

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 157208767
Report Date: 06/04/2026
Date Signed: 06/04/2026 03:26:45 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/13/2026** and conducted by Evaluator Melinda Medina

PUBLIC		COMPLAINT CONTROL NUMBER: 24-AS-20260513125529	
FACILITY NAME: BETHANY JOY GARDEN		FACILITY NUMBER:	157208767
ADMINISTRATOR: ESTOMATA, RIZANIO B		FACILITY TYPE:	740
ADDRESS: 12302 RAMBLER AVENUE		TELEPHONE:	(661) 615-3897
CITY: BAKERSFIELD	STATE: CA	ZIP CODE:	93312
CAPACITY: 6	CENSUS: 2	DATE:	06/04/2026
MET WITH: Florante Lansangan		UNANNOUNCED TIME BEGAN:	02:55 PM
		TIME COMPLETED:	03:45 PM

ALLEGATION(S):

1	Staff did not safeguard residents personal belongings
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INVESTIGATION FINDINGS:

1	On 06/04/2026, Licensing Program Analysts (LPAs) M. Medina and J. Duarre conducted a subsequent unannounced complaint visit to deliver findings. LPAs introduced self, stated purpose of visit, and allowed entrance by direct care staff. Lilibeth Estomata, Licensee contacted by telephone and was unavailable to conduct today's complaint visit. LPAs delivered findings via telephone to licensee and the report was signed by staff on shift. .
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7	This department investigated the above allegations during the investigation, LPAs toured facility and conducted interviews. This department had insufficient information regarding the allegation listed above. Although the allegation may have happened or are valid, there is not a preponderance of evidence to prove or disprove that the allegation occurred therefore the allegation is UNSUBSTANTIATED.
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10	No deficiencies issued during this complaint visit..
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13	Exit interview conducted. A copy of this report was provided to Licensee for facility records

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: See Moua	
LICENSING EVALUATOR NAME: Melinda Medina	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/04/2026