<meta name="robots" content="noindex">

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005010
Report Date: 01/07/2026
Date Signed: 01/07/2026 02:46:20 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 **12/01/2025** and conducted by Evaluator Talwinder Bains

	COMPLAINT CONTROL NUMBER: 59-AS-20251201114654

FACILITY NAME:	ALL SEASONS, LLC		**FACILITY NUMBER:**	347005010
ADMINISTRATOR:	ANATOLIY MOLITVENIK		**FACILITY TYPE:**	740
ADDRESS:	8731 CENTRAL AVENUE		**TELEPHONE:**	(916) 776-6665
CITY:	ORANGEVALE	**STATE:** CA	**ZIP CODE:**	95662
CAPACITY:	6	**CENSUS:** 6	**DATE:**	01/07/2026
		UNANNOUNCED	**TIME BEGAN:**	02:00 PM
MET WITH:	Staff, Cynthia Davies		**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1	Licensee allows uncleared staff to work in the facility.
2	Licensee does not ensure staff have the required training.
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Talwinder Bains arrived at the facility unannounced on 01/07/26 to
2	deliver complaint findings for above allegations. LPA met with Staff, Cynthia Davies and explained the
3	purpose of the visit.
4	
5	The department conducted records review ,facility observations and interviews to investigate the
6	complaint.
7	
8	
9	
10	**Report continued on LIC9099-C**
11	
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Talwinder Bains
LICENSING EVALUATOR SIGNATURE:
DATE: 01/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 01/07/2026

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

Control Number 59-AS-20251201114654

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

FACILITY NAME: ALL SEASONS, LLC **FACILITY NUMBER:** 347005010
VISIT DATE: 01/07/2026

NARRATIVE

**Report continued from 9099....

Allegation: Licensee allows uncleared staff to work in the facility. UNSUBSTANTIATED

LPA reviewed staff roster on file at the facility and observed that all staff listed received a criminal background clearance from the Department. Staff Interviews indicated that facility do not let staff work without obtaining a criminal background clearance. Interviews with residents and staff indicated that they have not observed any unfamiliar people at the facility and have no concerns regarding staff not obtaining a criminal background clearance prior to employment.

Allegation: Licensee does not ensure staff have the required training. UNSUBSTANTIATED

During investigation, LPA obtained and reviewed staff records for staff members S1, S2, S3. LPA also reviewed the facility's Plan of Operation in regard to staff training. LPA observed that S1, S2, S3 received training in accordance with Title 22, the Health and Safety Code, and the facility's Plan of Operation. Staff Interviews indicated that staff are trained in accordance with Title 22, the Health and Safety Code, and the facility's Plan of Operation. Residents Interviews indicated that they feel that staff are adequately trained at the facility and they have no concerns regarding staff training.

Based on interviews conducted and records reviewed, the preponderance of evidence standards has not been met. Therefore, the above allegations are found to be UNSUBSTANTIATED. A finding that a complaint allegation is unsubstantiated means that, although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

Exit interview was conducted. A copy of this report and appeal rights were provided.

Signature on these forms acknowledges receipt of these documents.

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Talwinder Bains
LICENSING EVALUATOR SIGNATURE:
DATE: 01/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 01/07/2026