

FACILITY EVALUATION REPORT

Facility Number: 435200731
Report Date: 06/05/2025
Date Signed: 06/05/2025 02:52:49 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131	
FACILITY EVALUATION REPORT			
FACILITY NAME: ATRIA SUNNYVALE		FACILITY NUMBER:	435200731
ADMINISTRATOR/FLAVIO SILVA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	175 E REMINGTON DR	TELEPHONE:	(408) 738-3410
CITY:	SUNNYVALE	STATE: CA	ZIP CODE: 94087
CAPACITY: 160		CENSUS: 92	DATE: 06/05/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:45 AM
MET WITH: Flavio Silva		BEGAN: TIME VISIT/INSPECTION	03:05 PM
		COMPLETED:	
NARRATIVE			
1	On June 05, 2025, Licensing Program Analyst (LPA) Kiran Jain arrived unannounced at the facility to		
2	conduct a Required 1-Year Annual inspection. LPA met with the Executive Director (ED), Flavio Silva,		
3	and disclosed the purpose of the inspection.		
4			
5	The facility consisted of one building with two floors with a combination of assisted living on both floors		
6	and memory care (Life Guidance) on the first floor. The ED informed the LPA that the facility had 92		
7	residents in care at the time, including 70 in Assisted Living and 22 in memory care.		
8			
9	At 9:12 AM, LPA initiated a walk-through of the facility, accompanied by ED.		
10			
11	LPA inspected randomly selected ten (10) resident rooms in Assisted Living and Memory Care units.		
12	The rooms were found to be clean, well-lit, and equipped with the required furniture. LPA inspected the		
13	private bathrooms in random rooms. The bathrooms contained soap, grab bars, towels, a trash can, and		
14	non-slip flooring. The hot water temperature at the sink faucets measured between 119.3°F and 129.6°F.		
15	"Oxygen in Use" signs were observed posted outside the residents' room where oxygen was		
16	administered. At 9:38 AM, a pillbox containing medication was observed in the R2's room #110.		
17			
18	LPA inspected the main kitchen and found it clean. The refrigerator, freezer, and pantry cabinets were		
19	checked, and there was a sufficient supply of fresh perishable food for two (2) days and nonperishable		
20	staples for seven (7) days. No expired food items were found. Open food items were wrapped and		
21	dated. The dining rooms in Assisted Living and Memory Care was inspected and were found to be		
22	clean, with all furniture in good repair.		
23			
24	Continued on LIC809-C		
25			
NAME OF LICENSING PROGRAM MANAGER: April Cowan			

NAME OF LICENSING PROGRAM ANALYST: Kiran Jain

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/05/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: ATRIA SUNNYVALE

FACILITY NUMBER: 435200731

VISIT DATE: 06/05/2025

NARRATIVE	
1	LPA inspected laundry stations on each floor and observed working washer and dryer units. Sharp
2	objects, detergents, and chemicals were observed to be locked and inaccessible to persons in care.
3	
4	LPA inspected activity areas, library, game areas, lounges, and other commons areas and observed
5	residents actively engaged in recreational programs and activities. All common areas were free from
6	obstructions, and hallways were well-lit.
7	
8	LPA inspected the fire extinguishers mounted on the hallway walls in Assisted Living and Memory Care
9	and found them fully charged, with the last service tag dated 01/03/2025. ED tested the carbon
10	monoxide detector in the hallway in LPA's presence, and it was found to be functional. LPA reviewed the
11	Fire Prevention routine inspection report, conducted on 02/24/2025, by the Department of Public Safety
12	Fire Prevention & Hazardous Materials Certified Unified Program Agency, City of Sunnyvale.
13	
14	LPA toured the outside courtyard and patio areas and found passageways in good condition, free of
15	obstructions, and without any blocking or tripping hazards. These areas had patio tables, chairs, and
16	umbrellas for residents' use. Delayed egress was observed on emergency exits. No accessible bodies
17	of water or hazards were observed.
18	
19	LPA observed locked centrally stored medication carts in the Assisted Living and Memory Care units.
20	Medications were organized separately for each resident. Narcotics were locked. All medication bottles
21	and bubble packs were properly labeled. At 11:16 AM, Centrally Stored Medication Records were
22	reviewed, medication count check was performed. LPA observed that the medication counts for 3
23	medications for 1 of 5 residents was found to be inaccurate and one less medication was administered
24	to R1 for those 3 medications.
25	
26	LPA reviewed six (6) staff personnel records and five (5) resident records. The LPA observed that 5 of 5
27	residents had the Admission Agreement, Physician's Report, Appraisal Needs and Services Plan, and
28	CSDMR. At 11:48 AM, The LPA observed that 3 of 5 residents did not have Safeguards for
29	property/valuables inventory filed, dated, and signed. R2's LIC602 Physician's report stated that R2 had
30	MCI and didn't mention that R2 can manage medication on their own (a pill box with medication was
31	observed in R2's room). LPA observed that 6 of 6 staff members had LIC 508 Criminal Record
32	Statements and LIC 503 Health Screening and confirmed that 6 of 6 staff members were associated
	with the facility.
	Continued on LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: April Cowan	
NAME OF LICENSING PROGRAM ANALYST: Kiran Jain	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/05/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/05/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ATRIA SUNNYVALE**FACILITY NUMBER:** 435200731**VISIT DATE:** 06/05/2025

