

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079201317
Report Date: 10/23/2025
Date Signed: 10/23/2025 12:31:03 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **07/14/2025** and conducted by Evaluator Grace Luk

PUBLIC	COMPLAINT CONTROL NUMBER: 15-AS-20250714141403
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FACILITY NAME: IVY PARK AT WALNUT CREEK	FACILITY NUMBER: 079201317
ADMINISTRATOR: LINDA NGUYEN	FACILITY TYPE: 740
ADDRESS: 2175 YGNACIO VALLEY ROAD	TELEPHONE: (925) 932-3500
CITY: WALNUT CREEK	ZIP CODE: 94598
CAPACITY: 86	DATE: 10/23/2025
MET WITH: Linda Nguyen, Executive Director	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 12:45 PM

ALLEGATION(S):

1	Facility staff did not meet the care needs of the residents.
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INVESTIGATION FINDINGS:

1	On 10/23/2025 at 10:00AM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct
2	complaint investigation and to deliver complaint findings for the allegation above. LPA met with Executive
3	Director, Linda Nguyen and explained the purpose of the visit.
4	
5	During the investigation, LPA interviewed 3 residents, 5 staff, 2 witnesses, and complainants. LPA
6	reviewed and obtained documents including staff schedule, physician's report, care plan, emergency
7	information, home health notes, incident reports, shower/skin sheets, and staff roster with contact
8	information.
9	
10	Physician's report dated 4/9/2025 stated that R1 has a history of skin breakdown and home health was
11	ordered. Interview with staff indicated that R1 was repositioned every two hours and R1 receives
12	incontinence care every 2 hours. Interview with witnesses revealed that facility staff are caring, tentative,
13	and W4 observed R1's wounds healed fast. (Continue on LIC9099C...)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Harpreet Humpal
LICENSING EVALUATOR NAME: Grace Luk
LICENSING EVALUATOR SIGNATURE:

DATE: 10/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/23/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 15-AS-20250714141403

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: IVY PARK AT WALNUT CREEK

FACILITY NUMBER: 079201317

VISIT DATE: 10/23/2025

NARRATIVE

1 R1's care plan indicated R1 needed two person during transfers. Witnesses have observed two facility
2 staff when transferring R1. W4 stated facility staff used safe technique during transfer and R1 was well
3 supported. Staff stated there are two person when transferring R1.
4
5 Interview with staff revealed there are enough staff to meet the needs of the residents. S1 stated there
6 are 3-4 caregivers for morning and afternoon shifts, and 2 caregivers for night shift.
7
8 Although the allegation may have happened or are valid, there is not a preponderance of evidence to
9 prove the alleged violation did occur, therefore the allegation is **UNSUBSTANTIATED**.
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11 No deficiencies are being cited on this date.
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14 Exit interview conducted. A copy of this report provided.
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SUPERVISORS NAME: Harpreet Humpal
LICENSING EVALUATOR NAME: Grace Luk
LICENSING EVALUATOR SIGNATURE:

DATE: 10/23/2025

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DATE: 10/23/2025

LIC9099 (FAS) - (06/04)

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