

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202351
Report Date: 08/27/2025
Date Signed: 08/27/2025 02:30:17 PM

Unfounded

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 **07/15/2025** and conducted by Evaluator Kiran Jain

PUBLIC	COMPLAINT CONTROL NUMBER: 26-AS-20250715095200
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FACILITY NAME: BELMONT VILLAGE SUNNYVALE	FACILITY NUMBER: 435202351
ADMINISTRATOR: MANZO, TYLER J	FACILITY TYPE: 740
ADDRESS: 1039 E EL CAMINO REAL	TELEPHONE: (408) 720-8498
CITY: SUNNYVALE	ZIP CODE: 94087
CAPACITY: 150	DATE: 08/27/2025
MET WITH: Tyler Manzo	UNANNOUNCED TIME BEGAN: 02:15 PM
	TIME COMPLETED: 02:45 PM

ALLEGATION(S):

1	Resident was physically abused while in care
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 08/27/2025, Licensing Program Analyst (LPA) Kiran Jain arrived unannounced at the facility to deliver
2	and discuss the findings of the Complaint allegations and investigation. Upon arrival, the LPA met with
3	the Executive Director, Tyler Manzo, and disclosed the purpose of the visit.
4	
5	On 07/15/2025, the department received a complaint with one (1) allegation 'Resident was physically
6	abused while in care'.
7	
8	On 07/22/2025 and 08/22/2025, the department conducted initial investigations at the facility.
9	
10	Continued on LIC9099-C
11	
12	
13	

Unfounded

Estimated Days of Completion:

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

DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2025

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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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: BELMONT VILLAGE SUNNYVALE

FACILITY NUMBER: 435202351

VISIT DATE: 08/27/2025

NARRATIVE

1 On 07/23/2025 and 08/20/2025, LPA interviewed five (5) staff members (ED, S1-S4) and five (5)
 2 residents (R1-R5).
 3
 4 ED stated that on 07/06/2025, R1 reported that a caregiver (S5) had entered their room and caused
 5 harm. R1's family expressed concern, and S5 was suspended pending investigation. Law enforcement
 6 was contacted and interviewed R1 the same day. No injuries were observed, and accounts of the
 7 incident were inconsistent. S5 resigned the following morning. The facility completed an internal
 8 investigation, which concluded that no abuse or injuries occurred. R1's family was satisfied with the
 9 facility's response and requested that S5 no longer provide care to R1.
 10
 11 S1 stated that R1 was observed to be anxious and shaken. Staff checked for injuries and none were
 12 found. S5 was suspended and later resigned. Hospice was notified and assessed R1, confirming that
 13 there were no injuries. R1 did not report the incident again, and R1's family expressed that R1 was
 14 comfortable and that the staff were supportive.
 15
 16 S2 stated that R1 had fragile skin and bruised easily. S2 stated that S2 used extra precautions when
 17 providing assistance to R1 and asking another staff member for help. S2 reported providing activities of
 18 daily living to R1, regularly checking for bruises, and stated that no injuries were observed after R1
 19 reported the incident. R1's family visited frequently and did not raise concerns.
 20
 21 S3 stated that R1 preferred care from specific caregivers and bruised very easily, even with a light
 22 touch. S3 stated that hospice staff and caregivers regularly checked on R1 for bruises. R1 was handled
 23 carefully, and no injuries or physical abuse were observed.
 24
 25 S4 stated that on 07/06/2025, staff reported that R1 appeared upset and faint bruises were observed on
 26 R1's arm. The concern was reported to management, documented, and shared with R1's family. Law
 27 enforcement was contacted and R1 was interviewed. R1 expressed not wanting to leave the facility. No
 28 further complaints were made by R1, and no prior history of rough handling was found in the S5's file.
 29 S5 later resigned for other employment.
 30
 31 R1 stated that R1 was satisfied with the care and services at the facility. R1 stated that a nighttime staff
 32 member had made them uncomfortable, expressing concerns about the staff member's behavior, and
 was later terminated. Law enforcement was contacted in response to the concern. R1 expressed feeling
 comfortable with the current staff and reported no ongoing issues, and stated they were happy living at
 the facility.

Continued on LIC9099-C

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

DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2025

LIC9099 (FAS) - (06/04)

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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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BELMONT VILLAGE SUNNYVALE

FACILITY NUMBER: 435202351

VISIT DATE: 08/27/2025

NARRATIVE

1 R2 stated that R2 had not observed or received reports of staff being physically abusive toward
2 residents. R2 further stated that staff were generally respectful and attentive, and that the only concerns
3 raised by residents were related to food quality.

4
5 R3 stated that R3 likes living at the facility and expressed satisfaction with the care and services
6 provided. R3 further stated that R3 does not have any concerns about staff, describing them as calm,
7 respectful, and helpful, and stated they had not observed or heard of any aggressive or abusive staff
8 behavior.

