

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 092700822

Report Date: 03/03/2026

Date Signed: 03/03/2026 11:32:24 AM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/08/2025** and conducted by Evaluator Lavinia Muscan

	COMPLAINT CONTROL NUMBER: 59-AS-20251208103213
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FACILITY NAME: BLISSFUL GARDEN	FACILITY NUMBER: 092700822
ADMINISTRATOR: SOKIMI, MOTUOMANONO	FACILITY TYPE: 740
ADDRESS: 4210 PRODUCT DRIVE	TELEPHONE: (530) 313-0364
CITY: CAMERON PARK	ZIP CODE: 95682
CAPACITY: 46	DATE: 03/03/2026
MET WITH: Administrator Motu Sokimi	UNANNOUNCED TIME BEGAN: 11:25 AM
	TIME COMPLETED: 11:45 AM

ALLEGATION(S):

1	Staff abused resident in care
2	Staff restrained resident in care
3	Staff yelled at residents in care
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INVESTIGATION FINDINGS:

1	On 3/3/26, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to deliver complaint findings into the allegations listed above and met with Administrator Motu Sokimi.
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3	
4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to the investigation.
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7	The results of the investigation are as follows:
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9	**Report continued on 9099-C**
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Lavinia Muscan
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

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 59-AS-20251208103213

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BLISSFUL GARDEN

FACILITY NUMBER: 092700822

VISIT DATE: 03/03/2026

NARRATIVE

1 **Staff abused resident in care**
2 **Staff restrained resident in care**
3 The Department conducted interviews with staff members and reviewed records regarding allegations
4 above. Staff interviews revealed that they were not aware of any abuse or restraining of any residents in
5 care; therefore, the above allegations are found to be UNFOUNDED. A finding of unfounded means that
6 the allegation is false, could not have happened and/or is without a reasonable basis.
7
8 **Staff yelled at residents in care**
9 The department interviewed six (6) staff during a complaint investigation. The department conducted a
10 tour of the facility on 12/08/25 and 02/17/26. Interviews indicated that all staff treat all residents with
11 dignity and respect and do not yell at residents. During a facility tour on 12/08/25 and 02/17/26, facility
12 staff were observed to be attentive to residents' needs and treating residents with dignity and respect.
13 Based on facility tours, interviews and observation, the department found that there is no evidence that
14 facility staff do not treat residents with respect or speak inappropriately to residents; therefore, these
15 allegations are found to be UNFOUNDED. A finding of unfounded means that the allegation is false,
16 could not have happened and/or is without a reasonable basis.
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18 Exit interview conducted. Report left with facility.
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Lavinia Muscan
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

LIC9099 (FAS) - (06/04)

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