

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 045000700

Report Date: 12/14/2021

Date Signed: 12/14/2021 10:51:03 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME:	COURTYARD AT LITTLE CHICO CREEK, THE	FACILITY NUMBER:	045000700
ADMINISTRATOR:	MORALES, MELISSA	FACILITY TYPE:	740
ADDRESS:	1770 HUMBOLDT ROAD	TELEPHONE:	(530) 342-0707
CITY:	CHICO	STATE: CA	ZIP CODE: 95928
CAPACITY:	49	CENSUS: 37	DATE: 12/14/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	09:30 AM
MET WITH:	Melissa Morales - Executive Director	TIME	11:00 AM
		COMPLETED:	

NARRATIVE	
1	12/14/2021 09:30 AM Licensing Program Analyst (LPA) Rebecca Knight and Office Assistant Thomas Key arrived at the facility unannounced to conduct a Required-1 Year Inspection utilizing the infection control domain. LPA met with Executive Director Melissa Morales and explained the purpose of the visit. Prior to initiating the annual inspection, LPA and Mr. Key completed required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms. LPA and Mr. Key ensured they applied hand sanitizer before entering the facility and the following Personal Protective Equipment (PPE) was worn: N-95 Mask, gloves. Additionally, LPA Knight and Mr. Key were screened by facility staff.
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10	LPA Knight, Mr. Key and Ms. Morales toured facility together to ensure health and safety of residents in care. Areas toured include but are not limited to: common areas, bathrooms, office, activity room, dining room, screening station, and storage areas. In the areas toured no immediate health, safety, or personal rights violations were observed. LPA Knight, Mr. Key and the Executive Director completed the infection control domain and facility was found to be in substantial compliance at this time.
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16	No deficiencies are being cited as a result of todays inspection.
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18	Exit interview conducted and copy of report was emailed to Executive Director Melissa Morales.
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NAME OF LICENSING PROGRAM MANAGER: Rayna L Bryson

NAME OF LICENSING PROGRAM ANALYST: Rebecca Knight

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/14/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/14/2021

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