

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700050
Report Date: 03/02/2026
Date Signed: 03/02/2026 12:42:22 PM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/05/2025** and conducted by Evaluator Lavinia Muscan

	COMPLAINT CONTROL NUMBER: 59-AS-20251205150116
--	--

FACILITY NAME:	OAKS AT GARFIELD, THE	FACILITY NUMBER:	342700050
ADMINISTRATOR:	MANEV, ATANAS M	FACILITY TYPE:	740
ADDRESS:	3500 GARFIELD AVE	TELEPHONE:	(916) 342-9695
CITY:	CARMICHAEL	ZIP CODE:	95608
CAPACITY:	6	DATE:	03/02/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	12:30 PM
	CENSUS: 6	TIME	01:00 PM
MET WITH:	Administrator Atanas Manev	COMPLETED:	

ALLEGATION(S):

1	Staff do not feed residents food of good quality.
2	Staff isolate residents in their rooms.
3	Staff does not provide residents with activities.
4	Resident developed pressure injuries while in care.
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 3/2/26, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to deliver complaint findings into the allegations listed above and met with Administrator Atanas Manev.
2	
3	
4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to the investigation.
5	
6	
7	The results of the investigation are as follows:
8	
9	**Report continued on 9099-C**
10	
11	
12	
13	

Unfounded	Estimated Days of Completion:
-----------	-------------------------------

SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Lavinia Muscan	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/02/2026

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 2
Control Number 59-AS-20251205150116

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

FACILITY NAME: OAKS AT GARFIELD, THE	FACILITY NUMBER: 342700050
	VISIT DATE: 03/02/2026

NARRATIVE	
1	Staff do not feed residents food of good quality.
2	Based on staff interview, three resident interviews (3) and department observation of the kitchen and
3	meal service, the department found that there was an adequate amount of food for the residents. The
4	food appeared to look appetizing and nutritious, sanitation in the kitchen appeared appropriate,
5	residents said food was good, and portions appeared plentiful. Food supplies in facility were adequate to
6	meet the requirements. Currently, there is no evidence to suggest that staff have failed to provide
7	adequate food service or provide it in a timely manner. Therefore, the allegation is UNFOUNDED. A
8	finding of unfounded means that the allegation is false, could not have happened and/or is without a
9	reasonable basis.
10	
11	Staff isolate residents in their rooms.
12	Staff does not provide residents with activities.
13	Through the course of the investigation process, CCL conducted interviews, toured the facility, and
14	reviewed records regarding the allegation above. During the investigation, residents and staff interviews
15	indicated that residents are receiving all ADLs, including activities from care staff. Residents indicated
16	that if they need anything staff are there and ready to assist. Residents indicated that all their needs are
17	being met by facility staff and they rarely stay in their rooms. Staff indicated that they have never
18	observed other care staff not providing ADLs or activities to residents in care. Therefore, the above
19	allegation is UNFOUNDED. A finding of unfounded means that the allegation is false, could not have
20	happened and/or is without a reasonable basis.
21	
22	Resident developed pressure injuries while in care.
23	Through the course of the investigation process, CCL conducted interviews, toured the facility, and
24	reviewed records regarding the allegation above. Based on documentation and interviews, R1
25	developed a small superficial wound on R1's back, which was not a pressure injury. The wound resulted
26	from repeated scratching by R1; therefore, the above allegation is UNFOUNDED. A finding of unfounded
27	means that the allegation is false, could not have happened and/or is without a reasonable basis.
28	
29	Exit interview conducted. Report left with facility.
30	
31	
32	

SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Lavinia Muscan	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/02/2026