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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202929
Report Date: 07/09/2026
Date Signed: 07/09/2026 03:03:07 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/29/2026** and conducted by Evaluator Yi Sam Jian

	COMPLAINT CONTROL NUMBER: 26-AS-20260429103707

FACILITY NAME:	IVY PARK AT PALO ALTO			**FACILITY NUMBER:**	435202929
ADMINISTRATOR:	BRICE, STEPHANIE			**FACILITY TYPE:**	740
ADDRESS:	2701 EL CAMINO ROAD			**TELEPHONE:**	(650) 326-1108
CITY:	PALO ALTO	**STATE:** CA		**ZIP CODE:**	94306
CAPACITY:	97	**CENSUS:** 85		**DATE:**	07/09/2026
		UNANNOUNCED		**TIME BEGAN:**	09:37 AM
MET WITH:	Stephanie Brice			**TIME COMPLETED:**	03:18 PM

ALLEGATION(S):

1	-Staff are not changing the resident's linens.
2	-Staff are not providing laundry services to a resident in care.
3	-Staff did not respond to resident's call button.
4	-Staff are not disposing of the resident's trash.
5	-Facility did not ensure that staff are properly trained.
6	-Staff did not administer medication as prescribed.
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INVESTIGATION FINDINGS:

1	On 07/09/2026, Licensing Program analyst (LPA) Yi Sam Jian conducted an unannounced complaint
2	investigation visit. LPA met with the Executive Director, Stephanie Brice, and disclosed the purpose of the
3	visit.
4	
5	Regarding the allegation that staffs are not changing resident’s linens, interviews conducted during the
6	investigation indicated that the facility maintained a routine schedule for linen changes and that services
7	were provided to residents on an ongoing basis. The investigation did not identify sufficient evidence
8	demonstrating that the facility failed to provide linen services.
9	Regarding the allegation that staffs are not providing laundry services, information obtained during the
10	investigation indicated that laundry services were routinely provided by the facility and that residents also
11	retained the ability to complete laundry independently if desired.
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13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Brenda Chan
LICENSING EVALUATOR NAME: Yi Sam Jian
LICENSING EVALUATOR SIGNATURE:
DATE: 07/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/09/2026

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

Control Number 26-AS-20260429103707

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 PALO ALTO **FACILITY NUMBER:** 435202929
VISIT DATE: 07/09/2026

NARRATIVE

Regarding the allegation that staffs did not respond to resident call lights, interviews conducted during the investigation did not identify sufficient evidence demonstrating that staff did not respond to resident requests for assistance.
Regarding the allegation that staff did not dispose of resident's trash, information obtained during the investigation indicated that the facility maintained routine housekeeping practices, including regular trash removal.
Regarding the allegation that the facility did not ensure that staff were properly trained, documentation obtained during the investigation indicated that the facility maintained records of training for the staff.
Regarding the allegation that staff did not administer medications as prescribed, documentation obtained during the investigation indicated that the facility maintained medication administration procedures and safeguards.

Although the above allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED. No deficiencies cited during today's visit. An exit interview was conducted and a copy of the report provided to facility representatives.

SUPERVISORS NAME: Brenda Chan
LICENSING EVALUATOR NAME: Yi Sam Jian
LICENSING EVALUATOR SIGNATURE:
DATE: 07/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/09/2026