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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496804112
Report Date: 07/09/2026
Date Signed: 07/09/2026 03:22:30 PM

Unfounded

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 **04/15/2026** and conducted by Evaluator Robert Frank

	COMPLAINT CONTROL NUMBER: 21-AS-20260415085648

FACILITY NAME:	IVY PARK AT PINER			**FACILITY NUMBER:**	496804112
ADMINISTRATOR:	PERRY, ERIC			**FACILITY TYPE:**	740
ADDRESS:	1980 PINER ROAD			**TELEPHONE:**	(707) 852-2234
CITY:	SANTA ROSA	**STATE:** CA		**ZIP CODE:**	95403
CAPACITY:	92	**CENSUS:** 85		**DATE:**	07/09/2026
		UNANNOUNCED		**TIME BEGAN:**	02:50 PM
MET WITH:	Eric Perry, Executive Director			**TIME COMPLETED:**	03:30 PM

ALLEGATION(S):

1	Staff do not distribute resident's medication as prescribed
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Robert Frank arrived unannounced to deliver findings regarding the
2	above allegation and met with facility Executive Director Eric Perry.
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5	During the course of the investigation LPA conducted a facility visit, conducted interviews, collected and
6	reviewed documents. Documents included Resident R1's medical assessment, resident R1s Medication
7	Administration Records (MARS) and Doctor's Prescription orders. Additionally, LPA reviewed a
8	Temporary Restraining Order dated 12/4/2026, Order on Request to Continue Hearing/Restraining Order
9	dated 12/19/2026 and an Elder or Dependent Adult Abuse Restraining Order After Hearing dated
10	1/14/2026 which is currently in effect.
11	
12	Continued on 9099-C...
13	

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Robert Frank
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 21-AS-20260415085648

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

FACILITY NAME: IVY PARK AT PINER **FACILITY NUMBER:** 496804112
VISIT DATE: 07/09/2026

NARRATIVE

...Continued from 809

Complaint alleges that staff do not distribute residents' medications as prescribed. LPA reviewed resident R1's MARs for the months of 10/2025 through 4/19/2026. LPA observed no instances of medication not being distributed according to doctor's orders. Witness W1 provided pictures of various pill bottles taken prior to 12/19/2026. The pictures provide no evidence of the facility staff not distributing R1's medications as prescribed. Additionally, the same allegation involving resident R1 was previously investigated by LPA Dina Alviso in complaint 21-AS-20251218115655. On 1/12/2026 LPA Alviso found the allegation of the staff not giving the resident the medications as prescribed to be Unsubstantiated.

As both the current and previous investigation found no evidence that the staff do not distribute residents' medications as prescribed, we have found that the complaint was unfounded, meaning that the allegation was false, could not have happened and/or is without a reasonable basis.

No deficiencies cited during today's visit.

Exit interview conducted. Copy of report discussed and provided to ED Perry. Signature on form confirms receipt of documents.

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