

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200575
Report Date: 02/12/2026
Date Signed: 02/12/2026 05:14:05 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 **02/05/2026** and conducted by Evaluator Daisy Panlilio

	COMPLAINT CONTROL NUMBER: 15-AS-20260205131220
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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 ZIP CODE: 94531
CAPACITY: 123	CENSUS: 105 DATE: 02/12/2026
MET WITH: Marina Peckham, Assisted Living Director	UNANNOUNCED TIME BEGAN: 03:00 PM
Tangi Tingapaama, Director of Nursing	TIME COMPLETED: 05:30 PM

ALLEGATION(S):

1	Facility did not administer resident's medications in a timely manner
2	Facility missed resident's blood pressure checks
3	Facility did not follow-up with resident's primary care physician on discontinued medication and refills in a
4	timely manner
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INVESTIGATION FINDINGS:

1	On 02/12/26 at 3PM, Licensing Program Analyst (LPA) D Panlilio conducted an unannounced complaint
2	visit, met and interviewed Assisted Living Director (ALD), Director of Nursing (DN), gathered information
3	regarding the allegations and delivered investigation findings to ALD. LPA explained the purpose of the
4	visit with ALD.
5	
6	During investigation, LPA conducted interviews with reporting party (RP), staff (ADM, ASLD) and
7	obtained the following documents from ADM – Residents' roster, Personnel Record (LIC500) / Work
8	Schedules, Residents (R1, R2) admission agreements, needs & services plans, medication
9	administration records, centrally stored medication logs, incident reports.
10	
11	Continued on next page, LIC 9099-C
12	
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Daisy Panlilio
LICENSING EVALUATOR SIGNATURE:

DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/12/2026

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 5

Control Number 15-AS-20260205131220

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: 02/12/2026

NARRATIVE

1 Allegation: Facility did not administer residents' medications in a timely manner
2 Investigation Finding: Substantiated
3 On 02/12/26 at 3PM, LPA interviewed staff (ALD, Director of Nursing, S1) who stated that residents' (R1,
4 R2) medications were not administered in a timely manner because of S1's failure to prioritize timely
5 medication administration to residents on 02/01/26 because of two emergencies that happened around
6 10:30AM. S1 stated the other Med Tech on duty was busy helping other residents with their medications
7 and could not assist her. Review of email documents dated 09/30/25, 10/02/25, 01/20/26 and 02/01/26
8 showed staff failed to administer R1 and R2's medications in a timely manner and R1 had to call staff to
9 give R2's medications. Based on LPA's observations and interviews which were
10 conducted and record review(s), the preponderance of evidence standard has been
11 met, therefore the above allegation(s) that facility did not administer residents'
12 medications in a timely manner is substantiated.
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14
15 Allegation: Facility missed resident's blood pressure checks
16 Investigation Finding: Substantiated
17 During investigation, LPA interviewed reporting party (RP) and staff (ED, ASL Director, S1). RP stated
18 that R2's twice daily blood pressure checks (one in the AM and another in the PM) were not being done
19 by staff. ALD stated staff failed to perform R2's blood pressure checks daily due to a lack of better
20 training to fulfill residents' care requirements. Based on LPA's observations and interviews
21 which were conducted and record review(s), the preponderance of evidence
22 standard has been met, therefore the above allegation(s) that facility missed
23 resident's blood pressure checks is substantiated.
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26 Continued on next page, LIC 9099-C pg1
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Daisy Panlilio
LICENSING EVALUATOR SIGNATURE:

DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/12/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 5

Control Number 15-AS-20260205131220

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

**COMPLAINT INVESTIGATION REPORT
(Cont)**

310
OAKLAND, CA 94612

FACILITY NAME: COMMONS AT DALLAS RANCH, THE

FACILITY NUMBER: 079200575

VISIT DATE: 02/12/2026

NARRATIVE

1 Allegation: Facility did not follow up with resident's primary care physician on discontinued medication
 2 and refills in a timely manner
 3 Investigation Finding: Substantiated
 4 Review of email documents dated 09/30/25, 10/01/25, 10/02/25 and 10/03/25 showed R1's ER
 5 discharge instructions to a skilled nursing facility (SNF) on 08/13/25 stated to stop taking Lisinopril. The
 6 08/25/25 discharge notes from SNF to the facility did not have Lisinopril on R1's medication list. Staff
 7 continued to administer Lisinopril to R! and failed to timely follow-up with his primary care physician
 8 (PCP) to remove Lisinopril from his medication list. Also, review of email dated 01/26/26 showed staff
 9 gave RP a package of his medications dated August 2025 which RP stated dosage was never received.
 10 Based on LPA's observations and interviews which were conducted and record
 11 review(s), the preponderance of evidence standard has been met, therefore the
 12 above allegation(s) that facility did not follow up with resident's primary care
 13 physician on discontinued medication and refills in a timely manner is substantiated.
 14
 15
 16 Deficiencies are cited per Title 22 California Code of Regulations and listed on
 17 LIC9099D. Failure to submit proof of corrections (POCs) by plan of correction due
 18 dates and/or any repeat deficiencies within a 12-month period may result in civil
 19 penalties.
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 22 Exit interview conducted. Appeal Rights and a copy of this report provided.
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Daisy Panlilio
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/12/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
(Cont)**

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

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

FACILITY NUMBER: 079200575
VISIT DATE: 02/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/16/2026 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	1 By POC due date, ALD agrees to 2 complete and submit in-service staff 3 retraining certifications on residents' 4 timely medication administration by an 5 accredited CCLD vendor in compliance with Section 87468.2(a)(4) regulation.

	6 7		6 7
	8 9 10 11 12 13 14	This requirement was not met as evidenced by staff failing to timely administer residents' medications which posed a potential health & safety risk to resident in care.	8 9 10 11 12 13 14
Type B 03/16/2026 Section Cited CCR 87465(a)(1)	1 2 3 4 5 6 7	A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: (1) The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents.	1 2 3 4 5 6 7
	8 9 10 11 12 13 14	This requirement was not met as evidenced by staff failing to timely assist resident with blood pressure checks which posed a potential health & safety risk to resident in care.	8 9 10 11 12 13 14

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

SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/12/2026
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<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT</p> <p>(Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
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FACILITY NAME: COMMONS AT DALLAS RANCH, THE **FACILITY NUMBER:** 079200575
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 02/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/16/2026 Section Cited CCR 87466	1 The licensee shall ensure that residents are regularly observed for changes in physical, mental, emotional and social functioning and that appropriate assistance is provided when such observation reveals unmet needs. 2 3 When changes such as unusual weight gains or losses or deterioration of mental ability or a physical health condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any. 4 5 6 7	1 By POC due date, ADM agrees to complete and submit in-service staff retraining certifications on residents' proper medication administration by an accredited CCLD vendor in compliance with Section 87466 regulation. 2 3 4 5 6 7
	8 This requirement was not met as evidenced by staff failing to timely 9	8 9

10	follow up with residents' primary care	10
11	physician to timely discontinue and/or	11
12	administer refilled medications which	12
13	posed a potential health & safety risk to	13
14	resident in care.	14

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LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/12/2026

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/12/2026
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