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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347000389
Report Date: 08/25/2026
Date Signed: 08/25/2026 04:16:45 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/31/2026** and conducted by Evaluator Angela Hood

	COMPLAINT CONTROL NUMBER: 59-AS-20260731150312

FACILITY NAME:	ATRIA EL CAMINO GARDENS			**FACILITY NUMBER:**	347000389
ADMINISTRATOR:	STANSEL, DANA			**FACILITY TYPE:**	740
ADDRESS:	2426 GARFIELD AVE			**TELEPHONE:**	(916) 488-5722
CITY:	CARMICHAEL	**STATE:** CA		**ZIP CODE:**	95608
CAPACITY:	325	**CENSUS:** 232		**DATE:**	08/25/2026
		UNANNOUNCED		**TIME BEGAN:**	03:20 PM
MET WITH:	Dana Stansel, Executive Director			**TIME COMPLETED:**	04:30 PM

ALLEGATION(S):

1	-Staff do not ensure the residents have a safe, healthy, and comfortable environment
2	-Staff do not treat residents with dignity and respect
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the
2	Executive Director, Dana Stansel, to deliver complaint investigation findings regarding the above stated
3	allegations.
4	
5	During the course of the investigation, LPA conducted interviews, obtained documentation, and made
6	observations.
7	
8	On August 7, 2026 and July 30, 2026, LPA toured all buildings of the facility (A, B, and C), which included
9	memory care. LPA observed the facility to be clean, safe, sanitary and in good repair. On August 7, 2026,
10	LPA observed all thermostats in main hallways of buildings A, B, and C to be set within the regulatory
11	requirements. LPA also observed thermostats in nine (9) residents' rooms in memory care, which also
12	were set within the regulatory temperature range. LPA observed the facility to be at a comfortable
13	temperature. During the visit, LPA observed that building A, which included memory care, had new thermostats
	**********Continued on LIC9099-C**********

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Angela Hood
LICENSING EVALUATOR SIGNATURE:
DATE: 08/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/25/2026

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

Control Number 59-AS-20260731150312

FACILITY NAME: ATRIA EL CAMINO GARDENS **FACILITY NUMBER:** 347000389
VISIT DATE: 08/25/2026

NARRATIVE

that were not reading the temperature accurately. Interview with the Maintenance Director indicated that they installed a new HVAC system in building A and would have the HVAC company check the system to ensure all systems are functioning properly. According to HVAC company invoice, dated August 10, 2026, the HVAC company inspected the new system and found that all systems were operating normally. The thermostats that were reading incorrectly were set to read in the attic by mistake upon install, so were adjusted to read the correct hallway they were installed.

Interviews with residents (R1, R2, R3, and R4) indicated that the temperature is comfortable in the facility. R1, R2, R3, and R4 indicated that staff treat them well with dignity and respect. R1, R2, R3, and R4 indicated that they have no concerns regarding the facility's cleanliness, temperature, or the treatment from care staff.

Based on interviews conducted, observations made, and documentation, although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur. Therefore, the allegations are UNSUBSTANTIATED. No deficiencies are being cited. Exit interview conducted. A copy of the report was provided.

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Angela Hood
LICENSING EVALUATOR SIGNATURE:
DATE: 08/25/2026

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