<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198602887
Report Date: 05/05/2026
Date Signed: 05/05/2026 04:39:25 PM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/30/2026** and conducted by Evaluator Alfonso Iniguez

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260430170307

FACILITY NAME:	SUNRISE ASSISTED LIVING OF HERMOSA BEACH			**FACILITY NUMBER:**	198602887
ADMINISTRATOR:	JUDITH UY VILLARUZ			**FACILITY TYPE:**	740
ADDRESS:	1837 PACIFIC COAST HWY			**TELEPHONE:**	(310) 937-0959
CITY:	HERMOSA BEACH	**STATE:** CA		**ZIP CODE:**	90254
CAPACITY:	142	**CENSUS:** 82		**DATE:**	05/05/2026
		UNANNOUNCED		**TIME BEGAN:**	08:30 AM
MET WITH:	Judith Uy Villaruz/Executive Director			**TIME COMPLETED:**	03:50 PM

ALLEGATION(S):

1	Staff administered the incorrect medication to a resident in care.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 5/5/2026, LPA Alfonso Iniguez conducted an unannounced initial complaint visit. LPA Iniguez met
2	Judith Uy Villaruz/Executive Administrator. LPA Iniguez explained the purpose of this visit.
3	
4	Investigation Consisted of: LPA conducted the following interviews: Executive Director Interview (A#1),
5	Staff Interviews (S#1-S#2). LPA gathered the following documents: copy of client roster and staff roster
6	dated:5/4/26, copy of Unusual Incident Report or LIC 624 dated 4/25/26 and copy of (R#1) Medical
7	Assessment for Residential Care Facilities for the Elderly or LIC 602A dated:3/9/2026.
8	
9	
10	
11	Evaluation Report continues LIC 9099-C
12	
13	

Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Alfonso Iniguez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/05/2026

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

Control Number 11-AS-20260430170307

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: 05/05/2026

NARRATIVE

Investigation Revealed the Following:

Allegation: Staff administered the incorrect medication to a resident in care.

The details of the complaint alleged that facility staff gave the wrong medication to (R#1)

On May 5, 2026, at approximately 10:00 a.m., during the records review, the Department observed a copy of the Unusual Incident Report (LIC 624) dated April 25, 2026. The report states that on April 24, 2026, (S#1) approached (R#1) in the first-floor reading room and asked if they were (R#2). According to the report, (R#1) confirmed the identification. The report further indicates that shortly thereafter, upon returning to the medication cart on the second floor, (S#1) realized that medications intended for (R#2) had been administered to (R#1). In addition, the Department reviewed a copy of (R#1)'s Medical Assessment for Residential Care Facilities for the Elderly (LIC 602A), dated March 9, 2026, which indicates that (R#1) is not able to self-administer their medications due to cognitive impairment.

On May 5, 2026, at approximately 10:30 a.m., the Department interviewed the facility administrator (A#1). (A#1) stated that (S#1) is a part-time care manager who had not been working at the facility since late February 2026. (A#1) reported that new residents, including (R#1), were admitted during that period, and (S#1) was not familiar with (R#1). According to (A#1), on April 25, 2026, (S#1) went to administer medications to (R#1) but did not find them in their room. (S#1) observed (R#1) in the reading room and asked if they were (R#10). (A#1) stated that (R#1) responded "yes," and (S#1) proceeded to administer (R#10)'s medications to (R#1). (A#1) reported that after returning upstairs to document in the Medication Administration Records (MARs), (S#1) saw (R#1) and realized the wrong medications had been administered. (A#1) stated that following the incident, (S#1) notified the wellness director, the resident care director, and the hospice agency providing services to (R#1). (A#1) further reported that the facility notified (R#1)'s physician, responsible representatives, and the licensing department.

Evaluation Report continues LIC 9099-C

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Alfonso Iniguez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 05/05/2026

Control Number 11-AS-20260430170307

FACILITY NAME: SUNRISE ASSISTED LIVING OF HERMOSA BEACH FACILITY NUMBER: 198602887

VISIT DATE: 05/05/2026

NARRATIVE

On May 5, 2026, the Department could not interview staff (S#1) because they were not on duty at the facility. The Department attempted to contact (S#1) via telephone; however, (S#1) did not answer the call.

On May 5, 2026, at approximately 11:30 a.m., the Department interviewed facility staff (S#2). (S#2) stated that on April 25, 2026, (S#1) asked them how (R#1) ambulates. (S#2) reported that when they asked why, (S#1) stated, “I think I gave the wrong medication to (R#1).” (S#2) stated that after receiving this information, staff immediately monitored (R#1) throughout the day and notified (R#1)’s responsible representatives, physician, and hospice agency.

During this investigation, The Department found sufficient evidence to support the above-mentioned allegation.

Based on the evidence gathered, interviews conducted, and records reviewed, the preponderance of evidence standard has been met; therefore, the above-mentioned allegation is found to be **SUBSTANTIATED.**

California Code of Regulations (Title 22, Division 6, Chapter 8), the above-mentioned deficiency was observed, and citation issued (ref. LIC 9099D).

An exit interview was conducted, and a copy of the Complaint Report was given to Judith Uy Villaruz/Executive Administrator.

