

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 347004346  
Report Date: 10/18/2022  
Date Signed: 10/18/2022 01:19:35 PM

## Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CHICO - RESIDENTIAL, 520 COHASSET RD., STE. 170 CHICO, CA 95926
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/01/2022** and conducted by Evaluator Cassie Yang

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 25-AS-20220801132459</b>
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<b>FACILITY NAME:</b> SUNRISE ASSISTED LIVING OF CARMICHAEL	<b>FACILITY NUMBER:</b> 347004346
<b>ADMINISTRATOR:</b> DAVINA BARKER	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5451 FAIR OAKS BLVD	<b>TELEPHONE:</b> (916) 485-4500
<b>CITY:</b> CARMICHAEL	<b>STATE:</b> CA <b>ZIP CODE:</b> 95608
<b>CAPACITY:</b> 66	<b>CENSUS:</b> 48 <b>DATE:</b> 10/18/2022
<b>MET WITH:</b> Christina Bond	<b>UNANNOUNCED TIME BEGAN:</b> 12:45 PM
	<b>TIME COMPLETED:</b> 01:30 PM

### ALLEGATION(S):

1	Staff hit resident while in care.
2	Staff is handling resident in a rough manner.
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### INVESTIGATION FINDINGS:

1	On 10/18/2022, Licensing Program Analyst (LPA) Cassie Yang arrived at the facility unannounced and
2	met with Health Care Director, Christina Bond and explained the purpose of the visit was to deliver
3	findings for the allegations cited above. LPA wore a surgical mask and was screened by facility upon
4	entry.
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6	Regarding staff hitting resident while in care and staff is handling resident in a rough manner, LPAs
7	interviewed staff and all staff denied hitting and/or handling resident in a rough manner. LPA interviewed
8	R1 who denied staff giving her bruises, hitting and/or handling R1 in a rough manner.
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10	During the investigation, LPAs conducted interview with (1) reporting party, (11) staff, (1) resident, and (2)
11	family members. LPA also reviewed R1's resident records and home health reports. Based on interviews
12	and record reviews, LPA finds allegation to be (U) UNFOUNDED - An unfounded allegation means that
13	the allegation was false, could not have happened and/or is without a reasonable basis.
	Exit interview with Health Care Director and a copy of the report and appeal rights was provided.

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Troy Ordonez

**NAME OF LICENSING PROGRAM ANALYST:** Cassie Yang

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 10/18/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/18/2022

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