

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306002568

Report Date: 01/05/2026

Date Signed: 01/05/2026 12:58:54 PM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/14/2021** and conducted by Evaluator Kevin Saborit-Guasch

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20210114172609</b>
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<b>FACILITY NAME:</b> SUNRISE AT YORBA LINDA	<b>FACILITY NUMBER:</b> 306002568
<b>ADMINISTRATOR:</b> MARIA DOMINGO	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 4792 LAKEVIEW AVE	<b>TELEPHONE:</b> (714) 693-5368
<b>CITY:</b> YORBA LINDA	<b>ZIP CODE:</b> 92886
<b>CAPACITY:</b> 93	<b>DATE:</b> 01/05/2026
<b>STATE:</b> CA	<b>UNANNOUNCED TIME BEGAN:</b> 12:00 PM
<b>CENSUS:</b> UNANNOUNCED	<b>TIME COMPLETED:</b> 01:20 PM
<b>MET WITH:</b> Tyler Hawk, executive director	

### ALLEGATION(S):

1	Resident was neglected and lack of supervision.
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### INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch made an unannounced visit to the
2	facility for the purpose of following up on the investigation of the allegation listed above as well as to
3	deliver findings to the facility. LPA was greeted and granted entry by facility staff after introducing himself,
4	stating the purpose of the visit and stating the allegation under review.
5	
6	The initial complaint investigation visit was conducted remotely on January 20, 2021 due to COVID-19-
7	related restrictions in place at the time. During the remote visit, licensing staff spoke to Maria
8	Domingo, Executive Director and requested copies of pertinent documents regarding resident R1 to be
9	delivered via email. Additional email follow-up was conducted with facility staff during the investigation.
10	
11	CONTINUED ON FORM LIC9099-C
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Sheila Santos  
**LICENSING EVALUATOR NAME:** Kevin Saborit-Guasch  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/05/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/05/2026

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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**Control Number 22-AS-20210114172609**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100  
ORANGE, CA 92868

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** SUNRISE AT YORBA LINDA

**FACILITY NUMBER:** 306002568

**VISIT DATE:** 01/05/2026

### NARRATIVE

1 CONTINUED FROM FORM LIC9099  
2 Regarding the allegation that *Resident fell due to lack of care and supervision*, the following has been  
3 concluded: Based on the resident records provided by facility staff and reviewed during the  
4 investigation, R1 was admitted to the facility on May 28, 2019. At the time of admission, R1 was  
5 assessed to be ambulatory, with a primary diagnosis of Atrial fibrillation, hypertension, chronic kidney  
6 disease III, macular degeneration. R1 was assessed to be able to manage their own medication at the  
7 time and no indication of Mild cognitive impairment or dementia were noted at the time. Regular updates  
8 to R1's plan of care are noted based on changes in condition. For example, as of February 2020, R1  
9 was placed on medication management. Per the physician orders reviewed, R1 had a PRN order for  
10 Albuterol which was documented to be administered regularly due to recurring shortness of breath. On  
11 or around January 12, 2021, R1 sustained an unwitnessed fall resulting in lacerations to the head which  
12 resulted in a call to the paramedics and evaluation at the hospital. R1 tested positive for COVID-19 while  
13 at the hospital and was placed on isolation as required upon being readmitted to the facility.  
14 As a result of the fall and COVID-19 diagnosis, recurrent follow-up assessments were conducted in the  
15 weeks that followed. Per incident reports submitted as well as charting notes reviewed, no other fall  
16 incidents occurred during R1's admission at the facility. R1 eventually passed while under hospice care  
17 in January 2024.  
18  
19 The documentation reviewed fails to sufficiently evidence that inadequate supervision was being  
20 provided to R1 which would have resulted in the fall reported in January 2021. As a result, the allegation  
21 is found to be Unsubstantiated, meaning that although the allegation may have happened or is valid,  
22 there is no preponderance of evidence to prove the alleged violation did or did not occur. An exit  
23 interview was conducted and a copy of the report provided.  
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**SUPERVISORS NAME:** Sheila Santos  
**LICENSING EVALUATOR NAME:** Kevin Saborit-Guasch  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/05/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/05/2026

LIC9099 (FAS) - (06/04)

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