

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 455920262

Report Date: 12/27/2024

Date Signed: 12/30/2024 02:16:54 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: WILLOW SPRINGS ALZHEIMER'S SPECIAL CARE CENTER	FACILITY NUMBER:	455920262
ADMINISTRATOR/CLARK, PATRICIA	FACILITY TYPE:	740
DIRECTOR:		
ADDRESS: 191 CHURN CREEK RD	TELEPHONE:	(530) 242-0654
CITY: REDDING	ZIP CODE:	96003
CAPACITY: 56	CENSUS:	12/27/2024
TYPE OF VISIT: Office	ANNOUNCED	TIME VISIT/ INSPECTION BEGAN: 10:00 AM
MET WITH: PATRICIA CLARK, JONATHAN LITT	TIME VISIT/ INSPECTION COMPLETED:	10:28 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of Ownership
3	Capacity: 56
4	Census (if any clients in care): 44
5	COMP II Participants: PATRICIA CLARK, JONATHAN LITT
6	Interview Method: Telephone interview
7	On December 27, 2024, applicant/administrator participated in COMP II.
8	Identification of the applicant and administrator was verified through interview
9	questions based on photo ID and other identifying personal information. During
10	COMP II, applicant and administrator confirmed the understanding of the California
11	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been
12	obtained.
13	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
14	following areas:
15	1. Facility operation: License type, client/resident populations, and program
16	2. Admission Policies
17	3. Staffing requirements & Training
18	4. Restricted/Prohibited Health Conditions
19	5. General provisions
20	6. Emergency Preparedness

7. Complaints & Reporting
8. Pre-licensing readiness

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion

**NAME OF LICENSING PROGRAM ANALYST:** Bethany Hunter

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/27/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/27/2024

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