

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602887

Report Date: 01/15/2026

Date Signed: 01/15/2026 04:23:54 PM

Substantiated

| | |
|--|--|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245 |
| COMPLAINT INVESTIGATION REPORT | |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/24/2025** and conducted by Evaluator Regina Cloyd

| | |
|---------------|---|
| PUBLIC | COMPLAINT CONTROL NUMBER: 11-AS-20251224160908 |
|---------------|---|

| | |
|--|---|
| FACILITY NAME: SUNRISE ASSISTED LIVING OF HERMOSA BEACH | FACILITY NUMBER: 198602887 |
| ADMINISTRATOR: ERIC K MENSAH | FACILITY TYPE: 740 |
| ADDRESS: 1837 PACIFIC COAST HWY | TELEPHONE: (310) 937-0959 |
| CITY: HERMOSA BEACH | ZIP CODE: 90254 |
| CAPACITY: 142 | DATE: 01/15/2026 |
| MET WITH: Executive Director Judith Uy-Villaruz | UNANNOUNCED TIME BEGAN: 09:17 AM |
| | TIME COMPLETED: 04:37 PM |

ALLEGATION(S):

| | |
|---|-----------------------------------|
| 1 | Facility does not have hot water. |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
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INVESTIGATION FINDINGS:

| | |
|----|---|
| 1 | On 01/15/2026, Licensing Program Analyst (LPA) Regina Cloyd conducted a subsequent visit to gather information regarding the above allegation. LPA met with Executive Director Judith Uy-Villaruz and the purpose of the visit was explained. |
| 2 | |
| 3 | |
| 4 | |
| 5 | Investigation consisted of the following: On 12/31/2025, LPA obtained Personnel Report, Register of Residents, Staff Schedule, December 2025 Shower Schedule, Email Correspondence, Contractor Estimate, Agreement, and Purchase Order. LPA interviewed Staff #1 – 6, Residents #1 – 6, and measured water temperatures on the first and second floor. On 01/15/2026, LPA interviewed Staff 1 – Staff 2, Staff 6, Resident #7 – 9, and Witness #1 and received Smiley App Correspondence. |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | Investigation revealed the following: |
| 11 | |
| 12 | Allegation: Facility does not have hot water. |
| 13 | Continue to LIC9099-C. |

| | |
|----------------------|--------------------------------------|
| Substantiated | Estimated Days of Completion: |
|----------------------|--------------------------------------|

SUPERVISORS NAME: Ulysses Coronel
LICENSING EVALUATOR NAME: Regina Cloyd
LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SUNRISE ASSISTED LIVING OF HERMOSA BEACH

FACILITY NUMBER: 198602887

VISIT DATE: 01/15/2026

NARRATIVE

1 Regarding the allegation, "facility does not have hot water," it is being alleged that showers were not
2 provided to residents from 12/20/2025 – 12/25/2025. Record review of Broadway National Estimate
3 (08/15/2025) revealed staff was to arrive onsite AFTER normal business hours. Project will take
4 approximately (7-9) nights to complete. In order to complete the work safely and efficiently, a temporary
5 shutdown of the water supply will be required. To prevent disruption to daily operations, all work will be
6 scheduled to take place after hours. Record review of email correspondence (12/25/2025 12:59 PM)
7 revealed the facility restored its hot water.
8
9 Interview with Witness #1 indicated the project was expected to be completed in a week-long job, staff
10 worked day and night, and hot water was to be intermitted. Interview with Staff #1 – 2 indicated the work
11 was to be completed in one day. Staff #1 indicated there was a leak in the old tank and the work to
12 replace it was expected to take a day. However, complications arose, and a second contractor was hired
13 to finish the work. As a result, hot water was provided from kettles so residents could receive/take hot
14 sponge baths. Plus some residents went to their family's home to shower. Interview with Staff #8
15 indicated hot water from kettles was offered to some residents but not all. Some residents said they
16 would wait. Eight out of eight staff interviews (S1 – S8) indicated that the facility was without hot water
17 for four to five days due to the replacement of a hot water tank. Five out of eight residents (R1 – R8)
18 interviews, including spouses, indicated they were unable to shower, was not presented with alternatives
19 or did not receive shower assistance/sponge bath according to schedule.
20
21 Regarding the allegation, "facility does not have hot water," based on record reviews and interviews, the
22 preponderance of evidence standard has been met, therefore the above allegation(s) is found to be
23 substantiated. California Code of Regulations, Title 22, Division 6 and Chapter 8 are being cited on the
24 attached LIC 9099D.
25
26 An exit interview was conducted, plans of correction developed, and a copy of this report with the appeal
27 rights was provided to Executive Director Judith Uy-Villaruz.
28
29
30
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32

SUPERVISORS NAME: Ulysses Coronel
LICENSING EVALUATOR NAME: Regina Cloyd
LICENSING EVALUATOR SIGNATURE:

DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2026

LIC9099 (FAS) - (06/04)

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Control Number 11-AS-20251224160908

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE

**COMPLAINT INVESTIGATION REPORT
(Cont)**

340
EL SEGUNDO, CA 90245

FACILITY NAME: SUNRISE ASSISTED LIVING OF HERMOSA BEACH

FACILITY NUMBER: 198602887

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/15/2026

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) |
|---|---|--|
| Type B 02/02/2026 Section Cited CCR 87303(a)(3) | 1 (3) Equipment and supplies necessary 2 for personal care and maintenance of 3 adequate hygiene practice shall be 4 readily available to each resident... 5 This requirement was not met as 6 evidence by: 7 Based on resident interviews, five out of | 1 As of 12/25/2025 12:59 PM, residents 2 have been able to shower with hot 3 water and receive bathing assistance 4 according to schedule and an email 5 notice was sent to families. LPA was 6 provided with a copy of the email. 7 |
| | 8 eight residents (R1-R8), indicated they 9 were unable to shower, was not 10 presented with alternatives or did not 11 receive shower assistance/sponge bath 12 according to schedule due to lack of hot 13 water. This posed a potential health and 14 personal rights risk to clients in care. | |
| | | |
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

| | |
|--|-------------------------|
| SUPERVISORS NAME: Ulysses Coronel | |
| LICENSING EVALUATOR NAME: Regina Cloyd | |
| LICENSING EVALUATOR SIGNATURE: | DATE: 01/15/2026 |
| I acknowledge receipt of this form and understand my appeal rights as explained and received. | |
| FACILITY REPRESENTATIVE SIGNATURE: | DATE: 01/15/2026 |