

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 045002696

Report Date: 12/13/2021

Date Signed: 12/13/2021 11:40:01 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:	TOWNSEND HOUSE	FACILITY NUMBER:	045002696
ADMINISTRATOR:	PASQUALE, CHABLIS	FACILITY TYPE:	740
ADDRESS:	10 ILAHEE LN	TELEPHONE:	(530) 342-4455
CITY:	CHICO	STATE: CA	ZIP CODE: 95973
CAPACITY:	38	CENSUS: 28	DATE: 12/13/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	10:45 AM
MET WITH:	Chablis Pasquale - administrator	TIME	11:45 PM
		COMPLETED:	

NARRATIVE	
1	12/13/2021 10:45 AM Licensing Program Analyst (LPA) Rebecca Knight arrived at the facility
2	unannounced to conduct a Required-1 Year Inspection utilizing the infection control domain, LPA met
3	with administrator Chablis Pasquale and explained the purpose of the visit. Prior to initiating the annual
4	inspection, LPA completed required COVID-19 testing protocols, and a daily self-screening
5	questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms. LPA
6	ensured they applied hand sanitizer before entering the facility and the following Personal Protective
7	Equipment (PPE) was worn: N-95 Mask, gloves. Additionally, LPA Knight was screened by Chablis
8	Pasquale, administrator.
9	
10	LPA Knight and Ms. Pasquale toured facility together to ensure health and safety of residents in care.
11	Areas toured include but are not limited to: common areas, bathrooms, office, activity room, staff
12	screening station, and storage areas. In the areas toured no immediate health, safety, or personal rights
13	violations were observed. LPA Knight and the administrator completed the infection control domain and
14	facility was found to be in substantial compliance at this time.
15	
16	No deficiencies are being cited as a result of todays inspection. Technical assistance was provided.
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18	Exit interview conducted and copy of report was emailed to administrator Chablis Pasquale.
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NAME OF LICENSING PROGRAM MANAGER: Rayna L Bryson

NAME OF LICENSING PROGRAM ANALYST: Rebecca Knight

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/13/2021

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