

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

**COMPLAINT INVESTIGATION REPORT**

Facility Number: 435202351

Report Date: 01/14/2026

Date Signed: 01/14/2026 02:46:47 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 **10/27/2025** and conducted by Evaluator Yi Sam Jian

	<b>COMPLAINT CONTROL NUMBER: 26-AS-20251027221630</b>
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<b>FACILITY NAME:</b> BELMONT VILLAGE SUNNYVALE	<b>FACILITY NUMBER:</b> 435202351
<b>ADMINISTRATOR:</b> MANZO, TYLER J	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1039 E EL CAMINO REAL	<b>TELEPHONE:</b> (408) 720-8498
<b>CITY:</b> SUNNYVALE	<b>ZIP CODE:</b> 94087
<b>CAPACITY:</b> 150	<b>DATE:</b> 01/14/2026
<b>MET WITH:</b> Tyler Manzo	<b>UNANNOUNCED TIME BEGAN:</b> 10:06 AM
	<b>TIME COMPLETED:</b> 03:07 PM

**ALLEGATION(S):**

1	-Staff mismanaged resident medication
2	-Staff did not respond in a timely manner to resident's call for assistance
3	-The facility call system is in disrepair
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**INVESTIGATION FINDINGS:**

1	On 01/14/2026 Licensing Program Analyst (LPA) Yi Sam Jian conducted an unannounced complaint
2	inspection visit to deliver findings regarding the complaint allegations received. LPA met with
3	administrator, Tyler Manzo, LPA explained the purpose of the visit.
4	
5	Regarding the allegation that staff mismanaged resident medication, the Department conducted an
6	investigation that included a review of records, documentation, and interviews. The investigation
7	determined that Resident R1 did not receive the prescribed morning dose of medication due to a
8	depleted medication supply. The facility provided documentation indicating that measures were taken to
9	address the depletion of the medication supply. The facility reported no incident in which Resident R1
10	was affected as a result of the depleted medication supply.
11	
12	continue to 9099-C
13	

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Brenda Chan  
**LICENSING EVALUATOR NAME:** Yi Sam Jian  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/14/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/14/2026

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-20251027221630

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:** 01/14/2026

### NARRATIVE

1 Regarding the allegation that staff did not respond in a timely manner to the resident's call for  
2 assistance, the Department conducted an investigation that included a review of records and interview.  
3 The LPA observed the Administrator and Director of Resident Services test the call buttons, bed sensor,  
4 and pull cords in different resident rooms in each floor of the facility. Caregiver staff responded to each  
5 activation within an appropriate time frame. The information obtained during the investigation was  
6 contradictory, and there was insufficient documentation and corroborating evidence to substantiate that  
7 staff failed to respond to the resident's request for assistance in a timely manner during the investigation  
8 period.

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10 Regarding the allegation that the facility's call system was in disrepair, the Department conducted an  
11 investigation that included a review of records and an interview with the resident R1. The LPA observed  
12 the Administrator and Director of Resident Services test the call buttons, bed sensor, and pull cords,  
13 confirming that activation generated timely alerts to staff. The information obtained during the  
14 investigation was contradictory, and there was insufficient documentation and corroborating evidence to  
15 substantiate that the call system was malfunctioning.

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18 Although the above allegations may have happened or are valid, there is not a preponderance of  
19 evidence to prove whether the allegations did or did not occur, therefore the above allegations are  
20 UNSUBSTANTIATED. Report is reviewed and a copy of this report is provided to the administrator.  
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**SUPERVISORS NAME:** Brenda Chan  
**LICENSING EVALUATOR NAME:** Yi Sam Jian  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/14/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/14/2026

LIC9099 (FAS) - (06/04)

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