NARRATIVE	
1	LPA inspected the first aid kit and found it fully stocked. Emergency Drill Logs were reviewed, and it was
2	observed that Emergency Disaster Drills were conducted monthly, with the most recent drill completed
3	on 05/12/2025.
4	
5	The following updated forms are requested to be submitted to CCLD by 06/12/2025:
6	
7	• LIC 500: Personnel Report
8	• LIC 308: Designation of Facility Responsibility
9	• Certificate of Liability Insurance
10	• Administrator Certificate(s)
11	
12	
13	
14	The deficiencies are being cited based on LPA observations, records reviewed, and interviews
15	conducted in accordance with the California Code of Regulations, Title 22, see LIC809D.
16	
17	An exit interview was conducted, and Plans of Correction were reviewed and developed with the
18	Executive Director. A copy of this report and appeal rights were discussed and provided to the Executive
19	Director, Flavio Silva, whose signature on this form confirms receipt of these documents.
20	
21	
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NAME OF LICENSING PROGRAM MANAGER: April Cowan**NAME OF LICENSING PROGRAM ANALYST:** Kiran Jain**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 06/05/2025

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FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/05/2025**Document Has Been Signed on 06/05/2025 02:52 PM - It Cannot Be Edited****Created By: Kiran Jain On 06/05/2025 at 02:20 PM****Link to Parent Document Below:**

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ATRIA SUNNYVALE**FACILITY NUMBER:** 435200731**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/05/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87465(a)(4)	
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Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation, interview, and record review, the licensee did not ensure 3 medications were correctly administered to 1 of 5 residents (R1), which poses an immediate health, safety or personal rights risk to persons in care.
POC Due Date: 06/06/2025	
Plan of Correction	
1 2 3 4	The licensee will submit the POC to CCLD by 06/06/2025.

		Section Cited			
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Deficient Practice Statement	
1 2 3 4	
POC Due Date:	
Plan of Correction	
1 2 3 4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	April Cowan
NAME OF LICENSING PROGRAM ANALYST:	Kiran Jain
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/05/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/05/2025

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 2580 N. FIRST STREET, STE. 350
	SAN JOSE, CA 95131

FACILITY NAME: ATRIA SUNNYVALE

FACILITY NUMBER: 435200731

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(e)(2)	
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Maintenance and Operation

(e) Water supplies and plumbing fixtures shall be maintained as follows: (2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, the licensee did not ensure the hot water in is the range of 105°F-120°F. The hot water temperature was measured above 120°F in 8 of 10 random rooms, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 06/12/2025	
Plan of Correction	
1	The licensee will submit the POC to CCLD by 06/12/2025.
2	
3	
4	

	Type B	Section Cited	CCR	87465(b)	
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Incidental Medical and Dental Care Services

(b) If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, interview, and record review, the licensee did not ensure R2's physician has stated in writing that the resident is able to determine and communicate his/her need for medication. A pillbox containing medication was observed in R2's room, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 06/12/2025	
Plan of Correction	
1	The licensee will submit the POC to CCLD by 06/12/2025.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	April Cowan
NAME OF LICENSING PROGRAM ANALYST:	Kiran Jain
LICENSING PROGRAM ANALYST SIGNATURE:	
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