

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601177

Report Date: 03/11/2026

Date Signed: 03/11/2026 01:58:24 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 **03/04/2026** and conducted by Evaluator Komal Curley

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260304103141
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FACILITY NAME: IVY PARK OF BELMONT	FACILITY NUMBER: 415601177
ADMINISTRATOR: ANNE BUERHAUS	FACILITY TYPE: 740
ADDRESS: 1010 ALAMEDA DE LAS PULGAS	TELEPHONE: (650) 508-0400
CITY: BELMONT	STATE: CA
CAPACITY: 117	ZIP CODE: 94002
	CENSUS: 79
	DATE: 03/11/2026
MET WITH: Administrator, Anne Buerhaus	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Staff did not ensure the facility telephone is properly operating
2	Staff provided a resident an inappropriate heating device
3	Staff did not provide a comfortable temperature for a resident
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INVESTIGATION FINDINGS:

1	On March 11, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced 10-day complaint visit. LPA met with Administrator, Anne Buerhaus and explained the purpose of the visit.
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3	
4	Regarding the allegation, staff did not ensure the facility telephone is properly operating, according to the reporting party, on March 2, 2026, he/she received phone calls from the facility's main line, however when he/she tried returning the call, there was no answer. Reporting party indicated that on March 3, 2026, he/she tried calling the facility in the morning again, however there was no answer.
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9	During the investigation, LPA interviewed administrator, staff and tested the facility's main number. LPA confirmed that the facility phone is in good working condition. The administrator indicated that she received at call at 11:37pm on 3/2/26, notifying her that the facility's main phone was not working. The administrator immediately notified the Health Services Director who worked with the Resident Care Coordinator early the next morning to fix the facility phones. (continue to 9099C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 03/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2026

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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Control Number 14-AS-20260304103141

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 (Cont)

FACILITY NAME: IVY PARK OF BELMONT

FACILITY NUMBER: 415601177

VISIT DATE: 03/11/2026

NARRATIVE

- 1 According to the Health Services Director and Resident Care Coordinator, the facility's main phone was
2 not working because on 3/2/26, when the receptionist handed the phone to the med-tech, they did not
3 transfer the phone line properly. In addition, the Resident Care Coordinator confirmed she fixed the
4 phone system on 3/3/26 before 9:30am. Based on documents reviewed, an in-service training was
5 provided on 3/4/26 with med-techs and the receptionists regarding phone hand off.
6
7 Regarding the allegation, staff provided a resident an inappropriate heating device, according to the
8 reporting party, the administrator provided Resident 1 (R1) a space heater while the heating in R1's
9 room needed to be fixed, however the space heater did not turn off when tipped over.
10
11 During the investigation, LPA interviewed the administrator, maintenance director, and observed R1's
12 room. According to the Maintenance Director and Administrator, R1's responsible party complained
13 about the temperature gage on the thermostat in R1's room and wanted the room temperature to be 80
14 degrees F. According to the maintenance director, she checked the room temperature several times and
15 notified R1's responsible party that R1's room was reading between regulatory requirements, however
16 R1's responsible party still complained, so the Maintenance Director not only replaced R1's thermostat
17 but also provided R1 with a space heater to put in his/her room. The administrator indicated when she
18 observed the space heater in R1's room, she had to remove it as the facility does not allow heating
19 devices in resident rooms. Furthermore the administrator stated, even after removing the space heater
20 from R1's room and notifying R1's responsible party that it was not allowed, R1's responsible party
21 brought another heating device to the facility to place in R1's room. During the visit, LPA did not observe
22 a space heater in R1's room.
23
24 Regarding the allegation, staff did not provide a comfortable temperature for a resident, according to the
25 reporting party, the administrator refused to call an HVAC company to fix the heating in R1's room for
26 over a week.
27
28 During the investigation, LPA interviewed the administrator, maintenance director, observed R1's room.
29 According to the administrator, she denied this allegation and indicated that she told R1's responsible
30 party that she wanted to try to fix R1's room temperature in house, if possible, prior to calling HVAC. The
31 administrator and the maintenance director, confirmed that R1's thermostat was in good working
32 condition, however R1's responsible party wanted R1's room to read at 80 degrees F. The maintenance
director worked with R1 and R1's responsible party by reading R1's room temperature multiple times
and replacing the thermostat. (continue to 9099C)

SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 03/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/11/2026

LIC9099 (FAS) - (06/04)

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Control Number 14-AS-20260304103141

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK OF BELMONT

FACILITY NUMBER: 415601177

VISIT DATE: 03/11/2026

NARRATIVE

1 According to the maintenance director and administrator, the temperature readings in R1's room were
 2 within regulatory requirements, however R1's responsible party still complained so HVAC was called
 3 and they came out to do service in R1's room. During the visit, LPA observed R1's room to be at 76
 4 degrees F.
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 6 Based on interviews conducted, documents reviewed, and information collected, the department has
 7 determined that although the above allegations may have happened or are valid, there is no
 8 preponderance of evidence to prove the alleged violations did or did not occur, therefore the above
 9 allegations are UNSUBSTANTIATED.
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 11 Report is reviewed with Administrator, Anne Buerhaus and a copy is provided.
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SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE: _____
DATE: 03/11/2026

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DATE: 03/11/2026