

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 435201317  
Report Date: 02/20/2024  
Date Signed: 02/20/2024 03:32:39 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/10/2023** and conducted by Evaluator Simranjit Rai

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 26-AS-20230810125235</b>
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<b>FACILITY NAME:</b> SUNNY VIEW RETIREMENT COMMUNITY	<b>FACILITY NUMBER:</b> 435201317
<b>ADMINISTRATOR:</b> NELSON RODRIGUES	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 22445 CUPERTINO ROAD	<b>TELEPHONE:</b> (408) 454-5600
<b>CITY:</b> CUPERTINO	<b>STATE:</b> CA <b>ZIP CODE:</b> 95014
<b>CAPACITY:</b> 190	<b>CENSUS:</b> 120 <b>DATE:</b> 02/20/2024
<b>MET WITH:</b> LVN Residential Manager, Fidel Manuel	<b>UNANNOUNCED TIME BEGAN:</b> 01:30 PM
	<b>TIME COMPLETED:</b> 03:00 PM

**ALLEGATION(S):**

1	Facility did not ensure resident safety, resulting in resident sustaining an injury.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Simi Rai conducted an unannounced visit to conclude the complaint
2	investigation. LPA Rai met with LVN Residential Manager, Fidel Manuel and stated the purpose of the
3	visit.
4	
5	On 8/10/2023, the Department received a complaint regarding facility not ensuring resident's safety
6	which resulting in resident sustaining an injury. On 8/7/2023 at about 6am, resident (R1) was found in the
7	bedroom with half his/her body hanging off of the bed and leaning on his/her right side. R1 was
8	repositioned and per staff, R1 did not complain of pain. Around "lunch time" same day, R1 was sliding
9	towards the edge of his/her wheelchair in the activity room. When staff repositioned R1 on the
10	wheelchair, R1 sustained a skin tear on the right wrist. At that time, R1 complained of leg pain to the staff
11	and facility sent R1 to the hospital around 1:45pm.
12	
13	Continuation on LIC 9099-C, Page 1 of 3.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Romeo Manzano  
**NAME OF LICENSING PROGRAM ANALYST:** Simranjit Rai  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/20/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/20/2024

**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-20230810125235

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:** SUNNY VIEW RETIREMENT COMMUNITY

**FACILITY NUMBER:** 435201317

**VISIT DATE:** 02/20/2024

### NARRATIVE

1 Page 2 of 3.  
2 On 8/7/2023, from about 2am - 6am, R1 had 2 (two) unwitnessed falls in his/her room, where R1 was  
3 found on the floor or sliding off the bed. On 8/14/2023, the Department received an Incident Report  
4 dated 8/7/2023, stating at about 6:00am staff observed half of R1's body hanging off the bed, leaning on  
5 the right side. R1 was repositioned in bed and R1 did not have any pain. On 8/21/2023, the Department  
6 received an addendum to the Incident Report for 8/7/2023 stating R1 was observed at about 2:00am on  
7 the floor next to his/her bed in a sitting position during safety check rounds. Staff did not observe any  
8 injury and 2 staff assisted R1 back to bed. Report stated staff did not document the incident and the  
9 facility conducted in-service training on 8/19/2023.  
10  
11 Based on record review of R1's file, R1 has a history of falls which have been sustained before and after  
12 being admitted to the facility. Based on Physician's Report dated 6/17/2022, R1's other conditions were  
13 listed as "repeat falls" per physician's notes. R1's Services Plan dated 5/10/2023, R1 had a history of 9  
14 falls within the year 2022 and episodes of increased confusion, hallucinations, and weakness. R1  
15 requires daily dress/undressing, bathroom twice a week, routine bathroom assistance, and wheelchair  
16 escort. The Services Plan does not address R1's fall-risk behaviors.  
17  
18 Based on interviews conducted on 8/16/2023 with 4 staff (S1-S4), 4 out of 4 staff stated R1 had a  
19 history of falls and needed 2 person assistance for Activities of Daily Living (ADL), which included  
20 bathing, dressing, and toileting. 4 out of 4 staff stated R1 needs bed rails to help assist with falls. Based  
21 on an interview with Resident Services Director (RSD) on 8/17/2023, R1 did not need fall prevention  
22 precautions but R1 would benefit from them. Per RSD, R1 used a half-bed rail and R1 is on 2-hour  
23 safety checks conducted by staff.  
24  
25 After the incident occurred on 8/7/2023, R1 was admitted to the hospital from 8/7/2023 through  
26 8/11/2023. Based on R1's hospital notes, the reports stated the hospital conducted X-rays of R1's knees  
27 and ankles. The impressions of the knee discovered a "comminuted distal femur fracture above the right  
28 knee prosthesis. The impression of the ankles were "chronic appearing and severe degenerative  
29 changes throughout the ankle. No gross fracture". Per discussion of the hospital physicians, based R1's  
30 advance dementia and prior low level of function, surgery was not appropriate. Based on review of R1's  
31 interdisciplinary Notes, R1's responsible party updated facility of R1's condition, stated R1 sustained a  
32 fracture in R1's knee, R1 would not return to his/her normal baseline and R1 would become bed bound.

**NAME OF LICENSING PROGRAM MANAGER:** Romeo Manzano  
**NAME OF LICENSING PROGRAM ANALYST:** Simranjit Rai  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/20/2024

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LIC9099 (FAS) - (06/04)

Page: 2 of 3

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# COMPLAINT INVESTIGATION REPORT (Cont)

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## NARRATIVE

1 Page 3 of 3.  
2

3 Based on the interviews conducted with clients and staff and based on observation and records review,  
4 although the allegations may have happened or are valid, there is not a preponderance of evidence to  
5 prove that the above allegations did or did not occur, therefore the allegations are UNSUBSTANTIATED.  
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7 No deficiencies cited from California Code of Regulations, Title 22. Exit interview conducted with LVN  
8 Residential Manager, Fidel Manuel and a copy of the report was provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Romeo Manzano

**NAME OF LICENSING PROGRAM ANALYST:** Simranjit Rai

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