

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 045002696
Report Date: 04/15/2025
Date Signed: 04/15/2025 09:57:46 AM

Substantiated

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 **02/27/2025** and conducted by Evaluator Donna Gurriere

	COMPLAINT CONTROL NUMBER: 59-AS-20250227121436
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FACILITY NAME: TOWNSEND HOUSE	FACILITY NUMBER: 045002696
ADMINISTRATOR: PASQUALE, CHABLIS	FACILITY TYPE: 740
ADDRESS: 10 ILAHEE LN	TELEPHONE: (530) 342-4455
CITY: CHICO	STATE: CA
CAPACITY: 38	ZIP CODE: 95973
MET WITH: ANTOYA LEE	CENSUS: 35
	DATE: 04/15/2025
	UNANNOUNCED TIME BEGAN: 09:40 AM
	TIME COMPLETED: 10:15 AM

ALLEGATION(S):

1	Personal Rights - Staff did not treat resident with dignity or respect.
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INVESTIGATION FINDINGS:

1	On 04/15/25 Donna Gurriere arrived at the facility unannounced to deliver final findings regarding a
2	complaint that was received on 02/27/25. LPA Gurriere met with Antoya Lee, Administrator Assistant and
3	explained the purpose of the visit.
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5	Personal Rights - Staff did not treat resident with dignity or respect.
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7	During the interview process, the administrator, and eight staff persons were interviewed. Documents
8	were obtained to include Physicians Reports, Emergency Information, Appraisals and Needs and
9	Admission Agreements, Incident Reports, Medical Administrative Records (MARs), staff persons names
10	and contact numbers.
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12	During the investigation, it was reported that a staff person violated a resident's (Resident 1) personal
13	rights when the staff person videoed the resident in the bathroom on the toilet. Staff person was
	terminated.

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST: Donna Gurriere
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/15/2025

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 3

Control Number 59-AS-20250227121436

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: TOWNSEND HOUSE

FACILITY NUMBER: 045002696

VISIT DATE: 04/15/2025

NARRATIVE

1 Based on investigation observations and interviews which were conducted and record review(s), the
2 preponderance of evidence standard has been met, therefore the above allegation is found to be
3 Substantiated. California Code of Regulations, (Title 22), is cited on the attached LIC 9099D.

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5 Appeal Rights provided.
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NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST: Donna Gurriere
LICENSING PROGRAM ANALYST SIGNATURE:

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/15/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

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**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: TOWNSEND HOUSE

FACILITY NUMBER: 045002696

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/15/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/16/2025 Section Cited CCR 87468.1(a)(1)	1 Personal Rights of Residents in All 2 Facilities - Residents in all residential 3 care facilities for the elderly shall have 4 all of the following personal rights: To 5 be free from punishment, humiliation, 6 intimidation, abuse, or other actions of 7 a punitive nature, such as withholding residents' money or interfering with daily living functions such as eating, sleeping, or elimination.	1 The administrator agrees to provide 2 training to all staff regarding the 3 personal rights of residents residing in a 4 facility. 5 6 7
	8 This requirement was not met as 9 evidenced by: Based on interviews the 10 licensee/ administrator did not protect 11 the personal rights of a resident when a 12 video took place while the resident was 13 on the toilet. This poses an immediate 14 risk to residents in care.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST: Donna Gurriere
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 04/15/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 04/15/2025