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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202780
Report Date: 04/01/2026
Date Signed: 04/01/2026 03:56:48 PM

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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:	SONNET HILL		FACILITY NUMBER:	435202780
ADMINISTRATOR/ DIRECTOR:	LATU, JASMINE		FACILITY TYPE:	740
ADDRESS:	429 MERIDIAN AVE		TELEPHONE:	(408) 731-0019
CITY:	SAN JOSE	STATE: CA	ZIP CODE:	95126
CAPACITY: 80		CENSUS: 47	DATE:	04/01/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	10:20 AM
MET WITH:	Administrator Jasmine Latu		TIME VISIT/ INSPECTION COMPLETED:	04:05 PM

NARRATIVE

Licensing Program Analyst (LPA) Manuel Monter conducted an unannounced annual inspection visit, and met with Administrator Jasmine Latu. LPA explained the purpose of the visit.

LPA toured the facility inside out with ADM which included the 1st floor, 2nd floor and 3rd floor of the facility. LPA randomly toured, but not limited to, bedrooms: 316, 315, 308, 305, 328, 322, 325, 202, 203, 207, 213, 208, 205. LPA tested the delayed egress doors inside the facility. LPA noted the egress doors activated and emitted a sound when trying to open the delayed egress door. There was no obstruction to block the walkways. The front and back of the facility was also inspected.

Two-day perishable food supplies and seven day nonperishable food supplies were observed. LPA observed the medication storage area, knives storage area, and cleaning product storage area as locked and inaccessible to residents in care. Room temperature was at 75 degrees F, and hot water temperature was measured at 116 degrees F in resident bathrooms.

The facility was equipped with smoke and carbon monoxide detectors. The facility Sprinkler system was last inspected on February 17, 2026. LPA observed facility first aid kit and facility fire/earthquake drill log. The facility's last drill was on March 13, 2026.

LPA Provided ADM with CDPH LD Fact Sheet for Administrators and PIN 26-01-ASC

NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano
NAME OF LICENSING PROGRAM ANALYST: Manuel Monter

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/01/2026

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: SONNET HILL **FACILITY NUMBER:** 435202780
VISIT DATE: 04/01/2026

NARRATIVE

LPA reviewed facility records for 5 staff and 5 residents. LPA reviewed 5 resident medications and centrally stored medication records. LPA reviewed resident R1's medication. LPA noted residents R1's Medication, M1, was not listed. This medication has a fill date of February 2026. LPA asked Health and Wellness director Simran Kaur to show LPA if this medication was documented on the centrally stored medication record. Wellness director Simran Kaur confirmed that R1's medication M1 was not listed on the Centrally stored medication record.

LPA reviewed Resident R2's medication. LPA noted that 2 bubble packs for medication M2 for R2 were not listed on the centrally stored medication record. LPA asked staff Resident Care coordinator Andrea Maldenado to show LPA if this medication was documented on the centrally stored medication record. Resident Care coordinator Andrea Maldenado confirmed that R2's medication M2 was not listed on the centrally stored medication record.

Deficiencies are being cited during today's visit. This report was reviewed with Administrator Jasmine Latu and a copy of the signed report was provided. Appeals rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano
NAME OF LICENSING PROGRAM ANALYST: Manuel Monter
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 04/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/01/2026

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Created By: Manuel Monter On 04/01/2026 at 03:19 PM
Link to Parent Document Below:

FACILITY NAME: SONNET HILL **FACILITY NUMBER:** 435202780

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 04/01/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(h)(6)	

87465 Incidental Medical and Dental Care (h) (6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on records reviewed, the licensee did not comply with the section cited above. Based on a medication audit, resident R1 had a medication that was not listed on his/her centrally stored medication record. Resident R2 also had a medication that was not listed on their centrally stored medication record. This poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 04/08/2026
	Plan of Correction
1 2 3 4	ADM stated her plan of correction will be to work with the healh and wellness directors and conduct an audit. ADM stated she will work on this starting 4/2/2026. ADM stated she will send documenation of this all staff meeting. And letter of understanding regarding the regulation.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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: Manuel Monter

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/01/2026

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DATE: 04/01/2026