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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435201317
Report Date: 08/12/2026
Date Signed: 08/31/2026 11:50:48 AM

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

FACILITY NAME:	SUNNY VIEW RETIREMENT COMMUNITY		FACILITY NUMBER:	435201317
ADMINISTRATOR/ DIRECTOR:	BURGOYNE, BRADLEY		FACILITY TYPE:	741
ADDRESS:	22445 CUPERTINO ROAD		TELEPHONE:	(408) 454-5600
CITY:	CUPERTINO	STATE: CA	ZIP CODE:	95014
CAPACITY: 190		CENSUS: 118	DATE:	08/12/2026
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:15 AM
MET WITH:	Health Services Director, Rubina Banwait		TIME VISIT/ INSPECTION COMPLETED:	09:30 PM

NARRATIVE

Licensing Program Analyst (LPA) Simi Rai conducted an unannounced case management visit to follow up on the case management visit conducted on 04/07/2026 and 05/07/2026. LPA Rai met with Health Services Director, Rubina Banwait and stated the purpose of today's visit.

On 04/01/2026, the Department received a report regarding two residents at the facility. Per report, it was reported on behalf of resident R1's family that resident R1 was being abused by resident R2 at the facility.

On 04/07/2026, LPA Rai conducted a visit to follow up on the report received on 04/01/2026. LPA Rai interviewed Administrator (ADM) Bradley Burgoyne and Director of Health Services (DHS) Adriana De La O. ADM stated they spoke with resident R1 and R2 and both residents reported there are no concerns of abuse. DHS has checked in with resident R1 multiple times since the incident was reported and resident R1 has not reported any health, safety or personal rights concerns. ADM and DHS stated they will continue to supervise both resident R1 and R2 and ensure the health, safety and personal rights risks are addressed. LPA Rai was not able to interview resident R1 and resident R2.

On 05/07/2026, LPA Rai conducted a visit to follow up and LPA Rai was not able to interview R1 & R2 as resident were out of the community and did not want to speak with LPA Rai.

During today's visit, LPA Rai interviewed resident R1. R1 stated he/she was safe at the facility and they were not abused by residents or staff at the facility. R1 is aware of their Personal Rights and they are aware they can inform the facility staff if they have any concerns about their safety in the facility.
Continuation on LIC 809-C, Page 1 of 2.

Romeo Manzano
Simranjit Rai

	**DATE:** 08/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 08/12/2026

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.

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

FACILITY NAME: SUNNY VIEW RETIREMENT COMMUNITY **FACILITY NUMBER:** 435201317

VISIT DATE: 08/12/2026

NARRATIVE

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The Department has completed the investigation of the above incident. The Department has found that the allegation of resident being abused at the facility and staff are not addressing resident's abuse, as UNFOUNDED, meaning that the allegation were false, could not have happened and/or are without a reasonable basis.

No deficiencies were cited at this time as per California Code of Regulations, Title 22. This report was reviewed with Health Services Director, Rubina Banwait and a copy of this report was provided.

NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano
NAME OF LICENSING PROGRAM ANALYST: Simranjit Rai
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/12/2026