

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701283

Report Date: 03/25/2026

Date Signed: 03/25/2026 02:46:41 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: SUNNYSIDE SENIOR LIVING INC		FACILITY NUMBER: 502701283
ADMINISTRATOR/MELISSA BRICHKA DIRECTOR:		FACILITY TYPE: 740
ADDRESS: 120 20TH CENTURY BLVD	STATE: CA	TELEPHONE: (209) 668-8014
CITY: TURLOCK	CENSUS: 47	ZIP CODE: 95380
CAPACITY: 56	DATE: 03/25/2026	
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	01:30 PM
MET WITH: Administrative Assistant Krystal Calderon	BEGAN: TIME VISIT/INSPECTION	03:00 PM
	COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst, LPA, Noel Wolf Petersen arrived unannounced to the facility to conduct a
2	case management related to a recent incident where a resident was able to consume another resident's
3	medication. LPA met with administrative assistant Krystal calderon to explain the purpose of the visit.
4	
5	Met with staff relevant to the incident for an interview.
6	
7	At the time of the incident the facility did have a crush order on file for the med(dated 1/20/26), at the
8	time of the incident the facility did not have a signed written consent form from responsible party about
9	camofaluging the medication. Per the interview with the staff, the facility has other clients who are
10	reciving crushed/camoflauched medication, LPA gave guidance that consents should be audited and
11	updated as necessary.
12	
13	LPA was given a copy of the training that the facility gave as a part of thier own internal process for
14	resolving the inccident. Per the care coordinator, one of the two medications has been switched to a
15	liquid form.
16	
17	
18	Citations were issued as apart of the visit. A Copy of the report was left the the administrator, LPA sent a
19	copy of the best practices for Medication dispersal to the care coordinator. Exit interview was conducted
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Noel Wolf Petersen

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/25/2026

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.

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Created By: Noel Wolf Petersen On 03/25/2026 at 02:24 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: SUNNYSIDE SENIOR LIVING INC

FACILITY NUMBER: 502701283

DEFICIENCY INFORMATION FOR THIS PAGE:


VISIT DATE: 03/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/25/2026 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care (a)(4) A plan for incidental medical 3 and dental care shall be developed by 4 each facility. The plan shall encourage 5 routine medical and dental care and 6 provide for assistance in obtaining such 7 care, by compliance with the following: (4) The licensee shall assist residents with self-administered medications as needed.	1 No POC, the facility has retrained the 2 staff on providing observation for the 3 situation. new training materials given 4 to the lpa directly address the level 5 supervision the staff should be 6 providing the clients during med 7 dispersal.
	8 This requirement was not followed as 9 evidenced by: record review/interview 10 of a situation where under the 11 implemented plan of the facility, R2 12 made use of unsupervised access to 13 medication prescribed to R1, causing 14 R1 to be short a dose of medication and R2 to take medication not prescribed to them. This poses an immediate risk to the health safety and personal rights to residents in care.	
Type A 03/25/2026 Section Cited CCR87465(a)(5)(D)	1 87465 Incidental Medical and Dental 2 Care (a)(5) Facility staff, except those 3 authorized by law, shall not administer 4 injections, but staff designated by the 5 licensee may assist persons with self- 6 administration as needed. Assistance 7 with self-administered medications shall be limited to the following: (D) Assistance with self-administration does not include forcing a resident to take medication, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication.	1 No POC, the facility has aquired 2 consent from the relevant parties for 3 this client, LPA gave guidance that an 4 internal audit of all clients with crushed 5 medication orders for a consent form 6 should happen. 7

	This requirement was not followed as evidenced by:	
8	Record review/interview that a client was receiving medication	8
9	camouflaged by coffee without the	9
10	residents written knowledge and	10
11	consent facility did not have a signed	11
12	knowledge and consent for	12
13	Camouflaging medications at the time	13
14	of the incident.	14
	This presents an immediate risk to the health safety and personal rights to residents in care	

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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:	Liza King
NAME OF LICENSING PROGRAM ANALYST:	Noel Wolf Petersen
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/25/2026