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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005223
Report Date: 07/28/2026
Date Signed: 07/28/2026 11:05:54 AM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/24/2026** and conducted by Evaluator Garlli Tat

PUBLIC	**COMPLAINT CONTROL NUMBER:** 22-AS-20260624081858

FACILITY NAME:	SUNNYCREST SENIOR LIVING			**FACILITY NUMBER:**	306005223
ADMINISTRATOR:	AGUIRRE, MONICA			**FACILITY TYPE:**	740
ADDRESS:	1925 SUNNY CREST DRIVE			**TELEPHONE:**	(714) 992-1999
CITY:	FULLERTON	**STATE:** CA		**ZIP CODE:**	92835
CAPACITY:	210	**CENSUS:** 104		**DATE:**	07/28/2026
		UNANNOUNCED		**TIME BEGAN:**	10:28 AM
MET WITH:	Monica Aguirre			**TIME COMPLETED:**	11:25 AM

ALLEGATION(S):

1	Staff does not ensure facility plumbing is in good repair resulting in ceiling collapsing.
2	Staff does not ensure facility is free of mold.
3	Facility did not provide services as agreed upon.
4	Staff does not ensure facility is free of roaches.
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6	
7	
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Garlli Tat made an unannounced visit to the facility to deliver the
2	findings on the above allegations. LPA met with the Assistant Executive Director (ED) Monica Aguirre and
3	explained the purpose of the visit.
4	
5	An initial complaint investigation visit took place on July 3, 2026. During the visit, the Department
6	accompanied by staff conducted a tour of the facility's physical plant. The Department requested and
7	obtained the resident and staff roster, resident records, transportation scheduling appointment, and
8	maintenance records. Five staff and six resident interviews were conducted during the visit.
9	
10	The investigation revealed the following: Regarding the allegation staff does not ensure facility plumbing
11	is in good repair resulting in ceiling collapsing, it was reported that Resident 1’s (R1) room was flooded,
12	causing damage to the room and furnishings. Continued on LIC9099-C.
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Sheila Santos
LICENSING EVALUATOR NAME: Garlli Tat
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

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

Control Number 22-AS-20260624081858

FACILITY NAME: SUNNYCREST SENIOR LIVING **FACILITY NUMBER:** 306005223
VISIT DATE: 07/28/2026

NARRATIVE

R1 felt rushed and stated they couldn't get ready that fast. It was stated that the offer remained, but R1 refused. One out of five staff stated R1's family member gave R1 a ride to their appointment for the same day. Record review revealed R1's family member signed out R1 on June 16, 2026. R1's admission agreement states "We will make available to residents, or otherwise assure the provision of, scheduled transportation to the nearest appropriate health facilities…"

Regarding the allegation staff does not ensure facility is free from roaches, it was reported that there are cockroaches under R1's sink. The Department did not observe any insect under R1's bathroom sink. However, the Department observed insects in three out of six additional rooms inspected. Two out of six staff interviewed stated an extermination company comes out every three months. Three out of six residents interviewed stated they have seen insects, but have not reported the issue. Two out of five staff interviewed stated they have seen insects from time to time. One out of five staff interviewed stated they are addressing the issue. The remaining three staff interviewed did not add anything relevant to the allegation. Record review shows that an extermination company comes over every three months or more often if needed. The facility keeps a log of vermin observed and reported to the facility including the scheduling of exterminator visits. In addition, the facility provided records of work orders for instances when vermin are reported.

Based on the evidence gathered during the investigation, the allegations are found to be **Unsubstantiated**, meaning that although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur.

An exit interview was conducted, and a copy of the present report was provided to the Assistant Executive Director. Appeal Rights were reviewed.

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Control Number 22-AS-20260624081858

NARRATIVE

The Department toured the bedrooms on the first and second floors. LPAs observed two rooms under construction being repaired do to water leak. Two out of five staff interviews stated that the construction is due to a clogged toilet on the second floor, seeping water into the first floor. Affected residents were immediately moved into other rooms. The facility made immediate repairs. The remaining staff did not add anything relevant to this allegation. Two out six residents interviewed stated they were moved to different rooms due to a flood. Four of the remaining residents did not add anything relevant to this allegation. One of the two residents interviewed stated that their room was completely flooded but wasn't in the room when it happened. The other resident interviewed stated that there were repairs being made to their room and they were placed in another room for the time being. Both residents interviewed denied any health or safety concerns due to the hazard. Although there was water damage to the room, it did not affect the health and safety of R1 as the facility immediately moved the resident to a new room while the repairs were being conducted.

Regarding the allegation staff does not ensure facility is free from mold, it was reported that R1's family purchased and used a mold test kit to test for mold near the sink, entryway, bathroom, and the bed. R1's family stated the test confirmed mold was present in the room. The Department toured seven bedrooms in the lower and upper levels of the facility. The Department didn't observe any mold at the facility at the time. Five out of five staff interviewed stated they have not observed any mold at the facility. Six out of six residents interviewed stated they have not observed any mold in their bedrooms.

Regarding the allegation staff did not provide services as agreed upon, it was reported that R1 had a scheduled medical appointment on June 16, 2026 at 8:40am and the facility did not assist R1 with the transportation. Per record review, R1 had an appointment scheduled on the respective time and date. This was documented on an appointment slip and the appointment book provided by the facility. One out of five residents interviewed stated they have used transportation services at the facility and did not indicate any issues with scheduling. Two out of six residents interviewed stated they do not use transportation services provided by the facility but know it's available for them. Two out of the remaining residents interviewed did not add anything relevant to the allegation. Two out of five staff interviewed stated there are no concerns with transportation services scheduled and reminders are provided 15 minutes prior. One of the two staff interviewed stated on June 16, 2026, they had reminded R1 of the appointment.

Continued on LIC9099-C.

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