

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200294
Report Date: 09/04/2025
Date Signed: 09/04/2025 11:56:46 AM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/01/2025** and conducted by Evaluator Alona Gomez

	COMPLAINT CONTROL NUMBER: 15-AS-20250701091409
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FACILITY NAME: SUNRISE ASSISTED LIVING OF DANVILLE	FACILITY NUMBER: 079200294
ADMINISTRATOR: KIRSTEN KORFHAGE	FACILITY TYPE: 740
ADDRESS: 1027 DIABLO RD	TELEPHONE: (925) 831-1740
CITY: DANVILLE	STATE: CA
CAPACITY: 89	ZIP CODE: 94526
	CENSUS: 77
	DATE: 09/04/2025
MET WITH: Assisted Living Coordinator, Sonya Currie	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 12:20 PM

ALLEGATION(S):

1	Staff are not providing adequate food service to residents
2	Staff did not ensure the kitchen was kept clean
3	Staff are not following infection control procedures
4	Staff are not effectively communicating with residents
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INVESTIGATION FINDINGS:

1	On 9/4/2025 at 10:00 AM, Licensing Program Analyst (LPA) A. Gomez arrived unannounced to deliver complaint findings. LPA explained the purpose of the visit to Assisted Living Coordinator, Sonya Currie.
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4	In reference to the above allegations: On 7/14/ 2025 LPA collected outbreak notifications sent to residents and families and interviewed S2. LPA also observed the kitchen clean and observed the food to be of satisfactory quality. S1 and S2 sampled the food and stated that it was good.
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8	Report continues on LIC9099-C
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Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 09/04/2025

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 2
Control Number 15-AS-20250701091409

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
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FACILITY NAME: SUNRISE ASSISTED LIVING OF DANVILLE **FACILITY NUMBER:** 079200294
VISIT DATE: 09/04/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>On 8/27/2025 LPA spoke to Sr General Manager, Abbie Apolinario and received emails of correspondences with Local public health dated 6/27/2025.</p> <p>During the investigation LPA also observed that the facility followed their infection control procedure regarding outbreaks and notified the appropriate parties in a timely manner. According to records observed residents and responsible parties were notified of the potential outbreak on 6/25/2025 and received an additional update on 7/1/2025. At the time of the potential outbreak there were no confirmed cases of Noro Virus however the facility implemented infection control procedures as a precaution. On 9/4/2025 LPA interviewed R1, R2 and R3 regarding the facilities food quality. All residents expressed satisfaction with the quality of the food served. Therefore the above allegations are unsubstantiated.</p> <p>Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.</p> <p>No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.</p>
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NAME OF LICENSING PROGRAM ANALYST: Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE: _____
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