

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006300

Report Date: 10/13/2025

Date Signed: 10/13/2025 11:04:50 AM

Unfounded

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 **04/28/2025** and conducted by Evaluator RoseMarie Ruppert

	COMPLAINT CONTROL NUMBER: 22-AS-20250428091348
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FACILITY NAME: SUNRISE OF ORANGE	FACILITY NUMBER: 306006300
ADMINISTRATOR: BAGHERI, TINA	FACILITY TYPE: 740
ADDRESS: 1301 E LINCOLN AVENUE	TELEPHONE: (710) 450-4645
CITY: ORANGE	STATE: CA
CAPACITY: 139	ZIP CODE: 92865
	DATE: 10/13/2025
	UNANNOUNCED TIME BEGAN: 09:00 AM
MET WITH: Benito Del Toro, Executive Director	TIME COMPLETED: 11:20 AM

ALLEGATION(S):

1	Staff dispensed an unprescribed supplement to residents without their knowledge.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced visit to conduct an investigation
2	from a complaint received in our Regional Office. LPA was granted entry and met with Benito Del Toro,
3	Executive Director (ED) and explained the purpose of the visit.
4	
5	It is alleged that a staff member dispensed an unprescribed supplement, Melatonin, to memory care
6	residents without their knowledge.
7	
8	LPA reviewed two of two resident records, Resident #2 (R2) and Resident #4 (R4), which include: the
9	Identification/ Emergency Information forms, Physician's Reports, Appraisal Needs and Services Plans
10	and Medication Administration Records (MAR) from April 2025. Per Physician's Reports, both R2 and
11	R4's primary diagnoses are dementia. MAR records show R2 does not receive Melatonin but R4's
12	records show Melatonin is prescribed and given by staff. Records do not show a discrepancy of any
13	additional medications
	(Continued on LIC 9099-C)

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: RoseMarie Ruppert
LICENSING EVALUATOR SIGNATURE:

DATE: 10/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/13/2025

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-20250428091348

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 (Cont)

FACILITY NAME: SUNRISE OF ORANGE

FACILITY NUMBER: 306006300

VISIT DATE: 10/13/2025

NARRATIVE

1 (Continued from LIC 9099)
2 being given to R2 or R4. Interview of staff stated if additional Melatonin was given, it would not be
3 documented in the MAR.
4
5 LPA interviewed twelve of twelve staff members regarding the allegation. Three of twelve confirmed
6 overhearing the former employee stating they would give additional Melatonin to R2 and R4; but none of
7 the three staff members witnessed this. Nine of twelve staff members were not aware of the allegation
8 and denied it happened. The staff members mentioned in the allegation are not employed with Sunrise
9 of Orange.
10
11 LPA spoke to three of three witnesses. One witness overheard the allegation but did not witness it. Two
12 of two witnesses denied the allegation.
13
14 LPA interviewed seven of seven residents in Memory Care, including R2 and R4. Three of seven
15 residents denied the allegation that they were given Melatonin without their knowledge. Three of seven
16 residents could not answer the question and LPA attempted to interview one of seven residents; who
17 was napping.
18
19
20 Based on LPA observations, record review and interviews, the allegation that Staff dispensed an
21 unprescribed supplement to residents without their knowledge, is Unfounded. The allegation is false,
22 could not have happened, and/or is without a reasonable basis.
23
24 An exit interview was conducted with Executive Director, Benito Del Toro and a copy of this report, and
25 LIC 811, was provided to the facility.
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SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: RoseMarie Ruppert
LICENSING EVALUATOR SIGNATURE:

DATE: 10/13/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/13/2025

LIC9099 (FAS) - (06/04)

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