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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601127
Report Date: 05/20/2026
Date Signed: 05/20/2026 12:13:53 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/18/2026** and conducted by Evaluator Komal Curley

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260518120834

FACILITY NAME:	SERRA HIGHLANDS SENIOR LIVING			**FACILITY NUMBER:**	415601127
ADMINISTRATOR:	JOSHUA LAMBENGCO			**FACILITY TYPE:**	740
ADDRESS:	501 KING DRIVE			**TELEPHONE:**	(650) 878-5111
CITY:	DALY CITY	**STATE:** CA		**ZIP CODE:**	94015
CAPACITY:	120	**CENSUS:** 57		**DATE:**	05/20/2026
		UNANNOUNCED		**TIME BEGAN:**	08:40 AM
MET WITH:	Administrator, Joshua Lambengco			**TIME COMPLETED:**	12:23 PM

ALLEGATION(S):

1	Staff do not ensure the facility is properly maintained
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INVESTIGATION FINDINGS:

1	On May 20, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced 10-day
2	complaint visit. LPA met with Administrator, Joshua Lambengco and explained the purpose of the visit.
3	
4	Regarding the allegation, staff do not ensure the facility is properly maintained, according to the reporting
5	party, a vacant resident was observed with two ventilation ducts, one of which was blocked with what
6	appeared to be either a portion of a ceiling tile or a complete ceiling tile which can pose a potential
7	danger to residents as the other ventilation duct was observed not to be working.
8	
9	During the investigation, LPA toured a random sample of resident rooms, made observations, and
10	interviewed staff. Based on observations, LPA observed 1-2 ventilation ducts in each room, in addition to
11	either a window or a sliding door. According to staff interviewed, the facility has a central heating and
12	cooling conditioning system that comes out the ventilation ducts. LPA observed at least one and/or both
13	ventilation ducts to be working in the resident rooms observed. According to staff and resident
	interviewed, the only reason the ventilation ducts are closed is if residents request for it to be closed.
	Based on observations and interviews conducted, the department has determined that although the
	above allegation may have happened or is valid, there is no a preponderance of evidence to prove the

	alleged violation did or did not occur, therefore the above allegation is UNSUBSTANTIATED. Report is reviewed with administrator and a copy is provided.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: April Cowan
LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:
DATE: 05/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/20/2026

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