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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496804017
Report Date: 07/30/2026
Date Signed: 07/30/2026 03:10:30 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/24/2026** and conducted by Evaluator Robert Frank

	COMPLAINT CONTROL NUMBER: 21-AS-20260724160942

FACILITY NAME:	IVY PARK AT SANTA ROSA			**FACILITY NUMBER:**	496804017
ADMINISTRATOR:	STEPHANIE LIMBERG			**FACILITY TYPE:**	740
ADDRESS:	4225 WAYVERN DRIVE			**TELEPHONE:**	(707) 538-2590
CITY:	SANTA ROSA	**STATE:** CA		**ZIP CODE:**	95409
CAPACITY:	114	**CENSUS:** 102		**DATE:**	07/30/2026
		UNANNOUNCED		**TIME BEGAN:**	12:50 PM
MET WITH:	Stephanie Limberg, Executive Director			**TIME COMPLETED:**	03:20 PM

ALLEGATION(S):

1	Staff did not prevent physical altercation between residents in care
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INVESTIGATION FINDINGS:

1	At approximately 12:50 PM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
2	initiate and deliver findings for a Complaint Investigation regarding the above allegation and met with
3	facility Executive Director (ED) Limberg.
4	
5	LPA requested documents and conducted interviews. Complaint alleges Staff did not prevent physical
6	altercation between residents in care. On 3/27/2026, two (2) Memory Care residents were involved in an
7	altercation. Resident R1 was witnessed hitting resident R2 on the shoulder four (4) times. As staff
8	member S1 attempted to intervene, resident R2 threw their hand up which caused them to loose balance
9	and fall. Resident R2 hit their head during the fall. The facility immediately notified Emergency Services
10	and contacted the Santa Rosa Police Department (SRPD) to report the incident. SRPD investigating
11	Officer O1 arrived shortly thereafter.
12	
13	Continued on 9099-C...

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Robert Frank
LICENSING EVALUATOR SIGNATURE:
DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/30/2026

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

Control Number 21-AS-20260724160942

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100
SANTA ROSA, CA 95405

FACILITY NAME: IVY PARK AT SANTA ROSA **FACILITY NUMBER:** 496804017
VISIT DATE: 07/30/2026

NARRATIVE

...Continued from 9099

In an unredacted Incident/Investigation Report for Case #SR260003153.0, Officer O1 stated that both resident R1 and R2 did not remember the incident happening and that they were unable to obtain any more information regarding the incident. In the Incident/Investigation Report, Officer O1 stated that because neither resident R1 or R2 remembered the incident, they did not believe a violation of California Penal Code (CPC) 368(b)(1) occurred. CPC 368(b)(1) is defined as a criminal offense of elder or dependent adult abuse. Resident R2 was transported to the Emergency Room where a CT (Computed Tomography) Cervical Spine scan, CT head scan and chest X-ray were performed. All results were negative. Resident R2 returned to the facility in the afternoon on 3/27/2026. As regulations require, the facility filed an LIC 624 Unusual Incident/Injury Report and filed a SOC 341 Report of Suspected Dependent Adult/Elder Abuse with Community Care Licensing. The facility contacted family members and the Primary Care Physicians (PCP) for both residents R1 and R2. Additionally, the Long-Term Care Ombudsman was contacted. LPA reviewed all Incident Reports filed by the facility for 2025 and 2026 and observed that there have been no previous Incident Reports or any Incident Reports after the 3/27/2026 event filed involving any altercations between residents R1 and R2. Facility ED Limberg confirmed that there have been no further altercations between the two (2) residents. So, although the 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.

Exit interview conducted. Copy of LIC-9099 and LIC-9099C discussed and provided to ED Limberg. Signature on form confirms receipt of documents.

SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Robert Frank
LICENSING EVALUATOR SIGNATURE:
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