

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 445202756
Report Date: 07/09/2026
Date Signed: 07/09/2026 03:57:28 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 06/23/2025 and conducted by Evaluator Marcella Tarin

	COMPLAINT CONTROL NUMBER: 26-AS-20250623161542
FACILITY NAME: SUNSHINE VILLA ASSISTED LIVING AND MEMORY CARE	FACILITY NUMBER: 445202756
ADMINISTRATOR: BOLIN, CANDACE	FACILITY TYPE: 740
ADDRESS: 80 FRONT STREET	TELEPHONE: (831) 459-8400
CITY: SANTA CRUZ	ZIP CODE: 95060
CAPACITY: 132	DATE: 07/09/2026
	UNANNOUNCED TIME BEGAN: 10:30 AM
MET WITH: General Manager Candace Bolin	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff did not safeguard resident's personal belongings.
2	Staff do not provide adequate meal service to resident.
3	Staff are not meeting resident's toileting needs in a timely manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Marcella Tarin conducted an unannounced complaint investigation to deliver complaint findings. LPA met with General Manager (GM) Candace Bolin. LPA stated the purpose of the visit.
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4	
5	On 6/23/2025 the Department received a complaint with the above allegations.
6	
7	On 6/24/2025 the Department interviewed the Reporting Party (RP). RP alleges a resident's, referred to as R1, personal supplies were missing from R1's room on 6/11/2025.
8	
9	
10	Complaint investigation visits were conducted on 6/27/2025 and 10/7/2025.
11	
12	Page 1 of 4
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Christine Kabariti	
LICENSING EVALUATOR NAME: Marcella Tarin	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 4
Control Number 26-AS-20250623161542

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: SUNSHINE VILLA ASSISTED LIVING AND MEMORY CARE	FACILITY NUMBER: 445202756
VISIT DATE: 07/09/2026	

NARRATIVE	
1	Review of R1's service plan dated 3/25/2025, notes R1 does not require assistance with dining services.
2	
3	<u>Staff are not meeting residents' toileting needs in a timely manner.</u>
4	
5	On 6/24/2025 the Department interviewed the Reporting Party (RP). RP stated he/she visited with R1 on
6	6/23/2025 from 9:30AM to 11:30AM and no staff checked on R1. RP states he/she went to the front
7	desk about this incident. RP states he/she was also reporting another incident on 6/24/2025 where R1
8	required toilet assistance at 9:30AM. RP states he/she visited R1 at approximately 9:30AM, and hospice
9	was providing care to R1. RP stated he/she observed R1's bed and floor to be soiled and 'believed' it
10	was from the night before.
11	
12	The Department conducted complaint investigation visits on 6/27/2025 and 10/7/2025 and interviewed 8
13	Staff (S1 to S8). 7 Out of 8 staff state he/she checks on residents at least every 2 hours. S7 stated
14	he/she has observed a resident to be soiled, and he/she changed the resident. S7 did not provide
15	additional information regarding this incident. S4 states he/she is a medtech and does not provide
16	toileting assistant but will tell staff to check on residents every two hours.
17	
18	On 6/27/2025 and 10/7/2025 the Department interviewed 8 Residents (R1 to R8). 4 Out of 8 Residents
19	stated he/she has no issues/concerns with the care he/she is receiving. R4 and R8 stated he/she does
20	not need toileting assistance, R6 stated he/she did not know about toileting assistance, R1 did not
21	respond to questions.
22	
23	Review of R1's Service Plan dated 3/25/2025, Evaluation Section: Toileting: Moderate: Resident
24	requires standby assistance for toileting tasks, not a two person assist.
25	
26	Review of R1's progress notes dated from 6/1/2025 to 6/27/2025 note on 6/27/2025 at 2:08PM a
27	request was made to hospice for R1's supplies. This request was made during the complaint
28	investigation visit on 6/27/2025.
29	
30	Review of R1's hospice care plan dated 4/29/2025, notes "Supplies provided by Hospice: incontinent
31	needs diapers..."
32	
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SUPERVISORS NAME: Christine Kabariti	
LICENSING EVALUATOR NAME: Marcella Tarin	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** SUNSHINE VILLA ASSISTED LIVING AND
MEMORY CARE**FACILITY NUMBER:** 445202756**VISIT DATE:** 07/09/2026**NARRATIVE**

1 The Department interviewed 8 Staff (S1 to S8) and 8 Residents (R1 to R8). 6 Out of 8 staff stated they
2 are not aware about resident's supplies going missing. S3 and S4 states he/she has heard about
3 resident's supplies going missing (diapers, wipes).
4
5 The Department interviewed 8 Residents (R1 to R8). 5 Out of 8 Resident stated he/she has not had
6 personal supplies go missing. R2 stated his/her belongings are up in a top cabinet in the room. R3
7 stated 'things disappear, but it is not the staff.' R3 did not provide additional information. R1 did not
8 respond to questions.
9
10 On 7/9/2026 the Department interviewed General Manager (GM) Candace Bolin. GM stated she is not
11 aware of resident's personal belongings or incontinence supplies being missing on 6/11/2025. GM
12 states if a resident is missing personal belongings, the facility has a Theft and Loss protocol in place to
13 help residents.
14
15 Review of the Facility Theft and Loss policy dated 5/1/2028, the facility will document an Incident Report
16 for resident property reported stolen or lost, assist resident in searching for the missing item(s) in his/her
17 apartment, offer to assist resident with filing a police report, and notifying state agencies as required.
18
19 **Staff do not provide adequate meal service to residents.**
20 On 6/24/2025 the Department interviewed the Reporting Party (RP). RP stated a resident, referred to as
21 R1, did not have lunch on 6/14/2025. RP states 'cafeteria' staff told him/her that R1 did not have lunch.
22
23 The Department conducted complaint investigation visits on 6/27/2025 and 10/7/2025 and interviewed 8
24 Staff (S1 to S8). 4 Out of 8 Staff stated he/she is not aware of residents missing his/her meals. 4 Out of
25 8 staff stated he/she has heard about residents missing a meal. S3 stated R1 prefers to sleep until
26 10AM, and once R1 is awake, he/she will escort R1 down for breakfast. S5 stated residents sometimes
27 refuse to go to the dining hall, and staff will request room service for the residents.
28
29 On 6/27/2025 and 10/7/2025 the Department interviewed 8 Residents (R1 to R8). 6 Out of 8 residents
30 stated he/she has no issues/concerns with meal service. R3 stated he/she walks to his/her meals. R1
31 did not respond to questionss.
32

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LIC9099 (FAS) - (06/04)

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Control Number 26-AS-20250623161542**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** SUNSHINE VILLA ASSISTED LIVING AND
MEMORY CARE**FACILITY NUMBER:** 445202756**VISIT DATE:** 07/09/2026**NARRATIVE**

1 Review of R1's Nursing Progress Notes, R1 was visited by hospice on 4/30/2025, 5/22/2025, 5/29/2025,
2 6/4/2025, 6/5/2025, 6/6/2025, 6/9/2025, 6/12/2025, 6/19/2025, 6/24/2025.
3

4	Hospice Aide Progress Notes dated 5/2/2026, 5/6/2025,5/17/2025, 5/20/2025, 5/24/2025, 5/27/2025, 5/31/2026, 6/7/2025, specifically note ‘incontinence care’ was provided to R1. 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. An exit interview was conducted with GM Candace Bolin and a copy of this report was provided
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