

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701283
Report Date: 07/29/2026
Date Signed: 07/29/2026 01:02:18 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/20/2026** and conducted by Evaluator Kesha Lewis

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260720125352
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FACILITY NAME: SUNNYSIDE SENIOR LIVING INC	FACILITY NUMBER: 502701283
ADMINISTRATOR: MELISSA BRICHKA	FACILITY TYPE: 740
ADDRESS: 120 20TH CENTURY BLVD	TELEPHONE: (209) 668-8014
CITY: TURLOCK	ZIP CODE: 95380
CAPACITY: 56	DATE: 07/29/2026
	UNANNOUNCED TIME BEGAN: 09:45 AM
MET WITH: Crystal Calderon	TIME COMPLETED: 11:15 AM

ALLEGATION(S):

1	Staff did not follow the resident's physician instructions
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INVESTIGATION FINDINGS:

1	On 07/29/2026, Licensing Program Analyst (LPA) Kesha Lewis conducted an unannounced facility visit to
2	deliver findings for complaint for the above allegations. LPA met with assistant administrator Crystal
3	Calderon and explained the purpose of today's visit.
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5	Based on interviews and LPA observation R1 was receiving the care instructed by the physician it was
6	observed over multiple visits to the facility. Therefore the allegation above is UNSUBSTANTIATED. A
7	finding of unsubstantiated means although the allegation may have happened or is valid, there is not a
8	preponderance of evidence to prove the alleged violation did or did not occur, and therefore the allegation
9	is unsubstantiated.
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11	An exit interview was conducted, and a copy of this report was provided to the facility.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Liza King	
LICENSING EVALUATOR NAME: Kesha Lewis	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/29/2026