

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604337
Report Date: 01/23/2026
Date Signed: 01/23/2026 09:36:38 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 11/20/2025 and conducted by Evaluator Arian Golbakhsh

PUBLIC	COMPLAINT CONTROL NUMBER: 08-AS-20251120102637
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FACILITY NAME:	SUNSET RESIDENTIAL CARE	FACILITY NUMBER:	374604337
ADMINISTRATOR:	LOPEZ, YANET PUENTES	FACILITY TYPE:	740
ADDRESS:	6893 RADCLIFFE DR	TELEPHONE:	(702) 303-2317
CITY:	SAN DIEGO	STATE:	CA
CAPACITY:	6	ZIP CODE:	92122
		CENSUS:	2
		DATE:	01/23/2026
		UNANNOUNCED TIME BEGAN:	09:08 AM
MET WITH:	Caregiver Hilda Becerril, Volunteer Lucila Albarran, and Administrator Yanet Puentes	TIME COMPLETED:	09:40 AM

ALLEGATION(S):

1	Staff caused injuries to a resident
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7	
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced visit to for a complaint
2	investigation and delivered findings regarding the above mentioned allegation. LPA was welcomed by,
3	identified themselves to, and discussed the purpose of their visit to Caregiver Hilda Becerril and
4	Volunteer Lucila Albarran. Administrator Yanet Puentes arrived later during the visit.
5	
6	On 11/20/2025, the Department received a complaint where it was alleged that facility staff had caused
7	bruising to a resident (identified as R1). The complaint noted that R1 had been experiencing increased
8	agitation and self-injurious behavior and expressed sudden dislike of a caregiver (identified as S1). The
9	Department's investigation consisted of unannounced facility visits, records review, and interviews with
10	staff, residents, and outside sources.
11	
12	[Continued on LIC 9099-C]
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR SIGNATURE:

DATE: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/23/2026

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 08-AS-20251120102637

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: SUNSET RESIDENTIAL CARE

FACILITY NUMBER: 374604337

VISIT DATE: 01/23/2026

NARRATIVE

1 [Continued from LIC 9099]
2
3 R1 is a bed-ridden resident at the facility with a diagnosis of Dementia. Three (3) separate interviews
4 with outside sources central to R1's medical care corroborated that R1 has thin skin, with one (1)
5 additionally noting that R1 has a history of bruising and hitting themselves against their bed railings,
6 along with an aversion to touch. Two (2) noted reports of increased agitation and aggression by R1
7 towards care staff, but revealed no concerns about R1's care at the facility.
8
9 R1 having thin or fragile skin and easily bruising was corroborated by two (2) facility staff members, and
10 one additional staff member interviewed stated that R1 tends to occasionally get agitated and begin
11 wrapping sheets around their hands, or hitting things around them. Four (4) facility staff members
12 corroborated that R1 has aggressive behaviors, with two (2) specifying they tend to increase around
13 toileting. Per staff interviews, R1 constantly requests toileting assistance but then will not want to be
14 assisted by staff and becomes combative. One (1) staff member interviewed stated that on one such
15 occasion R1 began wrapping their hands in blankets then hitting their hands and arms against their side
16 table and bed railings, resulting in bruising.
17
18 Resident interviews revealed no concerns regarding their care at the facility. An additional outside
19 source interviewed also corroborated an increase in R1's agitated and combative behaviors, and
20 attributed them to R1's Dementia. File review of R1's records note R1's behaviors of disorientation but
21 none regarding aggressive behaviors. Additional file review of hospice records revealed an order for a
22 medication to help with R1's "agitation/restlessness."
23
24 Based on interviews and records review, while the allegations may have happened or are valid, there is
25 not a preponderance of the evidence to prove that the alleged violation occurred – therefore the
26 allegation have been determined to be UNSUBSTANTIATED. An exit interview was conducted with
27 Administrator Puentes to whom a copy of this report and the Licensee/Appeal Rights (LIC 9058) were
28 provided. Their signature below confirms receipt of these documents.
29
30
31
32

SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Arian Golbakhsh

LICENSING EVALUATOR SIGNATURE:

DATE: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/23/2026