

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426709
Report Date: 03/19/2025
Date Signed: 03/19/2025 10:13:55 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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
DIRECTOR:		TELEPHONE:	(760) 956-5375
ADDRESS:	8430 "I" AVENUE	STATE: CA	ZIP CODE: 92345
CITY:	HESPERIA	CENSUS: 6	DATE: 03/19/2025
CAPACITY: 6		UNANNOUNCED TIME VISIT/INSPECTION	09:19 AM
TYPE OF VISIT: POC		BEGAN:	
MET WITH: Heilala Poloa		TIME VISIT/INSPECTION	10:17 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPAs) Magda Malcore and Eldin Serrano conducted an
2	unannounced Plan of Correction (POC) visit to the facility. LPAs met with Heilala
3	Paola, Caregiver, were granted entry and explained the purpose of the visit. Licensee
4	Teresa Baddeley arrived to the facility shortly after and explained the purpose of the
5	visit.
6	
7	
8	On 02/12/25 deficiencies were cited during a facility inspection and correction plans
9	were due on 03/10/25. As of today's visit, the following deficiencies have not been
10	cleared:
11	
12	• a statement of understanding of regulation cited [87465(d)(3)] was not provided to
13	the LPAs. Licensee Baddeley stated that once her appeal is denied she will provide
14	the statement of understanding.
15	
16	• a copy of resident #1 (R1) signed admission's agreement was not provided to the
17	LPAs during today's visit. The Licensee stated she will have the family signed the
18	documentation and submit a picture of the signed document the LPA.
19	
20	• LPAs observed that facility supplies and equipment were still stored in resident's
21	designated private bathroom closet.
22	
23	• LPAs observed that surveillance cameras were still mounted in all residents'
24	bedrooms.
25	
	Civil penalties of \$3600 were assessed today for failure to correct deficiencies due on 3/10/2025 and civil penalties will continue to accrue \$100 per day per violation

until proof of correction has been received.

An exit interview was conducted with the licensee. Copies of reports LIC809 & LIC421FC were provided with appeal rights to Licensee Baddeley at the conclusion of the visit.

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Magda Malcore

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/19/2025

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