

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 045002696

Report Date: 02/23/2026

Date Signed: 02/23/2026 11:27:55 AM

Document Has Been Signed on 02/23/2026 11:27 AM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	TOWNSEND HOUSE	FACILITY NUMBER:	045002696
ADMINISTRATOR/PASQUALE, CHABLIS DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	10 ILAHEE LN	TELEPHONE:	(530) 342-4455
CITY:	CHICO	STATE:	CA
CAPACITY:	38	ZIP CODE:	95973
TYPE OF VISIT:	Required - 1 Year	CENSUS:	29
		DATE:	02/23/2026
		UNANNOUNCED TIME VISIT/ INSPECTION	08:45 AM
		BEGAN:	
MET WITH:	Megan Bommer, Assisitant Administrator	TIME VISIT/ INSPECTION	12:00 PM
		COMPLETED:	

### NARRATIVE

1 On February 23, 2026, Licensing Program Analyst (LPA) Kayla Adkison, arrived at the facility  
2 unannounced to conduct a Required Annual Inspection. LPA met with Megan Bommer, Assistant  
3 Administrator, and explained the purpose of the visit. Administrator, Chablis Pasquale, joined the  
4 inspection approximately 30 minutes later. During the inspection, there were 29 residents and 4 staff  
5 providing direct care. LPA observed residents participating in exercise class and playing games. The  
6 facility is an unlocked, assisted living facility with delayed egress in place.  
7

8 LPA and Assistant Administrator toured the facility together to ensure the health and safety of residents  
9 in care. Areas toured include but are not limited to: common areas, four (4) resident bedrooms with half  
10 baths, kitchen, courtyard, storage areas, and (2) two shower rooms. All areas observed were found to  
11 be clean and in good repair. LPA observed each bedroom to have the required furnishings and working  
12 lights. LPA observed the facility to be at a comfortable temperature. There were various activities  
13 available for client recreation including games, cards, and craft supplies. LPA observed a calendar of  
14 activities posted for residents to view.  
15

16 Facility has a 2-day perishable and a 7-day non-perishable amount of food. All residents requiring a  
17 special diet are posted for kitchen staff to review. LPA observed all medications, sharps, and cleaning  
18 supplies to be kept locked away and inaccessible to clients in care. LPA reviewed Medication  
19 Administration Records (MARs) and found them to be current and accurate. LPA observed the facility  
20 call system (pendants) to be in working order. Each resident's pendant sounds to direct care staff's  
21 pagers and provides a visual alert to the facility receptionist.  
22

23 **Continued on LIC 809-C**

24  
25  
**NAME OF LICENSING PROGRAM MANAGER:** Lauren Crocker  
**NAME OF LICENSING PROGRAM ANALYST:** Kayla Adkison

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/23/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/23/2026**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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**FACILITY NAME:** TOWNSEND HOUSE

**FACILITY NUMBER:** 045002696

**VISIT DATE:** 02/23/2026

<b>NARRATIVE</b>	
1	LPA observed (3) three fire extinguishers which were last inspected in December 2025. Smoke
2	detectors and carbon monoxide detectors were observed and found to be in working condition. The
3	facility's annual fire inspection was last conducted in February 2026. The facility is conducting
4	emergency disaster drills quarterly with the last drill being documented in November 2025. LPA
5	observed a complete first aid kit ready for use.
6	
7	In the areas toured no immediate health, safety, or personal rights violations were observed.
8	
9	LPA reviewed a total of five (5) residents' files and five (5) staff files which contained all the required
10	documentation. All staff are fingerprint cleared and associated to the facility. All staff training is
11	documented and in compliance with Title 22 regulations. Administrator and Assistant Administrator's
12	certificates are both current.
13	
14	No deficiencies are being cited as a result of this inspection and the facility is currently in compliance.
15	Exit interview conducted. A copy of this report and was provided, via email, to Administrator, Chablis
16	Pasquale, via email.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Lauren Crocker
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Kayla Adkison
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____
<b>DATE:</b> 02/23/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____
<b>DATE:</b> 02/23/2026