

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601177
Report Date: 05/26/2026
Date Signed: 05/26/2026 02:29:02 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 **04/20/2026** and conducted by Evaluator Komal Curley

PUBLIC		COMPLAINT CONTROL NUMBER: 14-AS-20260420110648	
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	ZIP CODE:	94002
CAPACITY: 117	CENSUS: 79	DATE:	05/26/2026
MET WITH: Administrator, Anne Buerhaus		UNANNOUNCED TIME BEGAN:	11:30 AM
		TIME COMPLETED:	02:45 PM

ALLEGATION(S):

1	Licensee does not ensure facility has sufficient staff to provide adequate supervision to residents in care
2	Staff do not ensure call signal systems are responded to in a timely manner
3	Staff does not ensure reporting requirements are being met
4	Staff does not ensure resident receives all of his/her meals
5	Staff does not ensure food is of good quality
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INVESTIGATION FINDINGS:

1	On May 26, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced complaint visit to deliver the findings for the above allegations. LPA met with Administrator, Anne Buerhaus and explained the purpose of the visit.
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5	Regarding the allegation, Licensee does not ensure facility has sufficient staff to provide adequate supervision to residents in care and staff do not ensure call signal systems are responded to in a timely manner, according to the reporting party, there is insufficient staffing and lack of supervision that has resulted in Resident 1 (R1) falling frequently. In addition, according to the reporting party, due to the lack of staffing, residents have to wait longer for staff to respond to their call buttons.
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11	During the investigation, LPA interviewed staff, reviewed staff schedule, interviewed residents and reviewed the average call button response times for the entire facility. According to staff interviewed, they are fully staffed and are able to respond to call buttons under 7 minutes. Residents interviewed indicated that staff are great and very responsive when calling for assistance. Based on documents reviewed, the average response time throughout the community is 4 minutes and 15 seconds. (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: 05/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/26/2026

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 2
Control Number 14-AS-20260420110648

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: 05/26/2026

NARRATIVE	
1	Regarding the allegation, staff does not ensure reporting requirements are being met, according to the
2	reporting party, the facility refuses to communicate and provide written reports when R1 falls.
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4	During the investigation, LPA interviewed staff, reviewed R1's charting notes, and reviewed facility's
5	internal incident reports. According to Administrator and Health Services Director, they denied this
6	allegation and indicated that R1's responsible party is always contacted after R1 has an incident. Based
7	on R1's charting notes and facility's internal incident reports reviewed, every time R1 falls, the
8	responsible party is always notified per documentation.
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10	Regarding the allegation, staff does not ensure resident receives all of his/her meals, according to the
11	reporting party, staff forgot to bring R1 to the dining rooms for dinner.
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13	During the investigation, LPA attempted to interview R1, interviewed staff and reviewed R1's file. LPA
14	was unable to interview R1 as he/she is no longer a resident at the community. According to R1's
15	service plan, staff continue to encourage R1 to eat in the dining area, however will offer meal trays if R1
16	requests to stay in his/her room during meal time. According to staff interviewed, depending on R1's
17	mood that day/time, R1 would either prefer to stay and eat meals in his/her room or would go into the
18	dining room and eat. During a complaint visit conducted on 4/24/26, LPA observed R1 eating lunch in
19	the dining hall.
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21	Regarding the allegation, staff does not ensure food is of good quality, according to the reporting party,
22	produce was describes as poor and the meat was described as fatty or low-quality, specifically noting
23	that fish is often served cold.
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26	During the investigation, LPA interviewed residents and observed the food menu for the month. Based
27	on the food menu sandwiches get served everyday as an alternative option for residents who do not
28	want to eat the main dish being cooked. Based on observation, LPA visited the facility on 5/26/26 and
29	observed beef brisket quesadilla with sour cream and salsa as the main dish on the menu for lunch. LPA
30	observed residents eating the beef brisket quesadilla or a sandwich if they did not want the quesadilla.
31	According to residents interviewed, the meals served at the facility is good and has not heard complaints
32	about the food.
	Based on interviews conducted, documents reviewed, and information collected, the department has determined that although the above allegations may have happened or are valid, there is no preponderance of evidence to prove the alleged violations did or did not occur, therefore the above allegations are UNSUBSTANTIATED. Report is reviewed with Administrator, Anne Buerhaus and a copy is provided.

SUPERVISORS NAME: April Cowan	
LICENSING EVALUATOR NAME: Komal Curley	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/26/2026

