

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604802
Report Date: 10/07/2025
Date Signed: 10/07/2025 11:17:21 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 **12/18/2024** and conducted by Evaluator Grace Donato

	COMPLAINT CONTROL NUMBER: 08-AS-20241218141448
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FACILITY NAME: SUNRISE OF OCEANSIDE	FACILITY NUMBER: 374604802
ADMINISTRATOR: MELON RIVERA	FACILITY TYPE: 740
ADDRESS: 4845 MESA DR	TELEPHONE: (408) 962-2982
CITY: OCEANSIDE	STATE: CA
CAPACITY: 136	ZIP CODE: 92056
MET WITH: Kimberly Malaspina	CENSUS: 10/07/2025
	UNANNOUNCED TIME BEGAN: 11:01 AM
	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Lack of supervision resulted in resident on resident abuse with serious injury
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INVESTIGATION FINDINGS:

1	On 10/7/2025, LPA Grace Donato conducted a telephone interview with the facility to deliver findings.
2	LPA spoke with Administrator, Kimberly Malaspina and explained the purpose of the call.
3	
4	Regarding the allegation of Lack of supervision resulted in resident on resident abuse with serious injury,
5	Reporting Party (RP) stated that a resident (R1) took an unwitnessed fall that led to R1s hip breaking. RP
6	mentioned that another resident (R2) pushed R1.
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8	During the investigation, staff members were interviewed, and records were reviewed.
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10	page 1 of 2
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Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Grace Donato
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 10/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 10/07/2025

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 08-AS-20241218141448

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108</p>
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FACILITY NAME: SUNRISE OF OCEANSIDE **FACILITY NUMBER:** 374604802
VISIT DATE: 10/07/2025

NARRATIVE	
1	Staff that were interviewed were present in the memory care on 12/17/2024 during the AM shift. While
2	providing assistance to another resident, S1 saw R1 on the ground in the adjoining living room. S1 got
3	additional assistance from S2 who was also assisting with the other resident. S2 asked resident R1 what
4	happened. According to S2, R1 said, "R2 pushed me," and pointed to R2. Both staff were the only direct
5	care staff in the area at the time and acknowledged R2 was by R1 in the living room. There is no video
6	surveillance inside the facility. R1 was assessed by facility staff. Emergency services were called and
7	transported R1 to the hospital for evaluation.
8	
9	For the records that were reviewed, both R1 and R2 have neuro cognitive disorders. R1 was noted as
10	independent with mobility and transferring. R2 is noted as not having any inappropriate or aggressive
11	behavior.
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13	While R1 sustained an injury while in care, there is no evidence that either R2 had inappropriate or
14	aggressive behavior, and that additional supervision was needed to prevent a resident-on-resident
15	altercation. There is no corroborating evidence that a lack of supervision resulted in R1 being pushed by
16	R2 resulting in injury.
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18	Based on interviews, observations and records review, the department has determined that although the
19	allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
20	violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.
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23	Report is reviewed and copy is provided.
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25	page 2 of 2
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NAME OF LICENSING PROGRAM ANALYST: Grace Donato
LICENSING PROGRAM ANALYST SIGNATURE: _____
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