

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 445202597  
Report Date: 03/20/2025  
Date Signed: 03/20/2025 03:29:53 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 **01/09/2025** and conducted by Evaluator Marcella Tarin

	<b>COMPLAINT CONTROL NUMBER: 26-AS-20250109132853</b>
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<b>FACILITY NAME:</b> WESTWIND MEMORY CARE	<b>FACILITY NUMBER:</b> 445202597
<b>ADMINISTRATOR:</b> STEVEN SILACCI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 160 JEWELL STREET	<b>TELEPHONE:</b> (831) 421-9100
<b>CITY:</b> SANTA CRUZ	<b>STATE:</b> CA <b>ZIP CODE:</b> 95060
<b>CAPACITY:</b> 59	<b>CENSUS:</b> 52 <b>DATE:</b> 03/20/2025
<b>MET WITH:</b> Administrator Steven Silacci	<b>UNANNOUNCED TIME BEGAN:</b> 02:50 PM
	<b>TIME COMPLETED:</b> 03:30 PM

#### ALLEGATION(S):

1	Staff restricted resident's airway, resulting in resident losing consciousness
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#### INVESTIGATION FINDINGS:

1	On 01/9/2025 the Department received a complaint alleging that staff restricted resident's airway causing
2	the resident to lose consciousness on 1/8/2025. It has been alleged that staff S7 pinched resident R1's
3	nose causing R1 to lose consciousness.
4	
5	On 1/10/2025, the Department investigated the alleged incident that occurred on 1/8/2025 wherein the
6	incident involves a resident (referred to as R1), who was in an agitated state. R1 was having behaviors,
7	while holding a statue of a crane, while screaming, yelling and moving toward staff in an aggressive
8	manner at approximately 7AM. Staff members (referred to as S1 to S7) were able to intervene and
9	deescalate situation and eventually, R1 remained calm and able to redirect by staff.
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11	Page 1 of 3
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Jin Jackie  
**NAME OF LICENSING PROGRAM ANALYST:** Marcella Tarin  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/20/2025

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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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:** WESTWIND MEMORY CARE

**FACILITY NUMBER:** 445202597

**VISIT DATE:** 03/20/2025

**NARRATIVE**

1 During the Department's investigation, on 1/21/2025 and 1/23/2025, 7 staff were interviewed. 5 Out of 7  
2 staff did not observe R1's nose pinched by S7 on 1/8/2025 when R1 was having behaviors while 2 Out  
3 of 7 staff state they observed R1's nose being pinched by staff S7. 7 Out of 7 staff state R1 was having  
4 behaviors on 1/8/2025, where R1 was in an agitated state, screaming, yelling, and moving toward staff.  
5 These two staff members who observed the alleged abuse by a staff pinching R1's nose also noted it  
6 caused R1 to lose consciousness.  
7

8 S7 stated on 1/8/2025 he/she was in the hallways when he/she observed R1 agitated and being  
9 aggressive with staff. S7 states he/she went over to help de-escalate and calm R1 by speaking calmly to  
10 R1 and only touching his/her shoulders to re-direct. S7 states it took 30 seconds to calm down R1. S7  
11 denies pinching R1's nose.  
12

13 On 1/18/2025 and 2/18/2025, the Department interviewed 5 residents (referred as R1 to R5) during the  
14 investigation. 4 Out of 5 residents state they did not observe a staff pinch R1's nose. 1 Out of 5  
15 residents (R1) stated his/her nose was "grabbed" by a staff described as a "heavy girl" but could not  
16 identify any of the staff involved in the incident. R1 states the incident occurred three weeks ago.  
17

18 On 1/23/2025, the Department conducted an interview with ADM regarding the allegation. ADM states  
19 on 1/13/2025, an internal investigation was conducted by the facility. ADM states he/she conducted  
20 interviews with 7 staff S1 to S7 wherein staff recollection of the incident made inconsistent statements.  
21 Due to insufficient evidence, the facility was unable to substantiate the allegation that R1's nose was  
22 pinched by a staff on 1/8/2025.  
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**NAME OF LICENSING PROGRAM MANAGER:** Jin Jackie  
**NAME OF LICENSING PROGRAM ANALYST:** Marcella Tarin  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/20/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/20/2025

LIC9099 (FAS) - (06/04)

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**Control Number** 26-AS-20250109132853

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** WESTWIND MEMORY CARE**FACILITY NUMBER:** 445202597**VISIT DATE:** 03/20/2025**NARRATIVE**

1 The Department obtained R1's Physician's report and Appraisal Needs and Services Plan (ANS). During  
2 a review of R1's Physician's Report dated 12/20/2024, R1's mental condition is associated with  
3 confusion, disorientation, and is sometimes able to follow directions and has major neurocognitive  
4 disorder. R1's ANS dated 12/24/2024 states R1 requires "ongoing assistance with care...with speech,  
5 functional and behavioral impairments due to disoriented to person/time/place..." and R1's needs  
6 moderate assist with "interventions and care coordination to de-escalate negative behaviors."  
7  
8 Based on information from interviews conducted with staff, and records reviewed, although the  
9 allegations listed above may have happened or are valid, there is not a preponderance of evidence to  
10 prove the alleged violations did or did not occur. Therefore, the allegations are UNSUBSTANTIATED.  
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12 No Deficiencies were cited under California Code of Regulations Title 22. This report was reviewed with  
13 Administrator Steven Silacci and a copy of this report was provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Jin Jackie**NAME OF LICENSING PROGRAM ANALYST:** Marcella Tarin**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/20/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/20/2025