

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604757
Report Date: 01/15/2026
Date Signed: 01/15/2026 05:11:12 PM

Substantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/13/2026** and conducted by Evaluator Ramon Serrano

	COMPLAINT CONTROL NUMBER: 08-AS-20260113133651
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FACILITY NAME: IVY PARK AT BONITA	FACILITY NUMBER: 374604757
ADMINISTRATOR: NEWTON, RANDAL	FACILITY TYPE: 740
ADDRESS: 3302 BONITA ROAD	TELEPHONE: (619) 470-2220
CITY: CHULA VISTA	STATE: CA
CAPACITY: 96	ZIP CODE: 91910
MET WITH: Randal Newton	CENSUS: 66
	DATE: 01/15/2026
	UNANNOUNCED TIME BEGAN: 12:00 PM
	TIME COMPLETED: 03:53 PM

ALLEGATION(S):

1	Facility was not clean
2	
3	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ramon Serrano conducted an unannounced complaint visit and also
2	delivered complaint investigation findings. LPA introduced himself and stated the purpose of the visit with
3	Executive Director Randal Newton.
4	
5	The Department's investigation consisted of interviews with staff, outside sources and LPA observation.
6	
7	On January 15, 2026, LPA conducted an unannounced visit to the facility to investigate the allegation that
8	the facility was not clean. LPA interviewed staff, an outside source, and observed the condition of the
9	facility. It was reported that the facility was renovating the second floor creating a lot of drywall dust that
10	was not immediately cleaned. LPA interviewed Staff 2 (S2) and Staff 3 (S3), who both stated that the
11	second floor of the facility has been undergoing renovation for over two weeks. They explained that the
12	wallpaper throughout the halls was being removed, and the walls were sanded and painted.
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Ramon Serrano
LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026

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

LIC9099 (FAS) - (06/04)

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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 BONITA

FACILITY NUMBER: 374604757

VISIT DATE: 01/15/2026

NARRATIVE

1 S2 and S3 stated that the renovation work was done in the evenings and produced a large amount of
 2 dust, which spread over the furniture and into the entryways of resident rooms. They believed the
 3 renovation company would clean up daily, but this did not happen. According to S2 and S3, the dust
 4 covered the second-floor common area for at least two weeks, and the renovation company only began
 5 cleaning on the day of LPA's visit. LPA observed remnants of "dry wall" dust in the entryway of several
 6 resident's rooms as well as the corridor and furniture on the second floor of the facility.
 7

8 LPA also interviewed an outside source (OS), who stated that they visit a resident daily at the facility. OS
 9 confirmed that the renovation work created a significant amount of dry wall dust, which accumulated on
 10 railings and spread into resident rooms. OS stated that while the area appeared somewhat cleaner on
 11 the day of the visit, for most of the renovation period, a large amount of dust was left throughout the
 12 second floor.
 13

14 LPA interviewed Executive Director (ED) who stated that they are in the process of renovating the
 15 "upstairs" and it has been an ongoing process with the outside company to clean up after the nightly
 16 renovation. ED stated that the company was to vacuum the dust in the common areas nightly with the
 17 facility housekeeping cleaning inside the resident rooms in the morning.
 18
 19

20 Based on interviews and observations, the allegation that the facility was not clean is substantiated. The
 21 presence of dry wall dust for an extended period created an unsanitary environment, which violates Title
 22 22. These findings mean that the preponderance of the evidence standard has been met and the
 23 allegation is valid. The deficiency is cited in accordance with California Code of Regulations, Title 22,
 24 Division 6, Chapter 8 and noted on the attached LIC 9099-D.
 25

26 An exit interview was conducted, a plan of correction was jointly developed, and a copy of this report
 27 and Licensee/Appeal Rights (LIC 9058) were provided to Randal Newton, Executive Director. Signature
 28 on this form confirms receipt of the documents.
 29
 30
 31
 32

SUPERVISORS NAME: Robyn Clark

LICENSING EVALUATOR NAME: Ramon Serrano

LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT (Cont)

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/13/2026 Section Cited CCR 87303(a)	1 (a) The facility shall be clean, safe, 2 sanitary and in good repair at all times. 3 Maintenance shall include provision of 4 maintenance services and procedures 5 for the safety and well-being of 6 residents, employees and visitors. 7	1 Licensee stated that they have plan 2 with renovation company to clean 3 before leaving and facility will clean in 4 the morning. Licensee will submit 5 facility meeting notes and photos of 6 second floor area by POC due date to 7 LPA
	8 Based on interview and LPA 9 observation the facility was not clean 10 and sanitary at all times. 66 of 66 11 persons in care. which posed a 12 potential health and personal rights risk 13 for residents in care. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Robyn Clark	
LICENSING EVALUATOR NAME: Ramon Serrano	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/15/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/15/2026