

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 045920042

Report Date: 09/17/2024

Date Signed: 09/17/2024 10:10:10 AM

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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
DIRECTOR:	
ADDRESS: 1 BUDLEE CT	TELEPHONE: (530) 809-2408
CITY: CHICO	STATE: CA
CAPACITY: 6	ZIP CODE: 95928
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
	DATE: 09/17/2024
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 08:05 AM
MET WITH: Administrator- Katherine Cartwright	TIME VISIT/INSPECTION COMPLETED: 10:15 AM

NARRATIVE	
1	On 09/17/2024, Licensing Program Analyst (LPA) Jaynae Boyles, arrived at the facility unannounced to
2	conduct a 1-Year Required Annual Inspection. LPA met with Facility Administrator, Katherine Cartwright
3	and explained the purpose of the visit.
4	
5	LPA Boyles and Administrator toured facility together to ensure health and safety of residents in care.
6	Areas toured include but are not limited to: common areas, resident bedrooms, garage, backyard, and
7	common restroom.
8	
9	LPA observed the resident bedrooms to have all of the required furnishings, working lights/fans and
10	windows with screens. LPA observed the bathroom to have the necessary grab bars, non-skid flooring
11	or shower chair, paper towels, and trash can with lids.
12	
13	Facility has a 2-day perishable and a 7-day non-perishable amount of food. LPA observed the menu and
14	activities calendar to be posted for residents. Hot water temperature was measured within range.
15	
16	LPA observed two (2) fire extinguishers, fire detectors, and carbon monoxide detectors. LPA observed
17	a completed emergency disaster plan. LPA observed a complete emergency disaster plan ready for
18	emergency use. LPA observed medication, chemicals and knives locked inaccessible to residents.
19	
20	LPA observed the facility to be clean, in good repair and odor-free. In the areas toured no immediate
21	health, safety, or personal rights violations were observed.
22	
23	LPA reviewed a total of six (6) residents' files and four (4) staff files which contained all of the required
24	documentation.
25	
	Several topics were discussed.

No deficiencies are being cited as a result of today's inspection.

Exit interview conducted and copy of report left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker

NAME OF LICENSING PROGRAM ANALYST: Jaynae Boyles

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/17/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/17/2024

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