

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202780

Report Date: 01/30/2026

Date Signed: 01/30/2026 03:41:23 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 **09/19/2025** and conducted by Evaluator Marcella Tarin

	COMPLAINT CONTROL NUMBER: 26-AS-20250919100035
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FACILITY NAME: SONNET HILL	FACILITY NUMBER: 435202780
ADMINISTRATOR: LATU, JASMINE	FACILITY TYPE: 740
ADDRESS: 429 MERIDIAN AVE	TELEPHONE: (408) 731-0019
CITY: SAN JOSE	ZIP CODE: 95126
CAPACITY: 80	DATE: 01/30/2026
MET WITH: Administrator Jasmine Latu	UNANNOUNCED TIME BEGAN: 02:15 PM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Facility staff is not meeting resident incontinent needs
2	Staff are not assisting resident with dressing
3	Facility staff did not provide resident with assistance eating
4	Staff did not dispense medication to resident as prescribed
5	
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9	

INVESTIGATION FINDINGS:

1	On 1/30/2026 Licensing Program Analyst (LPA) Marcella Tarin conducted an unannounced visit to deliver complaint findings.
2	
3	
4	On 9/19/2025 the Department received a complaint with the above allegations.
5	
6	On 9/24/2025 the Department interviewed Reporting Party (RP). RP states he/she did not have information regarding residents, referred to as R1, being soiled. RP states it was a Witness, referred to as W1, who observed R1 to be soiled.
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11	Page 1 of 5
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcella Tarin
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

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-20250919100035

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: 01/30/2026

NARRATIVE

1 **Facility staff is not meeting resident incontinent needs**

2 On 9/25/2025 the Department conduct a complaint investigation visit and interviewed Administrator
3 (ADM), 2 Staff (S1 to S2) and 4 Residents (R2 to R5) and 2 Witnesses (W1 and W2). ADM states
4 residents are checked every 2 hours, as well as being checked at the start of staff shifts, and after
5 residents have finished meals.

6
7 On 9/25/2025 the Department interviewed 2 Staff (S1 to S2). 2 Out of 2 Staff state he/she assists
8 residents with his/her incontinent/toileting needs.

9
10 On 9/25/2025 the Department interviewed 4 Residents (R2 to R5). 2 Out of 4 Residents state he/she
11 does not require assistance with his/her briefs. R4 and R5 state staff assist him/her with his/her briefs,
12 and staff have never left him/her in a wet brief.

13
14
15
16 On 9/25/2025 the Department interviewed 2 Witnesses (W1 to W2). W1 states he/she observed R1
17 'soaking wet' but did not remember the date of this incident. W1 states he/she did not observe R1 wet, it
18 was RP, and the RP 'screamed and yelled' and 'got it taken care of.' W1 did not provide additional
19 information regarding this incident. W2 states he/she has no issues or concerns with the care his/her
20 loved one is receiving at the facility.

21
22
23 Review of R1's physician's report dated 8/5/2025 notes R1 is not incontinent of bladder. Review of R1's
24 care plan notes R1 to require toileting assistance (3x daily), and Bladder incontinence assistance (0x -
25 As needed).

26
27 **Staff are not assisting resident with dressing**

28 On 9/25/2025 the Department interviewed Reporting Party (RP). RP states he/she observed R1 in briefs
29 on 9/10/2025 at approximately 10:00PM and told staff R1 needed to be wearing pajamas 'to go to bed.'
30 RP states this is a 'general preference and it's not part of R1's care plan.'

31
32 On 9/25/2025 the Department interviewed ADM. ADM states staff assist residents with getting dressed.

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SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcella Tarin
LICENSING EVALUATOR SIGNATURE:

DATE: 01/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/30/2026

LIC9099 (FAS) - (06/04)

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Control Number 26-AS-20250919100035

