

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486804191
Report Date: 09/04/2026
Date Signed: 09/04/2026 02:57:27 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 06/11/2026 and conducted by Evaluator Jill Nakagawa

	COMPLAINT CONTROL NUMBER: 21-AS-20260611094620
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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:	09/04/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	12:58 PM
	CENSUS: 85	TIME	03:00 PM
MET WITH:	Mark Reyes, Administrator	COMPLETED:	

ALLEGATION(S):

1	Resident sustained an injury while in care.
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INVESTIGATION FINDINGS:

1	On 9/04/2026 Licensing Program Analyst (LPA) Nakagawa arrived unannounced to conduct a complaint investigation regarding the above allegation. LPA met with Administrator Mark Reyes to discuss.
2	The complaint alleges that a resident sustained injury while in care. The complainant states emergency
3	personnel were escorted to resident (R1's) room by facility staff and found R1 sitting upright on the
4	bathroom floor with visual injuries to their left hand. Emergency personnel were concerned due to
5	observing behaviors of Caregiver helping R1 being verbally hostile toward another staff member and the
6	behavior of R1 with S1 present. LPA Nakagawa reviewed records for R1. On 6/11/2026 caregiver S1
7	stated that R1 was found in the bathroom with a cut on hand, apparently from hitting it on the wheelchair
8	that was being stored in the bathroom. LPA spoke with R1 who stated that staff are kind to R1 and no one
9	is mean. LPA reviewed personnel records of S1 and there were no write-ups or reports regarding the
10	behavior of S1 towards staff or residents. LPA also reviewed phone messages between the Resident
11	Care Coordinator and staff S1 and other staff and there were no issues reported.
12	(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: 09/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 09/04/2026

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 21-AS-20260611094620

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: FARMSTEAD AT DIXON, THE	FACILITY NUMBER: 486804191
	VISIT DATE: 09/04/2026

NARRATIVE	
1	(Continued from 9099)
2	
3	Based on the statements of individuals interviewed, the personnel records of S1 and the medical
4	records of R1, the allegation that Resident sustained an injury while in care is unsubstantiated. Although
5	the allegation may have happened or is valid, there is not a preponderance of evidence to prove the
6	alleged violation(s) did or did not occur, therefore the allegation is unsubstantiated.
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