

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005223
Report Date: 09/22/2022
Date Signed: 09/23/2022 04:41:53 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **11/23/2021** and conducted by Evaluator Kathrina Chin

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20211123111937
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FACILITY NAME: SUNNYCREST SENIOR LIVING	FACILITY NUMBER: 306005223
ADMINISTRATOR: HEATHER YOST	FACILITY TYPE: 740
ADDRESS: 1925 SUNNY CREST DRIVE	TELEPHONE: (714) 992-1999
CITY: FULLERTON	STATE: CA
CAPACITY: 210	ZIP CODE: 92835
	CENSUS: 75
	DATE: 09/22/2022
	UNANNOUNCED TIME BEGAN: 03:30 PM
MET WITH: Melanie Washington, Executive Director	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Lack of care and supervision resulting in resident falling.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Kathrina Chin made an unannounced visit to the facility for the purpose of a complaint investigation. LPA met with Executive Director, Melanie Washington. The investigation consisted of interviews with the facility Administrator, and reviewing and obtaining documentation. R1 was also interviewed. The following was determined:
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6	Resident 1 (R1) fell on November 9, 2021 and struck the back of her head on the end of her bed frame. It was reported that R1 fell three times the same day. Facility staff called 911 emergency personnel.
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8	Resident was sent out to UCI Medical Center. Prior to admission, resident came from a skilled nursing facility due to a fall. Resident 1 was interviewed and R1 explained that she fell a few times on due to weakness and balance issues. R1 explained that staff immediately called 911 emergency personnel after her fall. (Continued on LIC 9099C)
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Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kathrina Chin
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2022

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-2021112311937

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SUNNYCREST SENIOR LIVING

FACILITY NUMBER: 306005223

VISIT DATE: 09/22/2022

NARRATIVE

1 LPA, Kathrina Chin interviewed Stephanie Guerrero, Resident Care Coordinator, Jessica Thielmann,
2 Resident Care Director and Julie Sanchez, Activities Director.

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4 Resident returned to the facility using a wheelchair on or about November 23, 2021. Resident was
5 placed on hospice upon her return due to a heart condition and had a 1:1 caregiver.
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7 Based on the above findings, this allegation is determined to be UNFOUNDED. We have found that the
8 complaint was unfounded, meaning that the allegation was false, could not have happened and/or is
9 without a reasonable basis. We have therefore dismissed the complaint.
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11 An exit interview was conducted and appeal rights explained, and a copy of this report was given to
12 Melanie Washington, Executive Director.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kathrina Chin
LICENSING PROGRAM ANALYST SIGNATURE:

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DATE: 09/23/2022