

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 385600429
Report Date: 07/01/2025
Date Signed: 07/01/2025 02:12:44 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/02/2025** and conducted by Evaluator Dominic Tobola

	COMPLAINT CONTROL NUMBER: 14-AS-20250602135433
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FACILITY NAME: IVY PARK AT CATHEDRAL HILL	FACILITY NUMBER: 385600429
ADMINISTRATOR: ELLA FRICK	FACILITY TYPE: 740
ADDRESS: 1550 SUTTER STREET	TELEPHONE: (415) 921-1552
CITY: SAN FRANCISCO	ZIP CODE: 94109
CAPACITY: 210	DATE: 07/01/2025
MET WITH: Fili Igafo, Executive Director	UNANNOUNCED TIME BEGAN: 01:15 PM
	TIME COMPLETED: 02:25 PM

ALLEGATION(S):

1	Licensee is not ensuring that resident has hot water while in care
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INVESTIGATION FINDINGS:

1	On 7/1/2025, Licensing Program Analyst (LPA) Tobola arrived unannounced for the purpose of delivering
2	complaint investigation findings and was greeted by Executive Director, Fili Igafo. LPA toured the facility,
3	interviewed facility staff, outside parties and made observations during the course of the investigation.
4	
5	Complaint alleges licensee is not ensuring that resident has hot water while in care. Upon tour of multiple
6	resident bedrooms across several residential floors; LPA and staff tested water temperature dispensed
7	from bathroom showers and found water temperature to be within appropriate range. In addition,
8	statement from reporting party provided contradicting information towards the allegation.
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10	Due to a lack of corroborating evidence the allegation is found to be unsubstantiated.
11	No deficiencies cited during today's visit.
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Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: April Cowan
NAME OF LICENSING PROGRAM ANALYST: Dominic Tobola
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 07/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 07/01/2025

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 1