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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 392700366
Report Date: 08/11/2026
Date Signed: 08/11/2026 03:06:15 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/24/2026** and conducted by Evaluator Melina Oropeza

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20260624153604

FACILITY NAME:	COMMONS AT UNION RANCH, THE			**FACILITY NUMBER:**	392700366
ADMINISTRATOR:	JOSHUA LAMBENGCO			**FACILITY TYPE:**	740
ADDRESS:	2241 N UNION ROAD			**TELEPHONE:**	(209) 463-9100
CITY:	MANTECA	**STATE:** CA		**ZIP CODE:**	95336
CAPACITY:	135	**CENSUS:** 102		**DATE:**	08/11/2026
		UNANNOUNCED		**TIME BEGAN:**	01:45 PM
MET WITH:	Sheryl Bravo			**TIME COMPLETED:**	03:15 PM

ALLEGATION(S):

1	Staff are not ensuring residents medical needs are met
2	Unqualified staff providing care
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INVESTIGATION FINDINGS:

1	On 08/11/2026, Licensing Program Analyst (LPA) Melina Oropeza arrived unannounced to continue the
2	complaint investigation regarding the allegations above. LPA met with Administrator Sheryl Bravo and
3	explained the purpose of the visit.
4	
5	During the investigation, LPA conducted interviews with the Administrator and 2 staff members. LPA also
6	reviewed facility documentation including resident and staff rosters, incident reports, Medication
7	Technician (MT) training records, annual MT training verification, Activities of Daily Living (ADL) task
8	sheets, hospice notes and residents' care documentation.
9	
10	Based on interviews conducted and records reviewed, information obtained did not determine that
11	residents' medical needs were not being met or that staff providing care lacked the required qualifications
12	and training. Records reviewed reflected residents' care needs and services provided and staff records
13	reviewed reflected applicable training.
	continue 9099-c...

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Melina Oropeza
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 27-AS-20260624153604

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME: COMMONS AT UNION RANCH, THE **FACILITY NUMBER:** 392700366
VISIT DATE: 08/11/2026

NARRATIVE

As a result, the preponderance of evidence standard is not met, and the allegations are UNSUBSTANTIATED.A finding of unsubstantiated means that although the allegations may have happened or are valid, there is not a preponderance of evidence to prove that the alleged violations occurred.

An exit interview was conducted with the Administrator, Sheryl Bravo and a copy of this report was provided.

SUPERVISORS NAME: Liza King
LICENSING EVALUATOR NAME: Melina Oropeza
LICENSING EVALUATOR SIGNATURE:
DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/11/2026