

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 306005223  
**Report Date:** 08/03/2022  
**Date Signed:** 08/03/2022 01:49:46 PM

**Document Has Been Signed on 08/03/2022 01:49 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SUNNYCREST SENIOR LIVING	FACILITY NUMBER: 306005223
ADMINISTRATOR: SARAH CLEESEN	FACILITY TYPE: 740
ADDRESS: 1925 SUNNY CREST DRIVE	TELEPHONE: (714) 992-1999
CITY: FULLERTON STATE: CA	ZIP CODE: 92835
CAPACITY: 210	CENSUS: 85 DATE: 08/03/2022
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 01:10 PM
MET WITH: Melanie Washington - Executive Director	TIME COMPLETED: 01:42 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Patricia Velazquez conducted an unannounced Case Management
2	visit to Sunnycrest Senior Living. LPA Velazquez was allowed entry into the facility and met with
3	Executive Director (ED) Melanie Washington. This Case Management visit was conducted in
4	conjunction with 2 complaint visits with complaint control numbers: 22-AS-20220727153122 and 22-AS-
5	20220728130902. The purpose of this Case Management visit was to inform ED Washington of the
6	facility's overdue annual fees. LPA Velazquez provided ED Washington with a copy of the Facility
7	Transaction History which includes a PIN Number to facilitate paying the annual fees online. Facility fees
8	are to be paid by August 5, 2022 with proof of payment to be submitted to LPA Velazquez.
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12	There were no deficiencies issued during this Case Management visit. An exit interview was conducted
13	with Executive Director Melanie Washington and a copy of this report was provided at the time of this
14	visit.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sheila Santos
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Patricia Velazquez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/03/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/03/2022

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