

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202705
Report Date: 04/09/2026
Date Signed: 04/09/2026 11:05:41 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 10/22/2025 and conducted by Evaluator Audrey Jeung

PUBLIC	COMPLAINT CONTROL NUMBER: 26-AS-20251022125012
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FACILITY NAME: CRESCENT OAKS	FACILITY NUMBER: 435202705
ADMINISTRATOR: JOSHUA LAMBENGCO	FACILITY TYPE: 740
ADDRESS: 147 CRESCENT AVE	TELEPHONE: (408) 730-4004
CITY: SUNNYVALE	ZIP CODE: 94087
CAPACITY: 44	DATE: 04/09/2026
	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Bernadette Bender & Nick Catalano	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	- Staff abused resident causing multiple injuries
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INVESTIGATION FINDINGS:

1	Based on review of medical and facility records and interviews with alleged victim, family members, staff, residents, and medical workers, this allegation is determined to be unsubstantiated.
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3	Although the allegation may have occurred or is valid, there is not enough evidence to prove the alleged
4	violation did or did not occur.
5	On 10/21/25, client #1 was medically evaluated after complaining of shoulder pain. Per medical reports,
6	client had 4 fractured ribs and multiple bruises on both arms and both legs. Client reported that staff beat
7	her, and that she was assaulted during an outing. Other residents denied being harmed in any way by
8	staff.
9	Bruises were not observed by any staff, and client did not complain of chest or rib pains. It could not be
10	determined how client's injuries were caused, but client was described as being aggressive and
11	combative with other residents and staff almost daily.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Cowan April	
LICENSING EVALUATOR NAME: Audrey Jeung	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/09/2026