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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604747
Report Date: 08/06/2026
Date Signed: 08/06/2026 04:36:17 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/31/2026** and conducted by Evaluator Nacole Patterson

	COMPLAINT CONTROL NUMBER: 08-AS-20260731093053

FACILITY NAME:	IVY PARK AT SABRE SPRINGS			**FACILITY NUMBER:**	374604747
ADMINISTRATOR:	DAYNES, ROBERT			**FACILITY TYPE:**	740
ADDRESS:	12515 SPRINGHURST DRIVE			**TELEPHONE:**	(858) 391-9160
CITY:	SAN DIEGO	**STATE:** CA		**ZIP CODE:**	92128
CAPACITY:	100	**CENSUS:** 98		**DATE:**	08/06/2026
		UNANNOUNCED		**TIME BEGAN:**	09:15 AM
MET WITH:	Executive Director Rob Daynes			**TIME COMPLETED:**	04:15 PM

ALLEGATION(S):

1	Unlawful eviction.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Nacole Patterson conducted an unannounced 10-day visit to initiate a
2	complaint investigation and deliver findings regarding the above complaint allegation. LPA introduced
3	themselves and disclosed the purpose of the visit to Executive Director Rob Daynes.
4	
5	On 07/31/2026 it was alleged that the licensee unlawfully evicted a resident. The Department's
6	investigation consisted of an unannounced facility visit, interviews with facility staff, resident, outside
7	source, and records review. Relevant staff members who were interviewed informed that R1 had been
8	exhibiting extreme combativeness and aggression over the past months and they had been trying to get
9	R1 properly evaluated. Staff stated that the medication R1 was prescribed for agitation actually increased
10	their agitation to the point of significant physical violence, self harm, and threats to kill staff. R1 was sent
11	out to two hospitals during the timeframe of concern in an attempt for R1 to be evaluated, returning to the
12	facility both times, on 07/27/2026 and 07/30/2026. Upon both discharges, R1's behaviors of aggression
13	to self and staff continued when being assisted with Activities of Daily Living (ADLs). (Continued on
	LIC9099 p.2)

Unsubstantiated	**Estimated Days of Completion: 0**

SUPERVISORS NAME: Sabel Martinez
LICENSING EVALUATOR NAME: Nacole Patterson
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026

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

Control Number 08-AS-20260731093053

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT SABRE SPRINGS **FACILITY NUMBER:** 374604747
VISIT DATE: 08/06/2026

NARRATIVE

(Continued from LIC9099 p.1)

Facility staff informed the hospital that it would not be safe to discharge R1 back to the facility due to their self-harming behaviors and persistent attacks toward care providers; staff requested a medication adjustment with observation period. Staff informed that the medication request was granted but not the observation period. R1 was sent back to the facility on 07/30/2026. Staff stated that R1's physical aggression episodes continued immediately upon their return to the facility. Staff maintained that there was not a plan for R1 to move to a different facility and the intention was always for R1 to return after the medication evaluation. Staff informed that after the second attempt for a medication/behavioral evaluation, R1's family was provided with placement resources by an outside entity and the family initiated for R1 to move to a different facility.

During the unannounced facility visit LPA attempted to interview R1. R1 was present at the facility at the beginning of the visit, however they were moved to their new facility during the visit.

LPA spoke with the person responsible for making decisions for R1's care. The responsible person informed that R1 was having behavioral issues and went to the hospital for an assessment, but the hospital did not keep R1 for a full evaluation. The responsible person confirmed that R1 returned to the facility.

LPA reviewed the following relevant records for the investigation: facility care notes, communication between the facility and R1's doctor, shift reports, text messages, and facility census records. The records corroborated staff statements regarding R1's physical/verbal aggression, facility attempts to address R1's change in condition, communication with R1's family, R1's admittance/discharges from two hospitals in an attempt for R1 to receive a behavior evaluation, and R1's return to the facility from both hospital visits.

Based on interviews, direct LPA observations and records review, a preponderance of evidence does not exist to prove that the alleged violation occurred, therefore the allegation is UNSUBSTANTIATED. An exit interview was conducted with Executive Director Rob Daynes, to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 03/22) were provided.

SUPERVISORS NAME: Sabel Martinez
LICENSING EVALUATOR NAME: Nacole Patterson
LICENSING EVALUATOR SIGNATURE:
DATE: 08/06/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026