

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 045920042

Report Date: 10/25/2023

Date Signed: 10/25/2023 12:31:08 PM

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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
FACILITY EVALUATION REPORT	
FACILITY NAME: ALMOND BLOSSOM ASSISTED LIVING-BH 1	FACILITY NUMBER: 045920042
ADMINISTRATOR: CARTWRIGHT, KATHERINE	FACILITY TYPE: 740
ADDRESS: 1 BUDLEE CT	TELEPHONE: (530) 809-2408
CITY: CHICO	STATE: CA ZIP CODE: 95928
CAPACITY: 6	CENSUS: 6 DATE: 10/25/2023
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME BEGAN: 11:15 AM
MET WITH: Administrator- Katherine Cartwright	TIME COMPLETED: 12:45 PM

NARRATIVE	
1	On 10/25/2023, Licensing Program Analyst (LPA) Jaynae Boyles, and Licensing Program Manager (LPM) Lauren Crocker arrived at the facility unannounced to conduct a Pre Licensing Inspection. LPA and LPM met with Facility Administrator, Katherine Cartwright and explained the purpose of the visit.
2	LPA Boyles, LPM Crocker and Administrator toured facility together to ensure health and safety of residents in care. Areas toured include but are not limited to: common areas, resident bedrooms, garage, backyard, and common restrooms.
3	LPA observed the facility to be clean, in good repair and odor-free. LPA observed each bathroom to have the necessary grab bars, non-skid flooring or shower chair, paper towels, trash can with lids.
4	LPA checked the kitchen area for the ability to prepare and store food. Facility has required (2) two-day perishable and (7) seven-day non-perishable food supply on hand. LPA observed knives, cleaning products and other toxins to be locked away and inaccessible to residents. LPA observed one (1) fire extinguishers, fire detectors, and carbon monoxide detectors. In the areas toured no immediate health, safety, or personal rights violations were observed.
5	LPA reviewed a total of six (6) residents' files.
6	LPA Boyles observed a locked gate for the patio and requested that the Administrator remove this lock. The administrator is agreeable.
7	Several topics were discussed.
8	COMP 3 will be waived as the Administrator has sufficient experience.
9	As a result of this visit, no deficiencies were cited per California Code of Regulations, Title 22. Exit interview conducted and copy of report given

This facility is ready to be licensed.

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker

NAME OF LICENSING PROGRAM ANALYST: Jaynae Boyles

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/25/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/25/2023

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