

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202744

Report Date: 03/05/2026

Date Signed: 03/05/2026 04:11:58 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/29/2025** and conducted by Evaluator Chihhsien Chang

	COMPLAINT CONTROL NUMBER: 26-AS-20251229093034
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FACILITY NAME: IVY PARK AT MILPITAS	FACILITY NUMBER: 435202744
ADMINISTRATOR: MEGHIAN GEUL	FACILITY TYPE: 740
ADDRESS: 80 CEDAR WAY	TELEPHONE: (408) 770-9575
CITY: MILPITAS	ZIP CODE: 95035
CAPACITY: 225	STATE: CA
	CENSUS: 193
	DATE: 03/05/2026
MET WITH: Meghian Geul	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 10:35 AM

ALLEGATION(S):

1	Staff did not implement a proper facility emergency plan.
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Steve Chang conducted an unannounced investigation visit to deliver the investigation finding and met with Executive Director (ED) Meghian Geul.
2	
3	
4	On 12/29/2025, the Department received a complaint with the allegation that the facility staff did not implement a proper facility emergency plan.
5	
6	
7	On 01/06/2026, the Department conducted an initial investigation visit.
8	
9	LPA interviewed ED, 6 staff and 4 residents.
10	
11	LPA reviewed the facility Emergency Plan Package with ED. LPA obtained a copy of the Emergency and Disaster plan and facility utility outage plan.
12	
13	Continue on LIC9099-C. Page 1 of 3.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Romeo Manzano
LICENSING EVALUATOR NAME: Chihhsien Chang
LICENSING EVALUATOR SIGNATURE:

DATE: 03/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/05/2026

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 26-AS-20251229093034

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK AT MILPITAS

FACILITY NUMBER: 435202744

VISIT DATE: 03/05/2026

NARRATIVE

1 On 12/29/2025, the Department received an incident report from the facility. The incident report stated
2 that on 12/26/2025 around 3:00AM there was a loud noise outside the facility, the power box on the
3 street had a bad parts and needed to be repaired. A power outage happened at the facility due to PG&E.
4 The facility contacted PG&E and PG&E stated the power would be back at 2:45PM on 12/26/2025 then
5 later changed to 9:00PM on 12/26/2025. The power was restored at 11:00PM on 12/26/2025.
6

7 The facility notified the residents and staff about the power outage incident. The facility culinary team
8 was starting to prepare all meals to deliver to resident rooms. Staff were asked to station at the 3 exit
9 doors in memory care unit until power was restored to make sure memory care residents to stay in
10 memory care unit. Staff conducted hourly checks and head counts on all residents. Residents that
11 needed to come down to first floor or to go upstairs were helped by the facility staff to use evacuation
12 chairs. Residents were provided with flashlights and extra blankets if needed. The residents families
13 were informed and a mass email was sent to families on 12/27/2025.
14

15 On 01/06/2026, LPA interviewed Executive Director (ED) Meghian Geul. ED stated the power outage
16 was an unplanned and non announced incident from PG&E. ED stated the power outage started around
17 2:45AM on 12/26/2025 and the power restored at 11:00PM 12/26/2025. ED stated there were
18 emergency lighting in the walkway for 90 minutes, then battery lamps were placed at the walkways.
19

20 ED stated Memory Care residents were checked every 30 minutes and Assisted Living residents were
21 checked every hour. MD stated all meals (breakfast, lunch, and dinner) were delivered to resident
22 rooms. ED stated some residents wanted to leave the facility during the power outage period, the staff
23 helped the residents to use the evacuation chairs to go to the first floor. ED stated the facility staff
24 delivered extra blankets and flashlights to residents if needed. ED stated staff were at the exit doors of
25 the memory care unit to make sure memory care residents to stay in memory care unit. ED stated the
26 facility kept all memory care residents at the activity room in the memory care unit during the day time
27 and provided activity to residents.
28

29 LPA interviewed Maintenance Director (MD). MD stated the power outage on 12/26/2025 is an
30 unannounced power outage. MD stated The facility has a backup power for 90 minutes. MD stated the
31 facility will rent a generator if the power outage more than 24 hours. MD stated the hallways and stairs
32 were provided emergency lighting.
Continue on LIC9099-C. Page 2 of 3.

SUPERVISORS NAME: Romeo Manzano
LICENSING EVALUATOR NAME: Chihhsien Chang
LICENSING EVALUATOR SIGNATURE:

DATE: 03/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/05/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 26-AS-20251229093034

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**COMPLAINT INVESTIGATION REPORT
(Cont)**

CENTRAL COAST CR/RES, 2580 N. FIRST
STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME: IVY PARK AT MILPITAS

FACILITY NUMBER: 435202744

VISIT DATE: 03/05/2026

NARRATIVE

1 MD stated staff helped residents to go downstairs by using evacuation chairs at stairs. MD stated all
 2 meals were delivered to resident rooms. MD stated residents were provided flashlight and blankets. MD
 3 stated power was restored at 11:00PM on 12/26/2025.
 4

5 LPA interviewed 4 staff. 4 Out of 4 staff stated residents were regularly checked and monitored during
 6 the power outage. 4 Out of 4 staff stated all meals were delivered to resident rooms, flashlights and
 7 blankets were provided to residents during the power outage.
 8

9 LPA interviewed 4 residents. 4 Out of 4 residents stated they did not have any issue during the power
 10 outage. 4 Out of 4 residents stated meals, flashlights and blankets were provided. 3 Out of 4 residents
 11 stated they did not have complaint. 1 Out of 4 residents stated he/she did not have complaint but some
 12 other residents might have complaints.
 13

14 Based on the review of the facility emergency plan dated 9/20/2025, the plan including the following but
 15 not limit to, "each stair has an evacuation chair to use as needed, to communicate with emergency
 16 service agencies, responding to individual resident's needs and checking residents every 15 minutes
 17 until power restores, resident using oxygen concentrator will have appropriate backup oxygen tank
 18 available, communication with residents and families, assisting resident for administering medications,
 19 storage and preservation of medications, Identifying residents with special needs such as hospice care".
 20

21
 22 Based on the review of the facility Utility Outage plan document, the plan has the procedures for
 23 "Prepare for Power Outage", "During a Power Outage", and "After the Power Outage".
 24

25 Based on the interview and record review, the facility has a proper facility emergency plan, and staff
 26 conducted and followed the emergency plan for the incident.
 27

28 The Department has completed the investigation of the above allegations. Based on interviews
 29 conducted and records review, the department has found that the above allegations were
 30 **UNFOUNDED**, meaning that the allegations were false, could not have happened and/or are without a
 31 reasonable basis.
 32

Exit interview was conducted with ED. The report was provided to ED for review. A copy of the report
 was provided to ED. Page 3 of 3.

SUPERVISORS NAME: Romeo Manzano

LICENSING EVALUATOR NAME: Chihhsien Chang

LICENSING EVALUATOR SIGNATURE:

DATE: 03/05/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/05/2026