

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

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	
8	
9	On December 27, 2024, applicant/administrator participated in COMP II.
10	Identification of the applicant and administrator was verified through interview
11	questions based on photo ID and other identifying personal information. During
12	COMP II, applicant and administrator confirmed the understanding of the California
13	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been
14	obtained.
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
17	following areas:
18	
19	1. Facility operation: License type, client/resident populations, and program
20	2. Admission Policies
21	3. Staffing requirements & Training
22	4. Restricted/Prohibited Health Conditions
23	5. General provisions
24	6. Emergency Preparedness
25	

- |   |
|---|
| 7. Complaints & Reporting<br>8. Pre-licensing readiness |
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**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.**