

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435200806
Report Date: 01/09/2026
Date Signed: 01/09/2026 01:24:39 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/17/2025** and conducted by Evaluator Komal Curley

PUBLIC	COMPLAINT CONTROL NUMBER: 26-AS-20250917162752
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FACILITY NAME: SUNRISE OF SUNNYVALE	FACILITY NUMBER: 435200806
ADMINISTRATOR: GOLIA, ALBERTO	FACILITY TYPE: 740
ADDRESS: 633 S KNICKERBOCKER DR	TELEPHONE: (408) 749-8600
CITY: SUNNYVALE	ZIP CODE: 94087
CAPACITY: 103	DATE: 01/09/2026
MET WITH: Resident Care Director, Kim Holmes	UNANNOUNCED TIME BEGAN: 09:20 AM
	TIME COMPLETED: 01:39 PM

ALLEGATION(S):

1	Staff touches resident in an inappropriate manner.
2	Staff harasses resident by engaging in inappropriate conversations.
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INVESTIGATION FINDINGS:

1	On January 9, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced complaint visit to deliver the findings for the above allegations. LPA met with Resident Care Director, Kim Holmes and explained the purpose of the visit.
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5	Regarding the allegation, staff touches resident in an inappropriate manner, according to the reporting party, staff, later identified as Staff 1 (S1), would tickle Resident 1's (R1's) feet without R1's consent and it would make him/her feel uncomfortable.
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9	During the investigation, LPA interviewed R1, attempted to interview S1, interviewed staff, and reviewed documents. According to R1, he/she denied this allegation and indicated that S1 has never touched him/her in an inappropriate manner. According to staff interviewed, R1 has manipulative behaviors where R1 makes up stories when he/she does not get his/her way. LPA was unable to interview S1 as he/she no longer is employed with the facility. (Continue to 9099C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Cowan April
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 01/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/09/2026

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 26-AS-20250917162752

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SUNRISE OF SUNNYVALE

FACILITY NUMBER: 435200806

VISIT DATE: 01/09/2026

NARRATIVE

1 Regarding the allegation, staff harasses resident by engaging in inappropriate conversations, according
2 to the reporting party, R1 indicated that S1 harasses R1 by talking about the relationships he/she has
3 with other staff members at the facility which makes R1 feel uncomfortable.
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5 During the investigation, LPA interviewed R1, attempted to interview S1, interviewed staff, and reviewed
6 documents. According to R1, he/she denies this allegation and indicated that S1 has never engaged in
7 inappropriate conversations with him/her. LPA was unable to interview S1 as he/she is no longer
8 employed with the facility. According to staff interviewed, S1 notified staff that R1 was engaging in
9 inappropriate conversations with S1. Behavior tracking notes reviewed indicates that R1 was
10 experiencing new behaviors in August 2025, which included expressing feelings for S1 and being upset
11 at the female staff/residents around S1.
12

13 Therefore, based on interviews conducted and records reviewed, the department has determined that
14 although the above allegations may have happened or is valid, there is no preponderance of evidence to
15 prove the alleged violations did or did not occur, therefore the above allegations are
16 UNSUBSTANTIATED.
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18 Report is reviewed with Resident Care Director, Kim Holmes and a copy is provided.
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SUPERVISORS NAME: Cowan April
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 01/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/09/2026

LIC9099 (FAS) - (06/04)

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