

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003418
Report Date: 04/08/2026
Date Signed: 04/08/2026 12:17:11 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	SUNSHINE HOME CARE	FACILITY NUMBER:	306003418
ADMINISTRATOR/ESTER DELA CRUZ		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2428 WEST AVENUE	TELEPHONE:	(714) 525-1566
CITY:	FULLERTON	STATE: CA	ZIP CODE: 92833
CAPACITY: 6		CENSUS: 4	DATE: 04/08/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	08:00 AM
		BEGAN:	
MET WITH:	Administrator Ester Dela Cruz	TIME VISIT/INSPECTION	12:15 PM
		COMPLETED:	

NARRATIVE	
1	On April 8, 2026 Licensing Program Analysts (LPAs) Brandon Lopez and Nancy Guillen made an
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6	The facility is a Residential Care Facility for the Elderly (RCFE) licensed for six non-ambulatory residents, and has a hospice waiver for five. The facility is a single story home with four resident bedrooms, two of which can be shared, one staff bedroom, three bathrooms, a living room, a dining room, a kitchen, and an unattached two car garage. LPAs, accompanied by the AD, conducted a tour of the interior portion of the facility. On today's visit, LPAs observed four residents in care and two staff present. LPAs observed residents relaxing in their respective bedrooms and in common areas. LPAs observed the See Something, Say Something poster (PUB 475) mounted on the wall by the dining room. LPAs inspected the four resident bedrooms and they were observed to be free of hazards. Resident bedrooms had the required furnishings of a bed, a chair, a chest of drawers, and a lamp. LPAs observed that Resident #4 (R4) has full bed rails, however, R4 is currently not receiving hospice care. LPAs observed resident beds had clean linens and blankets. LPAs observed additional linens to be stored in a hallway cabinet. LPAs tested the individual smoke detectors in each of the resident rooms which tested operational. LPAs observed the staff bedroom to be kept locked and inaccessible to residents in care. LPAs inspected the three bathrooms and they were observed to be clean. Resident bathrooms were equipped with grab bars and nonskid floor mats. Faucets and toilets were operational. Hot water temperature measured between 107.7 and 109.7 degrees Fahrenheit. CONTINUED ON LIC809-C
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/08/2026

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SUNSHINE HOME CARE

FACILITY NUMBER: 306003418
VISIT DATE: 04/08/2026

NARRATIVE	
1	LPAs observed the kitchen has a two day perishable and a seven day nonperishable food supply on
2	hand. LPAs observed kitchen appliances to be clean and operational. LPAs observed the four burner
3	gas stove lights unassisted. LPAs observed kitchen knives and sharps to be stored in a locked kitchen
4	cabinet. LPAs observed chemicals and toxins to be stored in a locked kitchen cabinet under the sink.
5	LPAs observed three fire extinguishers to be mounted in the facility. Fire extinguishers were observed to
6	be charged and serviced as of March 10, 2026. LPAs tested the individual carbon monoxide detectors
7	which tested operational. LPAs observed the facility did not complete an emergency disaster drill in the
8	previous quarter with the last emergency disaster drill completed on November 25, 2025.
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10	LPAs observed the centrally stored medication to be stored in a locked storage cabinet in the kitchen.
11	However, LPAs observed that there were two medications stored in an hallway cabinet with a broken
12	lock. LPAs observed the facility has a first aid kit stored in a closet by the living room and it had all the
13	required components. LPAs observed a fire place in the living room to not be in operation at time of visit.
14	
15	LPAs, accompanied by the AD, conducted a tour of the exterior portion of the facility. The exterior portion
16	was observed to be free of hazards and obstructions. LPAs observed a shaded outdoor seating area
17	with furniture for resident use. LPAs observed the perimeter gates of the facility to be self latching and
18	can be opened in an evacuation. LPAs observed the door leading to the unattached garage to be kept
19	locked and inaccessible to residents in care. LPAs observed the garage to be used for storage. LPAs
20	observed the facility has a three day emergency food and water supply to be stored in the garage. There
21	are no bodies of water on the premises.
22	
23	LPAs reviewed all four resident files. All the required documentation were present and current in the
24	resident files reviewed. LPAs reviewed all four residents' medication and medication records. LPAs
25	reviewed five staff files. All staff are background cleared and associated to the facility.
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28	Based on the observations made during today's visit, deficiencies are being cited on the attached
29	LIC809-D pages. An exit interview was conducted with Administrator Ester Dela Cruz. A copy of the
30	report and Appeal Rights were provided.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/08/2026

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FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868**FACILITY NAME:** SUNSHINE HOME CARE**FACILITY NUMBER:** 306003418**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 04/08/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type A****Section Cited****CCR****87465(h)(2)****Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation, the licensee did not comply with the section cited above which poses an
2 immediate health, safety or personal rights risk to persons in care. LPAs observed that there were two
3 medications stored in an hallway cabinet with a broken lock.
4

POC Due Date: 04/09/2026**Plan of Correction**

1 The Administrator stated that she will conduct an in service training with all staff regarding the storage of
2 medications. The Administrator agreed to provide LPA proof of the in service training via email or fax by
3 POC date.
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Section Cited**Deficient Practice Statement**

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POC Due Date:**Plan of Correction**

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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.

**NAME OF LICENSING PROGRAM
MANAGER:**

Sheila Santos

**NAME OF LICENSING PROGRAM
ANALYST:**

Brandon Lopez

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 04/08/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/08/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SUNSHINE HOME CARE FACILITY NUMBER: 306003418
DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 04/08/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.695(c)	
Other Provisions					
(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and record review, the licensee did not comply with the section cited above which				
2	poses/posed a potential health, safety or personal rights risk to persons in care. LPAs observed the				
3	facility did not complete an emergency disaster drill in the previous quarter with the last emergency				
4	disaster drill completed on November 25, 2025.				
	POC Due Date: 04/17/2026				
	Plan of Correction				
1	The Administrator stated that she will conduct an emergency disaster drill with all staff. The				
2	Administrator agreed to provide LPA proof of the emergency disaster drill via email or fax by POC date.				
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	Type B	Section Cited	CCR	87608(a)(5)(B)	

Postural Supports					
(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, the licensee did not comply with the section cited above which poses/posed a				
2	potential health, safety or personal rights risk to persons in care. LPAs observed that Resident #4 (R4)				
3	has full bed rails, however, R4 is currently not receiving hospice care.				
4					
	POC Due Date: 04/24/2026				
	Plan of Correction				
1	The Administrator removed the full bed rails at time of visit and stated that she will obtain an order for				
2	half rails for R4. The Administrator agreed to provide LPA the half rail order for R4 via email or fax by				
3	POC date.				
4					

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Sheila Santos
MANAGER:	
NAME OF LICENSING PROGRAM	Brandon Lopez
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 04/08/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/08/2026