room,"  
3 The Department found the allegation to be unsubstantiated. Although the allegation may have happened  
4 or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,  
5 therefore the allegation is **UNSUBSTANTIATED**.  
6  
7 LPA conducted a brief tour while at the facility. LPA observed that there was a Tour being conducted for  
8 potential residents. LPA also observed a group of 6 residents preparing to go on an outing to the Aviator  
9 Cafe.  
10  
11 According to the California Code of Regulations, Title 22, no deficiencies were observed or cited during  
12 today's visit. A copy of this report was provided and an exit interview was conducted with Bassi.  
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**SUPERVISORS NAME:** Lisa Rios  
**LICENSING EVALUATOR NAME:** Kimberly Viarella  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/26/2026