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: SONNET HILL

FACILITY NUMBER: 435202780

VISIT DATE: 01/30/2026

NARRATIVE

- 1 On 9/25/2025 the Department interviewed 2 Staff (S1 to S2). 2 Out of 2 Staff state he/she assists
2 residents in getting dressed.
3
- 4 On 9/25/2025 the Department interviewed 4 Residents (R2 to R5). 4 Out of 4 Residents states he/she
5 does not need assistance with getting dressed. R4 states staff offer to help him/her get dressed, but
6 he/she prefers to get dressed on his/her own.
7
- 8 On 9/25/2025 the Department interviewed 2 Witnesses (W1 to W2). W1 did not provide additional
9 information. W2 states he/she has no concerns with the care his/her loved one is receiving at the facility.
10
- 11 Review of R1's care plan notes for dressing assistance "2x daily at 6:00AM and 2:00PM."
12
- 13 **Facility staff did not provide resident with assistance eating.**
- 14 On 9/24/2025 the Department interviewed Reporting Party (RP). RP states he/she did not observe and
15 does not have any additional information regarding if facility staff did provide R1 with assistance eating.
16
- 17 On 9/25/2025 the Department interviewed ADM. ADM states staff assists residents with eating if
18 residents need it. ADM states staff ask residents if he/she need help, or if a resident is not eating his/her
19 food, staff will assist residents with eating.
20
- 21 On 9/25/2025 the Department interviewed 2 Staff (S1 to S2). 2 Out of 2 Staff state he/she provides
22 residents with eating assistance.
23
- 24 On 9/25/2025 the Department interviewed 4 Residents (R2 to R5). 1 Out 5 Residents state staff help
25 him/her with eating. R3 and R5 state he/she receives their meals on time but did not provide additional
26 information. R4 states 'maybe once or twice' he/she was not taken to the dining room but did not provide
27 additional information.
28
- 29 On 9/24/2025 the Department interviewed 2 Witnesses (W1 to W2). W1 states a caregiver told him/her
30 that R1 did not receive breakfast on 9/9/2025.
31
- 32

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SUPERVISORS NAME: Christine Kabariti**LICENSING EVALUATOR NAME:** Marcella Tarin**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/30/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/30/2026

LIC9099 (FAS) - (06/04)

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Control Number 26-AS-20250919100035**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: SONNET HILL

FACILITY NUMBER: 435202780

VISIT DATE: 01/30/2026

NARRATIVE

- 1 W1 states he/she doesn't know if R1 received breakfast on 9/9/2025. W2 states he/she has no concerns
2 with the care his/her loved one is receiving at the facility.
3
- 4 Review of R1's physician's report dated 8/5/2025 notes R1 is not able to feed his/herself. Review of R1's
5 care plan dated 8/19/2025 notes no assistance with eating is noted as part of R1's care plan.
6

7 **Staff did not dispense medication to resident as prescribed.**
 8
 9 On 9/24/2025 the Department interviewed Reporting Party (RP). RP states he/she did not observe and
 10 does have any additional information regarding if R1's medications had been given as prescribed.
 11
 12 On 9/25/2025 the Department interviewed 2 Staff (S1 to S2). 1 Out of 2 Staff state he/she give residents
 13 his/her medications as prescribed. S1 states he/she is not a Medtech and does not assist with resident's
 14 medications.
 15
 16 On 9/25/2025 the Department interviewed 4 Residents (R2 to R5). 3 Out of 4 Residents state he/she
 17 has no issues with his/her medications. R5 states he/she does not get his/her medications as prescribed
 18 or on time. R5 did not provide additional information regarding this incident.
 19
 20 On 9/24/2025 the Department interviewed 2 Witnesses (W1 to W2). W1 states facility staff did not give
 21 R1's medications because he/she 'never saw a caregiver give R1 medications during evening and
 22 dinner times.' W1 states he/she visited R1 during the evening hours and did not see staff giving R1
 23 medications. R1 states there were three medications (M1, M2, M3) not being given to R1. W2 states
 24 he/she has no concerns with the care his/her loved one is receiving at the facility.
 25
 26 Review of R1's Medication Administration Record (MAR) notes M1 and M2 were administered to R1 on
 27 9/10/2025 to 9/14/2025. M3 was not listed on the R1's list of medications prescribed by his/her
 28 physician. M3 was not listed on R1's Centrally Stored Medication and Destruction Record (CSMDR).
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 32 Page 4 of 5

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LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/30/2026

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FACILITY NAME: SONNET HILL **FACILITY NUMBER:** 435202780
VISIT DATE: 01/30/2026

NARRATIVE

1 This agency has investigated the complaint alleging facility staff is not meeting resident incontinent
 2 needs, staff are not assisting resident with dressing, facility staff did not provide resident with assistance
 3 eating, staff did not dispense medication to resident as prescribed. We have found that the complaint
 4 was **UNFOUNDED**, meaning that the allegations were false, could not have happened and/or is without
 5 a reasonable basis. No deficiencies were cited per California Code of Regulations, Title 22. An exit
 6 interview was conducted with ADM and a signed copy of this report was provided.

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 8 Page 5 of 5

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 10 END OF REPORT

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SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcella Tarin
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/30/2026

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