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Alfonso Iniguez
LICENSING EVALUATOR SIGNATURE: DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 05/05/2026

Control Number 11-AS-20260430170307

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: SUNRISE ASSISTED LIVING OF HERMOSA BEACH FACILITY NUMBER: 198602887

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 05/25/2026 **Section Cited** CCR 87465(a)(4)	1 2 3 4 5 6 7	87465 Incidental Medical and Dental Care a) A plan for incidental medical and dental care shall be developed by each facility... by compliance with the following: (4) The licensee shall assist residents with self-administered medications as needed. This requirement was not met as evidence by:	1 2 3 4 5 6 7	Licensee will adhere to Title 22 at all times. The Executive Director stated that, as a Plan of Correction-POC, (S#1) will receive disciplinary action related to the medication error. The facility will also conduct an in service training for staff on proper medication management and dispensing procedures. Proof of correction will be submitted to the Department by the POC due date.
	8 9 10 11 12 13 14	Based on interviews and records review, facility staff (S#1) failed to ensure that (R#1) received their own prescribed medications when (S#1) administered medications intended for another resident (R#2). This poses a potential health and safety risk to residents in care.	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.

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Alfonso Iniguez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/05/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/30/2026** and conducted by Evaluator Alfonso Iniguez

PUBLIC	COMPLAINT CONTROL NUMBER: 11-AS-20260430170307

FACILITY NAME: SUNRISE ASSISTED LIVING OF HERMOSA BEACH
FACILITY NUMBER: 198602887
ADMINISTRATOR: JUDITH UY VILLARUZ
FACILITY TYPE: 740
ADDRESS: 1837 PACIFIC COAST HWY
TELEPHONE: (310) 937-0959
CITY: HERMOSA BEACH **STATE:** CA **ZIP CODE:** 90254
CAPACITY: 142 **CENSUS:** 82 **DATE:** 05/05/2026
UNANNOUNCED **TIME BEGAN:** 08:30 AM

MET WITH: Judith Uy Villaruz/Executive Director **TIME COMPLETED:** 03:50 PM

ALLEGATION(S):

Staff are not completing medication logs.

INVESTIGATION FINDINGS:

On 5/5/2026, LPA Alfonso Iniguez conducted an unannounced initial complaint visit. LPA Iniguez met Judith Uy Villaruz/Executive Director. LPA Iniguez explained the purpose of this visit.

Investigation Consisted of: LPA conducted the following interviews: Executive Director Interview (A#1), Residents Interviews (R#2-R#9) and Staff Interviews (S#2-S#3). LPA gathered the following documents: copy of client roster and staff roster dated:5/4/26, copy of (R#1-R#4) Medication Administration Records-MAR dated: February, March and April of 2026.

Evaluation Report continues LIC 9099-C

Unsubstantiated **Estimated Days of Completion:**

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Alfonso Iniguez
LICENSING EVALUATOR SIGNATURE: **DATE:** 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 05/05/2026

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

Control Number 11-AS-20260430170307

NARRATIVE

Investigation Revealed the Following:

Allegation: Staff are not completing medication logs.

The details of the complaint alleged that facility staff are not completing medication logs.

On May 5, 2026, at approximately 10:00 a.m., during the records review, the Department observed copies of the Medication Administration Records (MARs) for residents (R#1) through (R#4) dated February, March, and April 2026. The Department noted that there were no discrepancies in the residents' medication intake records for those months.

On May 5, 2026, at approximately 10:30 a.m., the Department interviewed the facility administrator (A#1). When asked to describe the facility's process for

ensuring that medication administration logs are completed at the time medications are provided to residents, (A#1) stated that it is the facility's practice for Med Techs to document the medication administration immediately after providing medications to residents. In addition, when asked what systems or oversight practices the facility uses to verify that staff are documenting all administered, refused, or held medications on the Medication Administration Records (MARs), (A#1) stated that the resident care director conducts quality-assurance reviews of completed MARs. Moreover, when asked how the facility addresses missing or incomplete entries on a medication log and ensures corrective action is taken, (A#1) stated that the issue is brought back to the staff member who administered the medications to determine why the entry was not completed.

On May 5, 2026, at approximately 10:30 AM, during interviews with residents in care (R#2-R#9), (8) out of (8) stated that staff stay with them when assisting with their medications. Residents also stated that they have observed staff writing information down or using a chart after providing medications. In addition, (8) out of (8) residents reported that they have not experienced a time when they did not receive the medication they were expecting or received later than usual.

Evaluation Report continues LIC 9099-C

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Alfonso Iniguez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/05/2026

Control Number 11-AS-20260430170307

NARRATIVE

On May 5, 2026, at approximately 11:30 AM, during interviews with facility staff (S#1-S#2), (2) out of (2) stated that their usual process after assisting a resident with medication. Staff stated that they ensure the resident takes the medication, provide sufficient water, ensure the resident is not choking, and confirm that no medication is left unattended. Staff reported that once the medication is administered and the resident's identity has been verified, they document the administration on the Medication Administration Records (MARs). In addition, when asked how they document medications that are refused, delayed, or unavailable, staff stated that if a medication is refused, they offer it up to three times and explain the benefits of the medication while also informing the residents of their right to refuse. Staff reported that refusals are documented on the MARs and that the residents' physicians and responsible representatives are notified. Moreover, when asked how the facility ensures that all medication entries are completed for the shift, (2) out of (2) staff stated that documentation is completed in the electronic system, which indicates when a medication has been administered. Staff also reported that the service care coordinator conducts regular quality-assurance reviews of the MARs.

During this investigation, LPA did not find sufficient evidence to support the above-mentioned allegation(s).

Based on the evidence gathered, interviews conducted, and records reviewed, the preponderance of evidence standard has been met; therefore, the above-mentioned allegation(s) are found to be **UNSUBSTANTIATED.**

Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur.

An exit interview was conducted, and a copy of the Complaint Report was given to Judith Uy Villaruz/Executive Administrator.

SUPERVISORS NAME: Eva M Alvarez
LICENSING EVALUATOR NAME: Alfonso Iniguez
LICENSING EVALUATOR SIGNATURE:
DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/05/2026