

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486804191
Report Date: 09/23/2025
Date Signed: 09/23/2025 03:04:59 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/24/2025** and conducted by Evaluator Jill Nakagawa

	COMPLAINT CONTROL NUMBER: 21-AS-20250624103730
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FACILITY NAME: FARMSTEAD AT DIXON, THE	FACILITY NUMBER: 486804191
ADMINISTRATOR: MARK REYES	FACILITY TYPE: 740
ADDRESS: 350 GATEWAY DRIVE	TELEPHONE: (707) 676-5060
CITY: DIXON	STATE: CA
CAPACITY: 96	ZIP CODE: 95620
MET WITH: Mark Reyes, Administrator	CENSUS: 52
	DATE: 09/23/2025
	UNANNOUNCED TIME BEGAN: 12:15 PM
	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Staff violated residents personal rights
2	Staff did not properly assist a resident during transfers
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INVESTIGATION FINDINGS:

1	On 9/23/2025 Licensing Program Analyst (LPA) Jill Nakagawa arrived unannounced to continue an
2	investigation regarding the above allegations. LPA conducted interviews, made observations and
3	reviewed documents. LPA met with Administrator Mark Reyes to discuss the findings.
4	
5	The complaint alleges that Staff violated resident's personal rights. The complainant stated that a staff
6	member (S1) pulls a resident's (R1) arm and tells R1 if they don't do what S1 says they will get R1 kicked
7	out. LPA interviewed complainant, who stated that there are staff that are not well-trained and should not
8	be working there. LPA reviewed the training and personnel files of S1 and found that S1 is a long-term
9	employee; S1 received all the required training as per regulation.
10	(Continued on LIC9099-C)
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Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota
NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 21-AS-20250624103730

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FARMSTEAD AT DIXON, THE

FACILITY NUMBER: 486804191

VISIT DATE: 09/23/2025

NARRATIVE

1 (Continued from 9099)
2 LPA interviewed Administrator and S3 who both stated that S1 has never had any complaints against their care of
3 residents. LPA was unable to interview R1. LPA conducted 5 interviews with staff and family member of R1 and
4 found that there were no concerns or complaints from the 5 of 5 interviewees about the care that S1 provided.
5 Based on the statements of interviewees and the service record of S1 the allegation that Staff violated resident's
6 personal rights is unsubstantiated. Although the allegation may have occurred there is not a preponderance of
7 evidence therefore the allegation that Staff violated resident's personal rights is UNSUBSTANTIATED
8
9 The complaint alleges that Staff did not properly assist a resident during transfers. The complainant states that a
10 caregiver (S2) is responsible for a resident (R2) falling and now has a full cast. LPA reviewed Incident Reports for
11 a reported fall where a resident suffered a fracture and found no such report. LPA interviewed staff members, R2
12 and family member of R2. 5 of 5 interviewees stated that R2 had not suffered fracture due to fall of 6/21/2025.
13 LPA interviewed R2 and family member of R2 and asked if Staff properly assist R2. They reported that staff assist
14 R2 properly. LPA reviewed the personnel files for S2 and found that S2 had received all necessary trainings and
15 had no disciplinary actions taken. Based on LPA's review of medical records of S2, review of staff records, and
16 interviews conducted LPA found the allegation that Staff did not properly assist a resident in transfers is
17 unsubstantiated. Although the allegation may have occurred there is not a preponderance of evidence to
18 substantiate the allegation therefore the allegation that Staff did not properly assist a resident in transfers is
19 UNSUBSTANTIATED.
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22 NO DEFICIENCIES FOUND REGARDING THIS INVESTIGATION. NO CITATIONS ISSUED.
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NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota
NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2025