

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202780
Report Date: 05/15/2025
Date Signed: 05/15/2025 12:42:25 PM

Substantiated

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 **05/24/2024** and conducted by Evaluator Simranjit Rai

	COMPLAINT CONTROL NUMBER: 26-AS-20240524161555
--	---

FACILITY NAME: SONNET HILL	FACILITY NUMBER: 435202780
ADMINISTRATOR: LATU, JASMINE	FACILITY TYPE: 740
ADDRESS: 429 MERIDIAN AVE	TELEPHONE: (408) 731-0019
CITY: SAN JOSE	STATE: CA ZIP CODE: 95126
CAPACITY: 80	CENSUS: 45 DATE: 05/15/2025
MET WITH: Administrator, Jasmine Latu	UNANNOUNCED TIME BEGAN: 11:10 AM
	TIME COMPLETED: 12:30 PM

ALLEGATION(S):

1	Staff did not provide medical records to authorized representative
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Simi Rai conducted an unannounced visit to conclude the complaint
2	investigation. LPA Rai met with the Administrator, Jasmine Latu and stated the purpose of today's visit.
3	
4	On 05/24/2024, the Department received a complaint with the above allegations. On 05/31/2024, the
5	Department conducted an initial investigation at the facility.
6	
7	It was alleged a written request by the resident's authorized representative was submitted to the facility
8	on 4/26/2024 via email.
9	
10	On 5/31/2024, LPA Rai interview Administrator (ADM). ADM stated they received a subpoena request on
11	05/21/2024 to request the documents requested. ADM stated their management team sent the
12	documents during the requested time frame.
13	Continuation on LIC 9099-C, Page 1 of 2.

Substantiated

Estimated Days of Completion:

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

DATE: 05/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/15/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 1 of 3

Control Number 26-AS-20240524161555

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: SONNET HILL

FACILITY NUMBER: 435202780

VISIT DATE: 05/15/2025

NARRATIVE

1 Page 2 of 2.

2

3 Based on records of email communication between the authorized representative and the facility staff,
4 the initial written request was submitted by resident's designated representative via email on 4/26/2024
5 and a follow up email was submitted on 05/3/2024 and 05/9/2024, 5/14/2024, 5/15/2024 and 5/20/2024.

6

7 On 5/21/2024, the requestor has spoken to Business Office Manager to obtain requested records. On
8 5/22/2024, the requestor emailed the Business Office Manager and did not receive a response. On
9 5/24/2024, the requestor emailed the Business Office Manager and notified them of not receiving a
10 response. On 5/28/2024, 7 days later, Business Office Manager responded to the email to give them an
11 update but did not provide the documents requested by written notice.

12

13 Based on records of email confirmation of submission of documents, the facility staff uploaded the
14 records on 6/6/2024. Based on record of 2nd Follow Up Letter regarding the request of records was sent
15 on 5/31/2024 which asked for facility staff to contact them to confirm they are in the process of preparing
16 the requested documents.

17

18
19 Based on interviews and observation/inspection of the facility, the preponderance of evidence standard
20 has been met therefore the above allegations is found to be SUBSTANTIATED.

21

22 Deficiencies were cited from California Code of Regulations, Title 22 during today's visit, see LIC 9099-
23 D.

24

25 This report was reviewed with Administrator, Jasmine Latu and a copy of the report was provided.

26

27 Appeal Rights was provided.

28

29

30

31

32

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

DATE: 05/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/15/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 26-AS-20240524161555

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: SONNET HILL

FACILITY NUMBER: 435202780

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/15/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/22/2025 Section Cited CCR 87468.2(a)(2)	1 87468.2 (a)(2) To have their records 2 and personal information remain 3 confidential and to approve their 4 release, except as authorized by law. 5 This requirement was not met as 6 evidenced by: 7	1 Administrator stated to submit a written 2 plan of action understanding regulation 3 and will ensure records shall reveal or 4 made available confidential information 5 upon the resident's and/or resident's 6 designated representative's written 7 consent by POC due date. Administrator agreed and understood.
	8 Based on record review and interview, 9 Licensee did not make available the 10 requested records when resident's 11 designated representative made a 12 written consent which poses/posed a 13 potential health, safety or personal 14 rights risk to persons in care.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano

NAME OF LICENSING PROGRAM ANALYST: Simranjit Rai

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/15/2025