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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881549
Report Date: 04/20/2026
Date Signed: 04/20/2026 11:10:31 AM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/17/2026** and conducted by Evaluator Abdoulaye Zerbo

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20260317155618

FACILITY NAME:	SUNNY ROSE ASSISTED LIVING			**FACILITY NUMBER:**	331881549
ADMINISTRATOR:	ANGUIANO, NANCY			**FACILITY TYPE:**	740
ADDRESS:	29620 BRADLEY RD			**TELEPHONE:**	(951) 679-3355
CITY:	MENIFEE	**STATE:** CA		**ZIP CODE:**	92586
CAPACITY:	116	**CENSUS:** 91		**DATE:**	04/20/2026
		UNANNOUNCED		**TIME BEGAN:**	10:00 AM
MET WITH:	Diana Vera			**TIME COMPLETED:**	11:20 AM

ALLEGATION(S):

1	Facility is charging for basic hygiene products
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INVESTIGATION FINDINGS:

1	On 04-20-2026, Licensing Program Analyst (LPA) Abdoulaye Zerbo conducted a subsequent visit to
2	investigate the allegation that the facility charges residents for basic hygiene products. LPA met Wellness
3	Director Diana Vera who was informed of the purpose of the visit. LPA interviewed staff and residents
4	and reviewed facility practices related to resident access to hygiene supplies.
5	LPA interviewed multiple staff members and the information obtained explained that to encourage
6	engagement in activities, the facility uses an incentive program called “Sunny Rose Bucks ,” which
7	functions similarly to bingo bucks. Residents earn these tokens by participating in scheduled activities,
8	and they may later use the tokens in the resident store, which operates weekly.
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Unfounded	Estimated Days of Completion:

SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Abdoulaye Zerbo
LICENSING EVALUATOR SIGNATURE:
DATE: 04/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/20/2026

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

Control Number 18-AS-20260317155618

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: SUNNY ROSE ASSISTED LIVING **FACILITY NUMBER:** 331881549
VISIT DATE: 04/20/2026

NARRATIVE

Staff members stated that the resident store provides items such as shampoo, body wash, deodorant, tissues, toothbrushes, toothpaste, and other hygiene products. They clarified that the Sunny Rose Bucks is not a form of payment and is not required to obtain hygiene products. Facility staff also stated that the facility keeps hygiene supplies on hand and provides them free of charge to any resident who requests them, regardless of whether the store is open or whether the resident has Sunny Rose Bucks. Interviews with residents revealed that the facility does not charge for hygiene products.

LPA reviewed the process and confirmed that residents are not billed, invoiced, or required to use personal funds to obtain hygiene products. The incentive program is intended only to promote social participation and does not replace the facility's obligation to provide basic hygiene items at no cost.

No evidence was found to indicate that the facility charges residents for hygiene items or denies access to those who do not participate in activities.

Based on interviews, observation and records review , the preponderance of evidence standard has not been met, and the allegation is determined to be UNFOUNDED. Meaning the allegation is false, could not have happened, and/or is without a reasonable basis.

An exit interview was conducted and a copy of this report was provided to Wellness Director Diana Vera.

SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Abdoulaye Zerbo
LICENSING EVALUATOR SIGNATURE:
DATE: 04/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/20/2026