9
10 R4 stated that they were comfortable at the facility and stated that staff were polite, attentive, and
11 respectful of individual preferences. R4 further stated that staff were careful when providing assistance
12 and reported not witnessing or hearing of any physically aggressive staff behavior. R4 added that staff
13 appeared well trained.

14
15 R5 stated that the facility had a positive environment. R5 further stated that staff were gentle, attentive,
16 and respectful, kept their room clean, and that they had not experienced or observed any aggressive
17 behavior from the staff.

18
19 On 07/22/2025, LPA obtained and reviewed SOC341 and LIC624 Incident Report, dated 07/06/2025,
20 which showed that on 07/06/2025, the facility reported that R1 stated a caregiver had been rough while
21 assisting them to bed and had struck R1's arm. The concern was reported to management, and law
22 enforcement was contacted the same day. A nurse assessed the resident and observed no injuries. The
23 caregiver, S6, identified in the allegation, was immediately suspended pending investigation and denied
24 that the incident occurred.

25
26 On 07/22/2025, LPA obtained and reviewed the facility's internal investigation Report, which stated that
27 law enforcement found the R1's statements to be inconsistent with the initial allegation. R1 later stated
28 they had fought off attackers, but did not mention facility staff. The staff member, S6, named in the
29 allegation, resigned shortly after the report, citing another job opportunity. Due to the inconsistent
30 statements, absence of injuries, and the staff member's denial of the allegation, the facility determined
31 the claim of abuse to be unsubstantiated.

32
On 07/22/2025, LPA obtained and reviewed R1's Pre-Placement Appraisal, dated 09/02/2024, which
stated R1 had multiple medical conditions and physical care needs. The record stated that R1 used a
walker or wheelchair and required assistance with transferring, showering, dressing, toileting, and
medication.

Continued on LIC9099-C

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Kiran Jain

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2025

LIC9099 (FAS) - (06/04)

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Control Number 26-AS-20250715095200

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**COMPLAINT INVESTIGATION REPORT
(Cont)**

COMMUNITY CARE LICENSING DIVISION
CENTRAL COAST CR/RES, 2580 N. FIRST
STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME: BELMONT VILLAGE SUNNYVALE

FACILITY NUMBER: 435202351

VISIT DATE: 08/27/2025

NARRATIVE

1 On 07/22/2025, LPA obtained and reviewed R1's Physician's Report, dated 7/14/2024, which didn't state
2 that R1 had Dementia.
3
4 On 07/22/2025, LPA obtained and reviewed R1's Montreal Cognitive Assessment (MOCA) record, dated
5 9/9/2024, with a score of 13 out of 30.
6
7 On 07/22/2025, LPA obtained and reviewed R1's Assessment and Service Plan, dated 07/07/2025,
8 which listed R1's multiple medical diagnoses.
9
10 On 07/22/2025, LPA obtained and reviewed R1's Hospice Notification Record, dated 04/08/2025, stating
11 that hospice services for R1 had been initiated and were being provided by an outside hospice agency.
12
13 On 08/20/2025, LPA obtained and reviewed a report for a Police complaint. The Law enforcement
14 conducted an investigation following the allegation. The officer reported observing no visible injuries on
15 R1 and found no signs of physical abuse. The case was later closed as inactive by the investigating
16 agency.
17
18 On 08/21/2025, during the facility visit, LPA observed R1 in the dining hall eating lunch. No visible
19 bruises or injuries were observed on R1. R1 appeared cheerful and was interacting with other residents
20 at the table.
21
22 Based on observations, interviews, and records reviewed, there was insufficient evidence to support the
23 allegation that a resident was physically abused while in care. 5 out of 5 staff members stated that no
24 injuries were observed on R1 and 5 out of 5 residents stated that no abusive behavior by staff had been
25 witnessed. Law enforcement conducted an investigation, observed no visible injuries, and later closed
26 the case as inactive. The facility immediately suspended the staff member involved and completed an
27 internal investigation, which concluded that the R1's statements were inconsistent with the allegation
28 and no abuse occurred. Hospice staff and caregivers regularly assessed R1, and no injuries were
29 reported. R1 was observed to be cheerful, with no visible signs of abuse, and expressed satisfaction
30 with care. Given the absence of injuries and corroborating interviews confirming no abuse occurred, the
31 department has determined that the allegation is false, could not have happened, and/or is without a
32 reasonable basis. Therefore, the allegation is UNFOUNDED.

No deficiencies were cited under the California Code of Regulations, Title 22.

An exit interview was conducted with the Executive Director. A copy of this report was provided to the Executive Director, Tyler Manzo, whose signature on this form confirms receipt of the report.

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Kiran Jain

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2025