

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 445202597
Report Date: 12/15/2025
Date Signed: 12/15/2025 03:59:27 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 **07/08/2025** and conducted by Evaluator Marcella Tarin

	COMPLAINT CONTROL NUMBER: 26-AS-20250708105358
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FACILITY NAME: WESTWIND MEMORY CARE	FACILITY NUMBER: 445202597
ADMINISTRATOR: STEVEN SILACCI	FACILITY TYPE: 740
ADDRESS: 160 JEWELL STREET	TELEPHONE: (831) 421-9100
CITY: SANTA CRUZ	ZIP CODE: 95060
CAPACITY: 59	DATE: 12/15/2025
MET WITH: Executive Director (ED) Steven Silacci	UNANNOUNCED TIME BEGAN: 12:30 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff did not prevent resident from physically abusing residents resulting in injuries
2	Staff inappropriately admitted a resident who doesn't meet the criteria of care for the facility
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Marcella Tarin arrived unannounced to deliver the findings of the complaint investigation that was received by the Department on 07/08/2025. LPA met with Executive Director (ED) Steven Silacci. LPA stated the purpose of the visit.
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5	On 7/14/2025, the Department conducted the initial complaint investigation visit to the facility and interviewed 10 Staff (S1 to S10) and 4 Residents (R1 to R4).
6	
7	
8	It was alleged that Resident R1 hit Resident R3's glasses off his/her face in late June 2025.
9	
10	On 7/14/2025 LPA interviewed 4 Residents (R1 to R4). 3 Out of 4 residents stated he/she has not observed or has been involved in any altercations with another resident.
11	
12	
13	Page 1 of 2

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcella Tarin
LICENSING EVALUATOR SIGNATURE:

DATE: 12/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2025

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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Control Number 26-AS-20250708105358

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: 12/15/2025

NARRATIVE

- 1 R1 states staff has accused him/her of grabbing another resident but was unable to provide any factual
2 information regarding this alleged incident. R3 states he/she has not been hit by another resident. R2
3 did not provide any additional information regarding this incident.
4
5 On 12/2/2025 LPA interviewed Family Member 1 (FM1). FM1 states he/she has no concerns about the
6 care his/her loved ones are receiving at the facility. FM1 states he/she is not aware of any incidents at
7 the facility involving her loved ones.
8
9 LPA interviewed Executive Director (ED). ED states he is not aware of any physical altercations between
10 residents in May 2025 and June 2025.
11
12 There were no reported incidents of any physical altercations between residents reported to the
13 Department for the months of May 2025 and June 2025. LPA reviewed facility communications logs for
14 June 2025 and July 2025. There were no incidents of altercations between residents.
15
16 **Staff inappropriately admitted a resident who doesn't meet the criteria of care for the facility.**
17 It has been alleged that the facility is "strictly for dementia residents only" and the facility admitted a
18 resident who did not have dementia.
19
20
21 Based on review of the facility program plan, "Westwind Memory Care is a residential facility for the
22 elderly operating 24 hours a day, 7 days per week, caring for clients 60 years of age and over in Santa
23 Cruz, California...It is the goal of the community to provide supportive care to seniors."
24
25 This agency has investigated the complaint. We have found that the complaint was **UNFOUNDED**,
26 meaning that the allegation was false, could not have happened and/or is without a reasonable basis.
27
28 Page 2 of 2
29 END OF REPORT
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32

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

DATE: 12/15/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2025

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

COMPLAINT CONTROL NUMBER: 26-AS-20250708105358

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ADMINISTRATOR: STEVEN SILACCI	FACILITY TYPE: 740
ADDRESS: 160 JEWELL STREET	TELEPHONE: (831) 421-9100
CITY: SANTA CRUZ	STATE: CA ZIP CODE: 95060
CAPACITY: 59	CENSUS: 55 DATE: 12/15/2025
MET WITH: Executive Director (ED) Steven Silacci	UNANNOUNCED TIME BEGAN: 12:30 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff left resident in soiled diapers for an extended period of time
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Marcella Tarin arrived unannounced to deliver the findings of the
2	complaint investigation that was received by the Department on 07/08/2025. LPA met with Executive
3	Director (ED) Steven Silacci. LPA stated the purpose of the visit.
4	
5	On 7/14/2025, the Department conducted the initial complaint investigation visit to the facility and
6	interviewed 10 Staff (S1 to S10) and 4 Residents (R1 to R4).
7	
8	LPA interviewed 10 staff. 9 Out of 10 staff stated he/she has not observed residents left in soiled diapers
9	for an extended period of time. S5 stated he/she observed a resident in a soiled diaper but couldn't
10	provide additional information as to how long the resident was soiled. S5 states he/she changed the
11	resident upon observing the soiled diaper.
12	
13	Page 1 of 2

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcella Tarin
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 12/15/2025

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 LIC9099 (FAS) - (06/04) Page: 3 of 4
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION 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
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FACILITY NAME: WESTWIND MEMORY CARE **FACILITY NUMBER:** 445202597
VISIT DATE: 12/15/2025

NARRATIVE

1	LPA interviewed 4 Residents (R1 to R4). 2 out of 4 Residents stated they have not been left in a soiled
2	diaper for an extended period of time. R1 declined to be interviewed and R2 did not provide additional
3	information.
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5	On 12/2/2025 LPA interviewed Family Member 1 (FM1). FM1 states he/she has no concerns about the
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7 care his/her loved ones are received at the facility.

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Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.

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END OF REPORT

SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcella Tarin
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 12/15/2025

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