

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426709
Report Date: 02/14/2022
Date Signed: 02/14/2022 12:02:17 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: CHANTILLY LACE MANOR II	FACILITY NUMBER: 366426709
ADMINISTRATOR: BADDELEY, TERESA	FACILITY TYPE: 740
ADDRESS: 8430 "I" AVENUE	TELEPHONE: (760) 956-5375
CITY: HESPERIA	STATE: CA
CAPACITY: 6	ZIP CODE: 92345
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Teresa Baddeley	DATE: 02/14/2022
	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 12:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Stephanie Williams conducted an unannounced visit to the facility in
2	order to conduct a required annual inspection, with an emphasis on infection control, due to the COVID-
3	19 pandemic. LPA Williams identified herself to Licensee/Administrator, Teresa Baddeley, who was also
4	informed of the purpose of the visit.
5	
6	During the inspection, LPA Williams interviewed Baddeley regarding the facility's infection control
7	measures and inspected the facility for regulatory compliance. LPA Williams observed appropriate
8	postings in the facility, including COVID-19 symptoms postings and emergency contact information,
9	which were in accordance with the Department's guidelines. LPA Williams observed that the facility was
10	also equipped with sufficient hand hygiene supplies, sufficient cleaning/disinfecting provisions, and a
11	supply of Personal Protective Equipment (PPE). The facility has a designated infection control lead
12	person who has been tasked with tracking all COVID-19 cases and/or suspected cases and that staff
13	are trained in the facility's infection control measures. The facility has a plan in place which follows
14	Community Care Licensing Division guidelines for COVID-19 testing, isolation, and properly caring for
15	clients with COVID-19 positive results and/or exposures. The facility also has a plan in place to monitor
16	residents regularly for any changes in condition and to subsequently notify the resident's physician and
17	emergency personnel in the event the resident presents any COVID-19 symptoms.
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19	Furthermore, LPA Williams observed that the facility appeared to be meeting operational requirements.
20	LPA Williams observed that all utilities and appliances were functioning properly and all passageways
21	clear of obstruction, including emergency exits. The facility was equipped with sufficient food supply and
22	emergency supplies. All areas of the facility, including resident bedrooms and restrooms, appeared
23	clean and in good repair. LPA Williams observed that medications and dangerous objects were kept
24	inaccessible to residents in care. LPA Williams observed no apparent health and safety risks at the time
25	of visit.

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Stephanie Williams

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/14/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/14/2022

This report must be available at Child Care and Group Home facilities for public review for 3 years.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CHANTILLY LACE MANOR II

FACILITY NUMBER: 366426709

VISIT DATE: 02/14/2022

NARRATIVE

1	Based on interviews and observations made during today's inspection, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations. An exit interview was conducted where this report was discussed and a copy of this report was provided to Baddeley at the conclusion of the inspection.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Stephanie Williams

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/14/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/14/2022