

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201116
Report Date: 09/16/2025
Date Signed: 09/16/2025 02:36:03 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/29/2025** and conducted by Evaluator Alona Gomez

	COMPLAINT CONTROL NUMBER: 15-AS-20250729114132
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FACILITY NAME: IVY PARK AT SAN RAMON	FACILITY NUMBER: 079201116
ADMINISTRATOR: MORGAN, OREISHA	FACILITY TYPE: 740
ADDRESS: 9199 FIRCEST LANE	TELEPHONE: (949) 744-5200
CITY: SAN RAMON	STATE: CA ZIP CODE: 94583
CAPACITY: 162	CENSUS: 146 DATE: 09/16/2025
MET WITH: Regional OPs Specialist, Jessica Pryor	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff did not provide assistance to resident in a timely manner.
2	Facility is in disrepair.
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INVESTIGATION FINDINGS:

1	On 9/16/2025 starting at 9:30 AM, Licensing Program Analyst (LPA) A. Gomez arrived unannounced to
2	deliver findings. LPA met with Regional OPs Specialist (ROS), Jessica Pryor and explained the purpose
3	of the visit.
4	
5	During the course of the investigation LPA reviewed files, tested quipment, and made observations. On
6	the allegations Staff did not provide assistance to resident in a timely manner and Facility is in disrepair
7	the following was found:
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9	Report Continues on LIC9099-C
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Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 09/16/2025

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 5

Control Number 15-AS-20250729114132

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
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FACILITY NAME: IVY PARK AT SAN RAMON **FACILITY NUMBER:** 079201116
VISIT DATE: 09/16/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>On 8/1/2025 LPA conducted tests on residents call button. LPA found that R1's pendant was not working properly and that staff were not notified when it was pressed therefore they were not able to meet the residents need in a timely manner. LPA asked staff when they came to help R1 get ready for meal time if they received a notification for R1's pendent being pressed and they stated "no". During the observation Health and Wellness Director was present. Therefore the allegations are substantiated.</p> <p>***LPA assessed a civil penalty for repeat violation (\$250)***</p> <p>Based on LPAs observations and interviews which were conducted and record reviews, the preponderance of evidence standard has been met, therefore the above allegations are found to be SUBSTANTIATED. California Code of Regulations (Title 22, Division 6, Chapter 8), are being cited on the attached LIC 9099D.</p> <p>Exit interview conducted. Appeal Rights and a copy of this report provided.</p>
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LICENSING PROGRAM ANALYST SIGNATURE: _____
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LIC9099 (FAS) - (06/04) Page: 2 of 5

Control Number 15-AS-20250729114132

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)**

OAKLAND ASC, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY NAME: IVY PARK AT SAN RAMON

FACILITY NUMBER: 079201116

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/16/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/23/2025 Section Cited CCR 87307(d)(2)	1 (d) The following shall apply... to all 2 facilities:(2)The premises shall be 3 maintained in a state of good repair... 4 5 This requirement was not met as 6 evidence by: 7	1 By POC facility agrees to inspect and 2 replace residents personal call buttons 3 as necessary and notify CCLD 4 5 6 7
	8 Based on observations and interview 9 the facility did not comply with the 10 following by R1's call button being in 11 disrepair which poses a potential safety 12 and personal rights violation to 13 residents in care 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 09/16/2025

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

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CITY: SAN RAMON

STATE: CA **ZIP CODE:** 94583

CAPACITY: 162

CENSUS: 146 **DATE:** 09/16/2025

UNANNOUNCEDTIME BEGAN: 09:30 AM

MET WITH: Regional OPs Specialist, Jessica Pryor

TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff charged resident for services not rendered.
2	Staff not following residents care plan
3	Staff speak to resident inappropriate
4	
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INVESTIGATION FINDINGS:

1	On 9/16/2025 starting at 9:30 AM, Licensing Program Analyst (LPA) A. Gomez arrived unannounced to
2	deliver findings. LPA met with Regional OPs Specialist (ROS), Jessica Pryor and explained the purpose
3	of the visit.
4	
5	During the course of the investigation LPA reviewed files, resident records, and made observations. On
6	the allegations Staff charged resident for services not rendered, Staff not following residents care plan,
7	and Staff speak to resident inappropriate the following was found:
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9	Report Continues on LIC9099-C
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Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios	
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LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/16/2025
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: IVY PARK AT SAN RAMON **FACILITY NUMBER:** 079201116
VISIT DATE: 09/16/2025

NARRATIVE

1	On 9/12/2025 LPA reviewed ledgers for a sample of residents. LPA observed that there was a
2	substantial credit for R1. LPA spoke with BOD and ROS regarding the credit to see if they were
3	connected to the allegation of "Staff charged resident for services not rendered". LPA found that the
4	credit was because the resident was overcharged due to an accounting error. LPA reviewed R1's
5	careplans from 2023-present and found that the level of care has not changed. LPA however did
6	observe on one of the careplans that a special code was not inputted correctly which triggered the extra
7	charges.
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9	On 8/1/2025 LPA visited with R1, R2, R3 and R4. LPA observed that R1 was refusing care as outlined in
10	their careplan. R2, R3, and R4 did not note any concerns with the level of care that they were being
11	provided and LPA did not observe any concerns. LPA was unable to interview R1 however R2, R3 and
12	R4 all expressed satisfaction with the staff and did not express any concern with staff speaking to them
13	inappropriately. On 9/12/2025 LPA spoke with BOA who stated that there was a concern with an
14	interaction between S1 and R5 however it was found that it did not indicate S1 speaking inappropriately
15	to R5. Therefore the above allegations are unsubstantiated.
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17	Although the allegation may have happened or is valid, there is not a preponderance of evidence to

18 prove the alleged violation did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.

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20 Exit interview conducted and a copy of this report provided.

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