

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 392700366
Report Date: 11/25/2025
Date Signed: 12/02/2025 10:02:08 AM

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 **08/13/2025** and conducted by Evaluator Charlie Yang

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20250813151544
---------------	---

FACILITY NAME: COMMONS AT UNION RANCH, THE	FACILITY NUMBER: 392700366
ADMINISTRATOR: SHERYL BRAVO	FACILITY TYPE: 740
ADDRESS: 2241 N UNION ROAD	TELEPHONE: (209) 463-9100
CITY: MANTECA	ZIP CODE: 95336
CAPACITY: 135	DATE: 11/25/2025
MET WITH: Marcy Borland	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Staff do not provide adequate care and supervision
2	Staff do not have planned activities for the residents
3	Staff did not ensure the facility is properly maintained
4	Staff are not properly reporting incidents involving the residents
5	Staff are not abiding to the admission agreement
6	Staff are retaliating against the residents
7	
8	
9	

INVESTIGATION FINDINGS:

1	Unannounced complaint visit made out to this facility on 11/25/2025 by Licensing Program Analyst (LPA)
2	Charlie Yang who was met by the facility representative, Marcy Borland, who was briefly interviewed at
3	this time. This LPA requested that she go ahead and contact the facility designated Administrator, Sheryl
4	Bravo, to inform her that CCL was present at this time.
5	This LPA was informed that the facility designated Administrator was not able to come to this facility at
6	this time due to health concerns. This visit was conducted with the Business Officer Manager, Marcy
7	Borland, at this time.
8	Current census was 103 residents.
9	The purpose of this visit was to inform this facility, and its representatives, about the findings of this
10	investigation in relation to the above allegations.
11	Based on a review of the facility activities calendar, it was observed that it was completed and filled with
12	events throughout the days, and entire month, with specific times detailing the various events and
13	locations if any interested residents wanted to participate in them.

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Charlie Yang
LICENSING EVALUATOR SIGNATURE:

DATE: 11/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/25/2025

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 27-AS-20250813151544

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 (Cont)

FACILITY NAME: COMMONS AT UNION RANCH, THE

FACILITY NUMBER: 392700366

VISIT DATE: 11/25/2025

NARRATIVE

1 Based on interviews conducted during this investigation, it was learned that this facility used to employ
2 the services of a third party agency who provided temporary staff to serve as caregivers to this facility.
3 This practice was utilized until the end of September 2025 when this facility finally decided to end the
4 contract and no longer accepted any temporary caregivers from this agency.
5 It was learned that this facility employed staff to cover 24 hours of care and supervision and broke the
6 hours into three 8 hour shifts. These shifts were the AM, PM, and NOC shift. It was learned that in the
7 Memory Care Unit there were 3 caregivers present at each shift with one dedicated Medication
8 Technician as well.
9 It was learned that the staff coverage was related to the overall resident census and would fluctuate if
10 the census went down or go up if additional residents were admitted for care.
11 Based on a review of the forms and documents provided, specifically the LIC 500, it was observed that
12 the number of staff present for each shift did reflect the outlined numbers of 3 caregivers with one
13 Medication Technician at this time.
14 A tour of the memory care unit was conducted and it was observed that furniture, furnishings, and most
15 items intended for resident use were observed to be maintained and able to meet the needs of the
16 residents at this time.
17 Based on a review of the forms and documents obtained during this investigation, it was learned that
18 resident assessments were performed quarterly in order to address any changes to the needs and
19 services that had to be updated with the residents. It was also learned that additional assessments and
20 appraisals were performed when a resident was sent out to the hospital with new orders from their
21 attending physician in order to address any new changes to their conditions. It was learned that these
22 incidents of hospitalization or residents being sent out were duly reported to CCL within the allotted time
23 frames.
24 It was learned that any changes were then also reported to the resident, and their responsible parties,
25 so that the change in level of care could be discussed at that time.
26
27 As a result of this investigation, this Department found the allegations to be UNSUBSTANTIATED. A
28 complaint allegations finding of Unsubstantiated meant that although the allegations may have
29 happened or were valid, there was not a preponderance of the evidence to prove that the alleged
30 violations occurred.
31
32 There were no deficiencies observed or cited at this time.

Exit Interview

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Charlie Yang
LICENSING EVALUATOR SIGNATURE:

DATE: 11/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/25/2025