

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005628
Report Date: 01/22/2026
Date Signed: 01/22/2026 02:54:27 PM

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 09/08/2021 and conducted by Evaluator Ruth Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20210908084952
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FACILITY NAME: SUNNY CARE	FACILITY NUMBER: 306005628
ADMINISTRATOR: PAO, WESLEY	FACILITY TYPE: 740
ADDRESS: 4662 SCHOOL ST	TELEPHONE: (657) 363-8436
CITY: YORBA LINDA	ZIP CODE: 92886
CAPACITY: 6	DATE: 01/22/2026
	UNANNOUNCED TIME BEGAN: 01:00 PM
MET WITH: Adriel Pao	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	-Facility staff did not adhere to COVID protocols
2	-Facility staff did not provide a safe environment for the residents.
3	-Facility staff did not properly dispose of hazardous materials.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit to the facility to
2	conclude investigation into the above identified complaint allegations. LPA arrived at the facility and was
3	greeted at the door and granted entry. LPA spoke with Adriel Pao, Administrator, and explained the
4	purpose of the visit.
5	
6	Findings are based upon this investigation which included tour of the facility, facility file review, interviews
7	conducted, and copies of pertinent records.
8	
9	It is alleged that facility staff did not adhere to COVID protocols, specifically to facility having visitors. LPA
10	conducted a visit on September 13, 2021, and upon entry was screened for covid as part of their
11	protocol. Interview with 3 of 3 staff stated that facility is cleaned and disinfected 3-4 times a day which
12	includes
13	Continued on LIC9099-C

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Armando J Lucero	
LICENSING EVALUATOR NAME: Ruth Martinez	
LICENSING EVALUATOR SIGNATURE:	DATE: 01/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/22/2026

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 2
Control Number 22-AS-20210908084952

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: SUNNY CARE	FACILITY NUMBER: 306005628
	VISIT DATE: 01/22/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	sanitizing frequently touched surfaces such as tables, doorknobs, light switches, counter tops, handles, toilets and sinks. Equipment that is shared amongst residents is cleaned and disinfected. Visitors are screen and are asked to wear a mask and/or if they are outside, they don't wear a mask. Facility staff celebrate birthdays for residents and staff but are done outside with social distancing. The most recent birthday was for the Administrator but it was conducted outside of the facility with social distancing. There was no music and there was no issues. LPA conducted a tour of the facility and observed Clorox wipes, Clorox based products and disinfectants. LPA observe facility had a supply of at least 30 days of PPE. LPA also observed staff and residents with face mask at the time of visit. It is alleged that facility staff did not provide a safe environment for the residents. Per complaint intake detail indicates that there was police presence on August 21, 2021. Per interview with staff stated that there was an incident with a resident that required 911 to be called and resident to be sent out to the hospital for further treatment. Incident involved one resident and did not interfere with or affect the other four residents at the facility. Per record review it was indicated that Administrator sent in an LIC624 unusual incident report on August 23, 2021, notifying CCLD about an incident with a facility resident. 911 was called immediately and incident was handled appropriately and with proper time for immediate attention. It is alleged that facility did not properly dispose of hazardous materials specifically to insulin pens being disposed of. LPA Martinez inspected residents' medication and observed that facility had resident with diagnosis of diabetes but were only on metformin. LPA did not observe any resident to have a prescription for insulin or any insulin pens within the facility premises. Interview with staff stated that they have residents with diabetes, but they are only on pill based medication and not any injectable. Based on the information mentioned above, the Department is unable to ascertain if the allegations occurred as reported. Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove or refute the alleged violations that occurred; therefore, these allegations are deemed Unsubstantiated. An exit interview was conducted with the Administrator and a copy of this LIC9099 report was left at facility.

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LICENSING EVALUATOR NAME: Ruth Martinez	
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