

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 292700563  
Report Date: 03/10/2026  
Date Signed: 03/10/2026 10:26:29 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/12/2026** and conducted by Evaluator Cassandra Mikkelson

	<b>COMPLAINT CONTROL NUMBER: 59-AS-20260212094654</b>
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<b>FACILITY NAME:</b> CASCADES OF GRASS VALLEY	<b>FACILITY NUMBER:</b> 292700563
<b>ADMINISTRATOR:</b> HALEY PARKER	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 415 SIERRA COLLEGE DRIVE	<b>TELEPHONE:</b> (530) 272-8002
<b>CITY:</b> GRASS VALLEY	<b>ZIP CODE:</b> 95945
<b>CAPACITY:</b> 65	<b>DATE:</b> 03/10/2026
<b>MET WITH:</b> Haley Parker	<b>UNANNOUNCED TIME BEGAN:</b> 10:00 AM
	<b>TIME COMPLETED:</b> 10:35 AM

**ALLEGATION(S):**

1	The licensee did not assist in arranging for medical appropriate to the conditions and needs of residents
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Cassandra Mikkelson arrived unannounced to continue the investigation into allegations listed above. LPA met with Executive Director Haley Parker, during today's visit. During today's inspection LPA conducted interviews, toured the facility and reviewed records pertinent to the investigation. The results of the investigation are as follows: *** Report continued on 9099-C***
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<b>Unfounded</b>	<b>Estimated Days of Completion: 5</b>
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**SUPERVISORS NAME:** Laura Munoz  
**LICENSING EVALUATOR NAME:** Cassandra Mikkelson  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/10/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/10/2026

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-20260212094654

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:** CASCADES OF GRASS VALLEY

**FACILITY NUMBER:** 292700563

**VISIT DATE:** 03/10/2026

### NARRATIVE

1 **The licensee did not assist in arranging for medical appropriate to the conditions and needs of**  
2 **residents.**

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4 Interviews conducted with Executive Director (ED) indicated that Resident R1 had experienced issues  
5 with their catheter since January 2026. Staff have continuously worked with home health, hospice and  
6 R1's physician to help decrease discomfort/pain that R1 had been experiencing since receiving the  
7 catheter. During the most recent event, staff noticed that R1 had more discomfort than usual and had a  
8 slight red color to the urine in the catheter bag. Staff reached out the R1's power of attorney (POA) for  
9 next steps/transfer to hospital. R1's POA requested that R1 not be sent to the hospital and have R1's  
10 urine tested as an outpatient test. Staff reached out to R1's physician requesting a test to which they  
11 declined and told staff that R1 needed to go to the hospital. Staff attempted to explain that it was the  
12 request of the POA to not have R1 sent out to the hospital and instead perform a urine test.

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14 Documents reviewed indicated that facility staff had sent requests to R1's physician indicating that R1  
15 was having discomfort with the catheter. Physician responses were documented indicating prescribing  
16 of new medications to assist. Daily progress notes indicated that staff were watching R1's urine output  
17 closely and were checking for any signs of infection while also reporting to home health services each  
18 day. Staff continued reports to home health, POA and physician's office until urinalysis order was  
19 received on 01/30/2026. Facility staff followed instructions and continued to monitor.

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21 Based on records reviewed and interviews, LPA finds the above allegation to be UNFOUNDED-  
22 meaning that the allegation was false, could not have happened and/or is without reasonable basis. Exit  
23 interview conducted with the Executive Director. Copy of report was given to facility.

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**SUPERVISORS NAME:** Laura Munoz  
**LICENSING EVALUATOR NAME:** Cassandra Mikkelson  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/10/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/10/2026

LIC9099 (FAS) - (06/04)

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