

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 317005468

Report Date: 11/06/2025

Date Signed: 11/06/2025 12:19:00 PM

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 **09/12/2025** and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 59-AS-20250912093923
--	---

FACILITY NAME: BROOKDALE AUBURN	FACILITY NUMBER: 317005468
ADMINISTRATOR: MALISSA ACUNA	FACILITY TYPE: 740
ADDRESS: 11550 EDUCATION ST	TELEPHONE: (530) 888-8847
CITY: AUBURN	ZIP CODE: 95602
CAPACITY: 110	DATE: 11/06/2025
MET WITH: Malissa Acuna, Executive Director	UNANNOUNCED TIME BEGAN: 11:25 AM
	TIME COMPLETED: 12:30 PM

ALLEGATION(S):

1	Staff do not ensure that residents are provided adequately supervised, resulting in resident sustaining an
2	injury
3	Staff do not ensure that residents' incontinence needs are met
4	Staff do not assist residents with showering
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with
2	Executive Director Malissa Acuna 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	
9	*** Report continued on 9099-C***
10	
11	
12	
13	

Unfounded	Estimated Days of Completion: 5
------------------	--

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Cassandra Mikkelson
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 11/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 11/06/2025

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 59-AS-20250912093923

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827</p>
--	--

FACILITY NAME: BROOKDALE AUBURN **FACILITY NUMBER:** 317005468
VISIT DATE: 11/06/2025

NARRATIVE	
1	<u>Staff do not ensure that residents are provided adequately supervised, resulting in resident sustaining an injury.</u>
2	
3	
4	Interviews conducted indicated that resident R1 was supervised during shower and no injuries occurred.
5	R1 sustained a skin abrasion after the shower where R1 slid down the wall to the floor to the seated
6	position, no fall occurred. Records reviewed indicated R1 is not a fall risk and did not require hands on
7	showering, only stand by assistance. Therefore, the allegation staff do not ensure that residents are
8	provided adequately supervised, results in resident sustaining an injury unfounded.
9	
10	<u>Staff do not ensure that residents' incontinence needs are met</u>
11	
12	Interviews conducted indicated that staff are taking care of incontinence needs of all residents.
13	Interviews with residents indicated that there is no concerns with incontinence care and staff are very
14	helpful. Records reviewed indicated residents have incontinence needs indicated on their service plans
15	which is followed by staff. Service plans are updated as needed or at least every six months. Interviews
16	with residents R2, R3, and R4 indicated that there are no complaints with staff and the incontinence
17	care that is received. Therefore, the allegation staff do not ensure that residents' incontinence needs are
18	met is unfounded.
19	
20	<u>Staff do not assist residents with showering</u>
21	
22	Interviews conducted indicated that staff are assisting with showering needs. Staff will assist a resident
23	with a shower on their day and if a shower is refused, there are protocols in place to help attempt a
24	shower again, like changing face of the staff member or changing the time of day. Sometimes, shower
25	days are changed based on staff schedules which is communicated with residents. Interviews with
26	residents R2, R3, and R4 indicated that there are no complaints with showering. Records reviewed
27	indicated showers are provided and indicated on shower sheets. Showers are documented and skin
28	checks are done to assess resident. Therefore, the allegation staff do not assist residents with
29	showering is unfounded.
30	
31	Based on records reviewed and interviews, LPA finds the above allegations to be UNFOUNDED-
32	meaning that the allegations were false, could not have happened and/or is without reasonable basis. Exit interview conducted with the Administrator. Copy of report was given to facility.

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Cassandra Mikkelson
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 11/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 11/06/2025