

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202903
Report Date: 09/04/2025
Date Signed: 09/04/2025 01:30:40 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 09/04/2025 01:30 PM - It Cannot Be Edited

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
FACILITY EVALUATION REPORT	

FACILITY NAME:	SUNRISE OF CUPERTINO	FACILITY NUMBER:	435202903
ADMINISTRATOR/TAYEBEH, TINA BAGHERI		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(408) 962-2982
ADDRESS:	581 E FREMONT AVE	STATE: CA	ZIP CODE: 94087
CITY:	SUNNYVALE	CENSUS: 91	DATE: 09/04/2025
CAPACITY: 134		UNANNOUNCED TIME VISIT/INSPECTION	09:45 AM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Executive Director - Tina Bagheri Teyebah		TIME VISIT/INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE	
1	On 09/04/2025, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced annual
2	inspection visit. LPA met with the executive director Tina Bagheri Teyebah and explained the purpose of
3	today's visit. There are currently 57 residents in assisted living and 34 in memory care.
4	
5	This is a multilevel facility at 3 floors for assisted living and 2 floor for memory care. The facility is
6	licensed for 60 years and over. 20 may be bedridden. Delayed egress, secured perimeter approved.
7	Hospice waiver for 20 residents. There are 16 residents under hospice during today's visit. The physical
8	plant was toured inside and outside of the facility to ensure the safety of the clients. LPA observed the
9	facility kitchen which is clean and observed appliances are in good repair. Knives are stored and locked
10	and secured in the kitchen. Perishable and non-perishable food supplies are observed as in place.
11	Dietary plans and modified diets are observed to be in place. Kitchen grade fire extinguisher is observed
12	as in place and with an inspection date of 08/15/2025. Menu is posted by elevators and available via
13	touch screen monitor in the dining room. There are 3 med rooms within the facility. LPA reviewed
14	resident medications at random and observed them as current and stored correctly. LPA observed that
15	there are multiple fire extinguishers in place on each floor with an inspection date of 08/15/2025 smoke
16	detectors, carbon monoxide detectors are observed in place through out the facility. Central heating and
17	air conditioning is in place. Laundry areas are also observed as fully operational. Emergency exit routes
18	are observed inside and outside to be free and clear of obstructions. Last emergency/disaster drill was
19	conducted on 08/28/2025 which was an earthquake drill per records reviewed.
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21	Continued on next page...
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NAME OF LICENSING PROGRAM MANAGER: Cara Smith	
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/04/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/04/2025

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350
	SAN JOSE, CA 95131

FACILITY NAME: SUNRISE OF CUPERTINO

FACILITY NUMBER: 435202903

VISIT DATE: 09/04/2025

NARRATIVE	
1	Page 2
2	
3	Water temperatures were taken in random locations such as room 214 at 114F, Room 140 at 115F,
4	Room 200 at 115F, Room 107 at 117F. Cleaning supplies are observed to be inaccessible to residents in
5	care stored in janitorial room adjacent to the laundry area. Resident rooms are observed at random. LPA
6	observed resident rooms 351, 347, 354, 118, and 143. All are observed as clean, free of odors, and
7	contained all the required furniture per regulatory recommendations. Resident linen supplies are
8	observed as in place. Facility does have a pendant and pull chords in place. Memory care primarily have
9	pull chords, pendants are an option, and assisted living have pendants. LPA reviewed five staff files and
10	six resident files during today's inspection. All files are observed as current. Staff are actively conducting
11	training via relias and internal training systems for Sunrise is observed as current. Administrator
12	certificate is current expiring 09/17/2026.
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14	No citations issued.
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16	Report is reviewed with administrator and a copy is provided on this day.
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NAME OF LICENSING PROGRAM MANAGER: Cara Smith	
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/04/2025
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