

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200575
Report Date: 08/20/2025
Date Signed: 08/20/2025 04:29:52 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/19/2025** and conducted by Evaluator Daisy Panlilio

	COMPLAINT CONTROL NUMBER: 15-AS-20250819092244
--	-------------------------------------------------------

FACILITY NAME: COMMONS AT DALLAS RANCH, THE	FACILITY NUMBER: 079200575
ADMINISTRATOR: R	FACILITY TYPE: 740
ADDRESS: 4751 DALLAS RANCH ROAD	TELEPHONE: (925) 754-7772
CITY: ANTIOCH	STATE: CA
CAPACITY: 123	ZIP CODE: 94531
	CENSUS: 102
	DATE: 08/20/2025
	UNANNOUNCED TIME BEGAN: 03:14 PM
MET WITH: Francine Taitano, Administrator/Executive Director	TIME COMPLETED: 05:30 PM

ALLEGATION(S):

1	Staff did not process resident's insurance invoices in a timely manner for reimbursement
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 08/20/25 at 3:30PM, Licensing Program Analyst (LPA) D Panlilio conducted an unannounced
2	complaint visit, met with Administrator (ADM), gathered information regarding the allegation and
3	delivered investigation finding to ADM. LPA explained the purpose of the visit with MOD.
4	
5	During investigation, LPA conducted interviews with staff (ADM, S1) and obtained the following
6	documents from administrator – Residents' roster, Personnel Record (LIC500) / Work Schedules,
7	incident reports
8	
9	Continued on next page, LIC 9099-C
10	
11	
12	
13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2025

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 3

Control Number 15-AS-20250819092244

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: COMMONS AT DALLAS RANCH, THE

FACILITY NUMBER: 079200575

VISIT DATE: 08/20/2025

NARRATIVE

- 1 Allegation: Staff did not process resident's insurance invoices in a timely manner for reimbursement
- 2 Investigation Finding: Substantiated
- 3 On 08/20/25 at 3:30PM, LPA interviewed Executive Director (ED) who confirmed that six residents'
- 4 insurance invoices were not processed in a timely manner for reimbursement due to a change in
- 5 management. Based on LPA's observations and interviews which were conducted and
- 6 record review(s), the preponderance of evidence standard has been met, therefore
- 7 the above allegation(s) that staff did not timely process resident's insurance invoices
- 8 for reimbursement was substantiated.
- 9
- 10 .
- 11 Deficiency is cited per Title 22 California Code of Regulations and listed on
- 12 LIC9099D. Failure to submit proof of corrections (POCs) by plan of correction due
- 13 dates and/or any repeat deficiencies within a 12-month period may result in civil
- 14 penalties.
- 15
- 16
- 17 Exit interview conducted. Appeal Rights and a copy of this report provided.
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 15-AS-20250819092244

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: COMMONS AT DALLAS RANCH, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 079200575
VISIT DATE: 08/20/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/20/2025 Section Cited CCR 87468.2(a)(4)	1 To care, supervision, and services that 2 meet their individual needs and are 3 delivered by staff that are sufficient in 4 numbers, qualifications, and 5 competency to meet their needs 6 7	1 Deficiency corrected during visit. 2 3 ADM has communicated with the 4 insurance companies of the six 5 residents on 08/18/25 and has given 6 documentation for immediate 7 reimbursements to residents.
	8 This requirement was not met as 9 evidenced by staff failing to timely 10 process residents' insurance invoices 11 for reimbursements which posed a 12 potential health & safety risk to client in 13 care. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 08/20/2025