

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700947
Report Date: 07/16/2026
Date Signed: 07/16/2026 11:19:01 AM

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 **05/31/2026** and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 59-AS-20260531115807
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FACILITY NAME:	BELHAVEN ESTATE	FACILITY NUMBER:	342700947
ADMINISTRATOR:	WILSON, JENNIFER	FACILITY TYPE:	740
ADDRESS:	9048 ELM AVE	TELEPHONE:	(831) 801-4626
CITY:	ORANGEVALE	ZIP CODE:	95662
CAPACITY:	6	DATE:	07/16/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	10:30 AM
	CENSUS: 5	TIME	11:30 AM
MET WITH:	Kylie Moss	COMPLETED:	

ALLEGATION(S):

1	Staff engaged in an altercation in the presence of resident.
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INVESTIGATION FINDINGS:

1	Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with Administrator Kylie Moss to deliver findings for the above complaint allegation.
2	
3	
4	During the investigation, LPA conducted interviews, conducted a tour of the facility, 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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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Cassandra Mikkelson	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/16/2026

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 4
Control Number 59-AS-20260531115807

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: BELHAVEN ESTATE	FACILITY NUMBER: 342700947
	VISIT DATE: 07/16/2026

NARRATIVE	
1	<u>Staff engaged in an altercation in the presence of resident.</u>
2	
3	Interviews conducted with residents R1-R4 indicated that there has not been any arguments or
4	altercations seen or heard by staff. R1-R4 are pleased with the care they are receiving from all staff
5	members at this time and had no complaints regarding the quality of care. Interviews conducted with
6	Administrator indicated that once they were made aware of the supposed incident, facility conducted an
7	internal investigation, interviewing residents and staff. Administrator also changed the staff schedule to
8	separate the staff members until the investigation was complete. Administrator was unable to determine
9	whether the altercation occurred based on their internal investigation. Due to conflicting interviews, LPA
10	is unable to confirm or deny the incident happened. Therefore, the allegation staff engaged in an
11	altercation in the presence of resident is unsubstantiated.
12	
13	Based on interviews conducted, observations, and records reviewed, the preponderance of evidence
14	standards have not been met. Therefore, the above allegations are found to be UNSUBSTANTIATED. A
15	finding that a complaint allegation is unsubstantiated means that, although the allegation may have
16	happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation
17	occurred.
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19	Exit interview was conducted with Administrator. A copy of this report was provided. Signature on these
20	forms acknowledges receipt of these documents.
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Cassandra Mikkelson	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/16/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/16/2026

LIC9099 (FAS) - (06/04) Page: 2 of 4	
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	

	COMPLAINT CONTROL NUMBER: 59-AS-20260531115807
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CITY: ORANGEVALE	ZIP CODE: 95662
CAPACITY: 6	DATE: 07/16/2026
	UNANNOUNCED TIME BEGAN: 10:30 AM
MET WITH: Kylie Moss	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Staff does not ensure resident's restroom needs are being met resulting in resident's developing UTI's.
2	Staff does not follow resident's care plan.
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INVESTIGATION FINDINGS:

1	Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with
2	Administrator Kylie Moss 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:
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SUPERVISORS NAME: Laura Munoz	
LICENSING EVALUATOR NAME: Cassandra Mikkelson	
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BELHAVEN ESTATE	FACILITY NUMBER: 342700947
	VISIT DATE: 07/16/2026

NARRATIVE	
1	Staff does not ensure resident's restroom needs are being met resulting in resident's developing
2	UTI's.
3	
4	Interviews conducted with residents R1- R4 indicated that staff are assisting with toileting and any needs
5	that come up. Staff are quick to respond when call buttons are pressed. Interviews conducted with staff
6	

7 and Administrator indicated that staff are following resident's care plans for incontinence needs. Not all
8 residents currently need assistance with toileting but staff will ensure that each resident who needs
9 assistance is receiving it. Records reviewed indicated that there are residents in care who do have
10 frequent urinary tract infections (UTI) but the facility and the physician are aware and are prescribing
11 medications to help. Staff keep a close watch to ensure that UTI symptoms do not worsen. Therefore,
12 the allegation staff does not ensure resident's restroom needs are being met resulting in resident's
13 developing UTIs is unfounded.

14
15 **Staff does not follow resident's care plan.**

16
17 Interviews conducted with residents R1-R4 indicated that care needs are being met and staff are
18 following their care plans. R1-R4 had no complaints in regards to the care being provided and no
19 additional assistance was needed other than what was being provided by staff. Interviews conducted
20 with staff and Administrator indicated that each resident's care plan is being followed and updated on a
21 regular basis. Staff are trained to follow the care plans and will update Administrator when changes
22 need to be made to the care plan. Records reviewed indicated that all residents care plans are up to
23 date and reviewed by the Administrator to ensure accuracy. Each resident's care plan is based off of the
24 resident's LIC602 physician's report and their appraisals conducted. Therefore, the allegation staff does
25 not follow resident's care plan is unfounded.

26
27 Based on records reviewed and interviews, LPA finds the above allegations to be UNFOUNDED-
28 meaning that the allegations were false, could not have happened and/or is without reasonable basis.
29 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: 07/16/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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