

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200294

Report Date: 12/16/2025

Date Signed: 12/16/2025 12:36:23 PM

Document Has Been Signed on 12/16/2025 12:36 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	SUNRISE ASSISTED LIVING OF DANVILLE	FACILITY NUMBER:	079200294
ADMINISTRATOR/DIRECTOR:	KIRSTEN KORFHAGE	FACILITY TYPE:	740
ADDRESS:	1027 DIABLO RD	TELEPHONE:	(925) 831-1740
CITY:	DANVILLE	STATE:	CA
CAPACITY:	89	ZIP CODE:	94526
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	76
MET WITH:	Resident Care Director, Kimari Pinkney	DATE:	12/16/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
		TIME VISIT/INSPECTION COMPLETED:	01:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) A Gomez arrived unannounced to conduct an Annual Continuation on
2 this date starting at 9:00AM. LPA met with Resident Care Director, Kimari Pinkney and explained the
3 reason of the visit. The facility's fire clearance was approved for all may be non-ambulatory which 10
4 may be bedridden.
5
6 At 9:10am, LPA reviewed 6 residents records. At 11:00 am, LPA reviewed 5 staff records and 5 of 5 have
7 current first aid training and associated to the facility.
8
9 **THE FOLLOWING DEFICIENCIES WERE OBSERVED DURING VISIT ON 12/08/2025:**
10
11 • During inspection of the med-tech cart LPA observed medications not stored in their original
12 container for R1 and R9
13 • LPA observed soiled bedding with an odor in R6's room
14 • LPA observed PRN medication in memory care in R8's room and prescription and PRN
15 medications in R7's room
16 • Observed dangerous items in R10's room (ie. 2 Knives, windex)
17
18
19
20
21
22 **The following deficiencies were observed (see LIC 809D) and cited from the California Code of
23 Regulations, Title 22 and/or Health and Safety Code Failure to correct deficiencies by POC date
24 may result in additional Civil Penalties.**
25
Exit interview conducted. Appeal Rights and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Alona Gomez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/16/2025

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

Document Has Been Signed on 12/16/2025 12:36 PM - It Cannot Be Edited

Created By: Alona Gomez On 12/16/2025 at 12:16 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 , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
--	--

FACILITY NAME: SUNRISE ASSISTED LIVING OF DANVILLE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 079200294
VISIT DATE: 12/16/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)	
--	---------------	----------------------	------------	-----------------	--

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above in dangerous items in R10's room (ie. 2 Knives, windex) which poses an immediate safety risk to persons in care.
2	
3	
4	
	POC Due Date: 12/16/2025
	Plan of Correction
1	Dangerous items removed POC clear
2	
3	
4	

	Type A	Section Cited	CCR	87465(h)(2)	
--	---------------	----------------------	------------	--------------------	--

Incidental Medical and Dental Care Services


(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above in PRN medication in memory care in R8's room and prescription and PRN medications in R7's room which poses an immediate risk to persons in care.
2	
3	
4	
	POC Due Date: 12/16/2025
	Plan of Correction

1 Medications removed and an inservice conducted POC clear
 2
 3
 4

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:	Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST:	Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 12/16/2025

Created By: Alona Gomez On 12/16/2025 at 12:16 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 1515 CLAY STREET, STE. 310
	OAKLAND, CA 94612

FACILITY NAME: SUNRISE ASSISTED LIVING OF DANVILLE **FACILITY NUMBER:** 079200294
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 12/16/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87307(a)(3)(C)	
--	---------------	----------------------	------------	-----------------------	--

Personal Accommodations and Services

(C) Clean linen, including blankets, bedspreads, top bed sheets, bottom bed sheets, pillow cases, mattress pads, bath towels, hand towels and wash cloths. The quantity shall be sufficient to permit changing at least once per week or more often when indicated to ensure that clean linen is in use by residents at all times. The linen shall be in good repair. The use of common wash cloths and towels shall be prohibited.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation, the licensee did not comply with the section cited above in soiled bedding with an
 2 odor in R6's room which posed a potential health and personal rights risk to persons in care.
 3
 4

POC Due Date: 12/16/2025

Plan of Correction

1 Bedding removed and an inservice conducted POC clear
 2
 3
 4

	Type B	Section Cited	CCR	87465(h)(5)	
--	---------------	----------------------	------------	--------------------	--

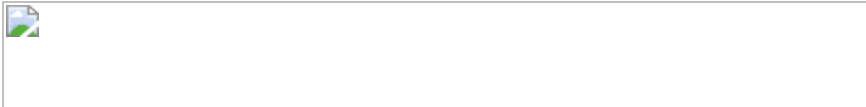
Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation the licensee did not comply with the section cited above in medications not stored in their original container for R1 and R9 which posed a potential safety risk to persons in care.
POC Due Date: 12/16/2025	
Plan of Correction	
1 2 3 4	Medications properly disposed of and an inservice conducted POC clear

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:	Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST:	Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 12/16/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 12/16/2025