

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486804191
Report Date: 11/25/2025
Date Signed: 11/25/2025 02:59:29 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 **09/18/2025** and conducted by Evaluator Jill Nakagawa

	COMPLAINT CONTROL NUMBER: 21-AS-20250918142622
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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	ZIP CODE: 95620
CAPACITY: 96	DATE: 11/25/2025
MET WITH: Alana Reyes, VP of Operations	UNANNOUNCED TIME BEGAN: 02:20 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff fraudulently placed residents in hospice care.
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INVESTIGATION FINDINGS:

1	On November 25, 2025, Licensing Program Analyst (LPA) Nakagawa arrived unannounced to complete the investigation regarding the above allegation and to deliver findings. LPA met with Alana Reyes to discuss findings.
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5	The complaint alleges that Staff fraudulently placed residents in hospice care. The complainant states that they believe this facility is committing abuse and fraud by forcing patients onto Hospice for a commission check. LPA interviewed 3 independent hospice agencies; 3 of 3 agencies all confirmed that a facility may not demand someone goes on hospice. Residents of a facility may be referred by the family, their primary care physician or the facility, but they must meet the requirements to go on hospice such as failure to thrive, weight loss, decline in health with an expected end of life within 6 months. (Continued on 9099-C)
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kimberley Mota
LICENSING EVALUATOR NAME: Jill Nakagawa
LICENSING EVALUATOR SIGNATURE:

DATE: 11/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/25/2025

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-20250918142622

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: 11/25/2025

NARRATIVE

1 Continued from 9099....
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3 The entities that can enroll residents in hospice care are Primary Care Physician (PCP) or other doctors
4 and nurse practitioners whose licenses and training allow them to make the decision along with the
5 patient and/or their responsible party, based on medical condition and guidelines of Medicare. Facility
6 staff do not have the power or authority to place someone on hospice. 3 agencies were interviewed. 3 of
7 3 stated that there are no commissions paid to facilities for residents enrolling in hospice services.

8 Interviews with responsible parties found that they were not coerced or threatened to sign up for hospice
9 or to enroll with a particular hospice agency. LPA was able to interview 3 families whose family member
10 was/had been on hospice. 3 of 3 stated that they were very satisfied with their choice, which they made
11 independently. Based on the interviews with hospice agencies, staff, and the responsible parties of
12 residents on hospice, the allegation that staff fraudulently place residents in hospice care is

13 **UNSUBSTANTIATED.**
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LIC9099 (FAS) - (06/04)

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