

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565850299
Report Date: 05/29/2026
Date Signed: 05/29/2026 10:41:49 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 04/09/2026 and conducted by Evaluator Martha Arroyo

	COMPLAINT CONTROL NUMBER: 29-AS-20260409150306
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FACILITY NAME: IVY PARK AT SIMI VALLEY		FACILITY NUMBER: 565850299
ADMINISTRATOR: BOGOYEVAC, LEA		FACILITY TYPE: 740
ADDRESS: 5300 E. LOS ANGELES AVE.		TELEPHONE: (805) 583-3500
CITY: SIMI VALLEY	STATE: CA	ZIP CODE: 93063
CAPACITY: 175	CENSUS: 125	DATE: 05/29/2026
	UNANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH: Galina Tovmasian		TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Staff did not respond to resident's call button in a timely manner
2	Resident sustained numerous falls due to staff neglect
3	Staff does not ensure resident's toileting needs are being met
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Martha Arroyo conducted a subsequent complaint visit to the above facility. The purpose of the visit is to deliver findings for the above allegations. The initial complaint visit was conducted on 04/15/2026 by LPA M. Arroyo. On today's visit, LPA Arroyo met with Executive Director (ED), Galina Tovmasian. Entrance interview.
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6	During the initial visit on 04/15/2026, between 11:45 a.m. and 2:00 p.m., LPA Arroyo conducted interviews with three staff members and five residents, conducted a resident file review, and obtained copies of pertinent documents relevant to the investigation.
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10	Report Continued on LIC 9099C...
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Desaree Perera	
LICENSING EVALUATOR NAME: Martha Arroyo	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/29/2026

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 3
Control Number 29-AS-20260409150306

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT SIMI VALLEY	FACILITY NUMBER: 565850299
	VISIT DATE: 05/29/2026

NARRATIVE	
1	Report Continued from LIC 9099...
2	
3	**This report has been amended to include additional information that was not included in the
4	original report. **
5	
6	It was alleged that staff did not respond to resident's call button in a timely manner and resident
7	sustained numerous falls due to staff neglect. It was reported that Resident #1 (R1) attempts to transfer
8	to the restroom or clean themselves after episodes of incontinence when staff do not respond in a timely
9	manner. It was further reported that there are many instances in which staff do not respond promptly to
10	R1's calls for assistance, resulting in at least six (6) falls within the past six (6) months. Information
11	gathered during the course of the investigation reflected that R1 sustained two (2) unwitnessed falls at
12	the facility. The first unwitnessed fall occurred on 01/26/2026 and the second on 04/08/2026, R1, was
13	sent out for medical evaluation and treatment for both cases. Interviews with staff reflected that R1 used
14	a walker for mobility and was frequently reminded to use it. It was also revealed that R1 often attempted
15	to independently use the restroom without requesting staff for assistance and did not use the walker.
16	Moreover, following R1's falls, staff communicated R1's change in condition to R1's POA/family and
17	informed them that R1 would need increase in supervision. Record review of the facility's Device Activity
18	Report dated 04/01/2026 through 04/08/2026 further reflected that R1 pressed their call button fifty-nine
19	(59) times. Of the total number of calls, only two (2) were answered after more than twenty (20) minutes.
20	The remaining fifty-seven (57) calls were answered in under 15 minutes. Additionally, the report
21	indicated that for all Assisted Living (AL), there were a total of five (5) call button requests that exceeded
22	the twenty (20) minute response time. Further record review and interviews conducted revealed that the
23	facility submitted reports for two (2) unwitnessed falls involving R1, during which R1 was sent out for
24	medical evaluation and treatment. Interviews with staff revealed that all residents on the AL side are
25	provided with a pendant upon admission. Staff further stated that caregivers attempt to respond to calls
26	as quickly as possible and that medtechs also assist when needed. Additionally, per facility policy the
27	expectation is that staff respond to pendant calls within 10 to 15 minutes. Staff further stated that
28	residents identified as high fall risks are checked frequently, at least once every two (2) hours, totaling
29	approximately three (3) to four (4) checks per staff member's shift. During resident interviews, residents
30	stated that staff generally respond promptly after pendants are activated and that staff check on them
31	several times throughout the day.
32	Report Continued on LIC 9099C...

SUPERVISORS NAME: Desaree Perera	
LICENSING EVALUATOR NAME: Martha Arroyo	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/29/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/29/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 29-AS-20260409150306

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

CCLD Regional Office, 21731 VENTURA BLVD.
#250
WOODLAND HILLS, CA 91364

FACILITY NAME: IVY PARK AT SIMI VALLEY

FACILITY NUMBER: 565850299

VISIT DATE: 05/29/2026

NARRATIVE	
1	Report Continued from LIC 9099C...
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3	Furthermore, residents did not express any concerns regarding facility staff or living conditions at the
4	facility. Based on the information obtained and reviewed, although the allegation may have occurred or
5	may be valid, there is insufficient evidence to determine whether the alleged violation did or did not
6	occur. Therefore, allegations "staff did not respond to resident's call button in a timely manner" and
7	"resident sustained numerous falls due to staff neglect" are deemed Unsubstantiated at this time.
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9	It was also alleged that staff does not ensure resident's toileting needs are being met. It was reported
10	that R1 attempts to manage toileting independently due to delayed staff response and not assisting in a
11	timely manner. Record review of R1's Physician's Report dated 04/28/2025 revealed that R1 requires
12	assistance with bathing, dressing/grooming, and toileting needs. Although the report indicates that R1's
13	mental condition may include confusion and disorientation, R1 is able to follow instructions and
14	communicate their needs. Additionally, according to the Resident Assessment dated 01/01/2026, R1
15	requires stand-by assistance with toileting. Interviews conducted with staff revealed that incontinent
16	residents are generally checked every couple of hours unless the resident's care plan requires more
17	frequent monitoring. Staff stated that the frequency of resident checks is determined by the resident's
18	assessed level of care and individual needs. It was also noted that R1 tends to become antsy and wants
19	everything done quickly. Furthermore, during resident interviews, residents reported observing staff
20	assisting other residents to the restroom while in the dining room. Residents also did not express any
21	concerns regarding facility staff or living conditions at the facility. Based on the information obtained and
22	reviewed, although the allegation may have occurred or may be valid, there is insufficient evidence to
23	determine whether the alleged violation did or did not occur. Therefore, allegation "staff does not ensure
24	resident's toileting needs are being met" is deemed Unsubstantiated at this time.
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26	No citations issued at this time. Exit interview. A copy of the report was issued.
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