

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306002568
Report Date: 07/24/2026
Date Signed: 07/24/2026 10:27:05 AM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/25/2024 and conducted by Evaluator Claudia Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20240325151048
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FACILITY NAME: SUNRISE AT YORBA LINDA	FACILITY NUMBER: 306002568
ADMINISTRATOR:MARIA DOMINGO	FACILITY TYPE: 740
ADDRESS: 4792 LAKEVIEW AVE	TELEPHONE: (714) 693-5368
CITY: YORBA LINDA	ZIP CODE: 92886
CAPACITY: 93	DATE: 07/24/2026
	UNANNOUNCED TIME BEGAN: 08:07 AM
MET WITH: Tyler Hawk	TIME COMPLETED: 10:45 AM

ALLEGATION(S):

1	Staff do not ensure resident receives bathing assistance
2	Staff do not ensure resident is provided clean linen
3	Staff do not ensure resident is kept in clean clothing at all times
4	Resident developed pressure injuries while in care
5	Staff do not ensure resident's room is kept free of mal odors
6	Staff do not ensure resident's room is kept in clean and sanitary conditions
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INVESTIGATION FINDINGS:

1	An unannounced Complaint Investigation was conducted on this day by Licensing Program Analyst (LPA)
2	Claudia Gutierrez regarding the allegations mentioned above. LPA met with Executive Director (ED) Tyler Hawk.
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5	Regarding allegations, Staff do not ensure resident receives bathing assistance and Staff do not ensure
6	resident is provided clean linen, the following was revealed: Complaint alleges staff did not ensure
7	Resident 1 (R1) received bathing assistance and was provided with clean linen. During the course of the
8	investigation, interviews were conducted with five facility residents, five staff, and one witness. During
9	interview, R1 was unable to confirm or deny allegations. Three of five residents interviewed stated they
10	are routinely assisted with bathing and can request additional bathing assistance at their leisure, and
11	their linen is changed at least once a week and more frequently if needed. One of five residents
12	interviewed was unable to confirm or deny allegations. (Cont. LIC9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lourdes Montoya LICENSING EVALUATOR NAME: Claudia Gutierrez LICENSING EVALUATOR SIGNATURE:		DATE: 07/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/24/2026

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 3
Control Number 22-AS-20240325151048

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SUNRISE AT YORBA LINDA	FACILITY NUMBER: 306002568
	VISIT DATE: 07/24/2026

NARRATIVE	
1	During interview, five of five staff stated residents are provided with bathing assistance based on their individual care plan and preferences, and clean linen is provided at least once a week and as needed for each resident. During interview, R1's responsible party, Witness 1 (W1) stated R1 routinely receives assistance with bathing. Per W1, R1's clothing and linen is washed by staff once a week and a supply of clean linen is available in R1's bedroom. Regarding allegations, Staff do not ensure resident is kept in clean clothing at all times and Resident developed pressure injuries while in care, the following was revealed: Complaint alleges staff did not ensure R1 was kept in clean clothing and R1 developed pressure injuries. During the course of the investigation, interviews were conducted with R1, three staff, and one witness. During interview, R1 was unable to confirm or deny allegations. During interview, Staff 1 (S1) stated they provide direct assistance to R1 with activities of daily living. Per S1, R1 does not usually request to be changed, however, S1 will change R1's clothing if they observe it to be soiled. S1 denied R1 having any pressure injuries. During interview, facility nurses, Staff 2 (S2) and Staff 3 (S3) denied ever witnessing R1 in soiled clothing and denied R1 developing any pressure injuries while in care. During interview, R1's responsible party, W1 denied ever witnessing R1's bedding or clothing to be soiled. W1 stated R1 had acquired a sore prior to being admitted to the facility and stated the sore was treated by a facility nurse. W1 was unable to identify facility nurse who treated R1's sore and stated they had no knowledge of any other pressure injuries. Regarding allegations, Staff do not ensure resident's room is kept free of mal odors and Staff do not ensure resident's room is kept in clean and sanitary conditions, the following was revealed: Complaint alleges staff did not ensure R1 room was kept free of mal odors and in clean and sanitary conditions. During the course of the investigation, interviews were conducted with five facility residents, five staff, and one witness. During interview, R1 was unable to confirm or deny allegations. Three of five residents interviewed stated their room is in clean and sanitary condition and denied having any housekeeping concerns. One of five residents interviewed was unable to confirm or deny allegations. During interview, five of five staff stated all facility areas, including R1's room, are kept free of mal odors and are in clean and sanitary conditions. During interview, R1's responsible party, W1 stated they visit the facility every Sunday to see R1 and stated they had no concerns pertaining to mal orders or the cleanliness of the facility. (Cont. LIC9099-C)
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SUPERVISORS NAME: Lourdes Montoya LICENSING EVALUATOR NAME: Claudia Gutierrez LICENSING EVALUATOR SIGNATURE:		DATE: 07/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/24/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 22-AS-20240325151048

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

7100
ORANGE, CA 92868

FACILITY NAME: SUNRISE AT YORBA LINDA

FACILITY NUMBER: 306002568

VISIT DATE: 07/24/2026

NARRATIVE

1 Based on information gathered, the Department did not find sufficient evidence to support the
2 allegations, "Staff do not ensure resident receives bathing assistance, Staff do not ensure resident is
3 provided clean linen, Staff do not ensure resident is kept in clean clothing at all times, Resident
4 developed pressure injuries while in care, Staff do not ensure resident's room is kept free of mal odors
5 and Staff do not ensure resident's room is kept in clean and sanitary conditions". Although the
6 allegations may have happened or are valid, there is not a preponderance of evidence to prove the
7 alleged violations did or did not occur, therefore the above allegations are Unsubstantiated.
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9 An exit interview was conducted and copy of this report was provided at the end of the inspection.
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SUPERVISORS NAME: Lourdes Montoya

LICENSING EVALUATOR NAME: Claudia Gutierrez

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2026