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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 365530195
Report Date: 03/16/2026
Date Signed: 03/16/2026 03:35:35 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27** **, CA** 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/12/2026** and conducted by Evaluator Javier Prieto

PUBLIC	**COMPLAINT CONTROL NUMBER:** 56-AS-20260312161551

FACILITY NAME:	IVY PARK AT ALTA LOMA			**FACILITY NUMBER:**	365530195
ADMINISTRATOR:	SANCHEZ, JENNIFER			**FACILITY TYPE:**	740
ADDRESS:	9519 BASELINE ROAD			**TELEPHONE:**	(909) 941-3001
CITY:	RANCHO CUCAMONGA	**STATE:** CA		**ZIP CODE:**	91730
CAPACITY:	77	**CENSUS:** 66		**DATE:**	03/16/2026
		UNANNOUNCED		**TIME BEGAN:**	12:20 PM
MET WITH:	Olympia Ramirez, Executive Director			**TIME COMPLETED:**	04:00 PM

ALLEGATION(S):

1	Staff do not answer residents calls for assistance timely
2	Staff do not ensure residents bathroom is cleaned timely
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4	
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Javier Prieto arrived to the facility to conduct a complaint investigation
2	regarding the above allegations. LPA Prieto met with Executive Director Ramirez and explained the
3	elements of the complaint.
4	
5	Allegations #1 - LPA Prieto spoke with Executive Director Ramirez (S1) who states the they reviewed call
6	records and no calls were made from resident #1 (R1) in question. S1 adds that staff is called 5 minutes
7	after a call is made for a response. R1 was interviewed who stated that her calls are being responded to
8	when made.
9	
10	Allegation #2 - Health Services Director (S2) states that R1 is on medication management and is visited
11	at least four times a day. S2 adds that R1 has not made any concerns related the cleanliness of her
12	bathroom. R1 was interviewed by LPA and she states there is no concerns with her bathroom not being
13	cleaned.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:
DATE: 03/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/16/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 56-AS-20260312161551

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT ALTA LOMA **FACILITY NUMBER:** 365530195
VISIT DATE: 03/16/2026

NARRATIVE

Based on the information obtained there is not enough evidence to support the allegations made in this complaint. Therefore, the allegations are deemed UNSUBSTANTIATED at this time. This report was signed by LPA Prieto and Executive Director Ramirez and a copy was left with the facility.

SUPERVISORS NAME: Karen Clemons
LICENSING EVALUATOR NAME: Javier Prieto
LICENSING EVALUATOR SIGNATURE:
DATE: 03/16/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/16/2026