

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 315920040
Report Date: 02/12/2026
Date Signed: 02/12/2026 03:15:43 PM

Unsubstantiated

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 **01/06/2026** and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 59-AS-20260106124506
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FACILITY NAME: SIERRA RIDGE SENIOR LIVING	FACILITY NUMBER: 315920040
ADMINISTRATOR: ALEXIS THACKER	FACILITY TYPE: 740
ADDRESS: 3265 BLUE OAKS DRIVE	TELEPHONE: (530) 718-1553
CITY: AUBURN	ZIP CODE: 95602
CAPACITY: 65	DATE: 02/12/2026
MET WITH: Alyssa Sellers	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Facility is understaffed
2	staff did not prevent resident on resident altercation
3	
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INVESTIGATION FINDINGS:

1	Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with
2	Executive Director Alyssa Sellers to deliver findings for the above complaint allegation.
3	
4	During the investigation, LPA conducted interviews, conducted a tour of the facility, and reviewed
5	documentation pertinent to the investigation.
6	
7	The results of the investigation are as follows:
8	*** Report continued on 9099-C***
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Cassandra Mikkelson
LICENSING EVALUATOR SIGNATURE:

DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/12/2026

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-20260106124506

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: SIERRA RIDGE SENIOR LIVING

FACILITY NUMBER: 315920040

VISIT DATE: 02/12/2026

NARRATIVE

1 **Facility is understaffed**

2

3 Interviews conducted with Staff Members S1, S2, S3 and S4 indicated that care is being provided
4 adequately to all residents in care. It was indicated that staffing is increasing and overall care is easier to
5 manage with the current number of staff. S1, S2, and S3 indicated that they would like one more staff on
6 the floor for the morning AM shift but are able to still complete all tasks assigned. Records reviewed
7 indicated that there are staff on each shift to assist the residents in care and staff schedule indicates an
8 increase in staff over the last few months. Therefore, the allegation inadequate staffing to provide care is
9 unsubstantiated.

10

11 **Staff did not prevent resident on resident altercation**

12

13 LPA reviewed LIC624 and SOC341 reporting that R2 assaulted R1 on 10/20/2025.

14

15 Staff who were interviewed stated they did not witness the incident. Staff were quick to respond after
16 incident had occurred and called 9-1-1 on behalf of R1 to get R1's injuries assessed. Executive Director
17 stated that the two residents were inside R1's room when R2 pushed R1 resulting in R1 falling to the
18 ground.

19

20 It was determined that this incident did occur and was reported by the facility to licensing and R1's
21 power of attorney. However, there is no regulation that has been violated and as a result a citation
22 cannot be issued for this allegation. Therefore the allegation staff did not prevent resident on resident
23 altercation is unsubstantiated.

24

25 Based on interviews conducted, observations, and records reviewed, the preponderance of evidence
26 standards have not been met. Therefore, the above allegations are found to be UNSUBSTANTIATED. A
27 finding that a complaint allegation is unsubstantiated means that, although the allegation may have
28 happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation
29 occurred.

30

31 Exit interview was conducted with Administrator. A copy of this report was provided. Signature on these
32 forms acknowledges receipt of these documents.

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

DATE: 02/12/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/12/2026

LIC9099 (FAS) - (06/04)

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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
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COMPLAINT INVESTIGATION REPORT

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CENSUS: UNANNOUNCED

DATE: 02/12/2026

MET WITH: Alyssa Sellers

TIME BEGAN: 01:00 PM

DATE: 02/12/2026

TIME: 03:30 PM

COMPLETED: 03:30 PM

ALLEGATION(S):

1 staff negligence resulted in resident sustaining fall w/ injuries
2
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INVESTIGATION FINDINGS:

1 Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with
2 Executive Director Alyssa Sellers to deliver findings for the above complaint allegation.
3
4 During the investigation, LPA conducted interviews, conducted a tour of the facility, and reviewed
5 documentation pertinent to the investigation.
6
7 The results of the investigation are as follows:
8 *** Report continued on 9099-C***
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Unfounded Estimated Days of Completion:

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Cassandra Mikkelson
LICENSING EVALUATOR SIGNATURE: DATE: 02/12/2026

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LIC9099 (FAS) - (06/04) Page: 3 of 4
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FACILITY NAME: SIERRA RIDGE SENIOR LIVING FACILITY NUMBER: 315920040
VISIT DATE: 02/12/2026

NARRATIVE

1 Staff negligence resulted in resident sustaining fall w/ injuries
2
3 Records reviewed indicated that R1 sustained a fall on 10/18/2025 in their room. R1 sustained an injury
4 to their left eyebrow and skin tears on forearm and hand. R1 utilizes the Safely You program which
5 captures a video of any fall in the resident rooms. The incident was captured on 10/18, staff responded
6

7 immediately after getting the fall notification and followed protocols by calling emergency services to
8 have R1's injuries assessed. Licensing and R1's power of attorney (POA) were notified of incident.
9 Interviews conducted indicated that R1 needed assistance at times with transferring and utilized a
10 walker for mobility. R1 had 1 previous fall with no injuries on 8/28/2025 so R1 was considered a "fall
11 potential" and not an immediate "fall risk". Staff monitored appropriated based on R1's service plan.
12 Therefore, the allegation staff negligence resulted in resident sustaining fall w/ injuries is unfounded.
13
14 Based on records reviewed and interviews, LPA finds the above allegations to be UNFOUNDED-
15 meaning that the allegations were false, could not have happened and/or is without reasonable basis.
16 Exit interview conducted with the Administrator. Copy of report was given to facility.
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Cassandra Mikkelson
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/12/2026

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