

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 045920043
Report Date: 08/27/2026
Date Signed: 08/27/2026 01:59:46 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-WEST		FACILITY NUMBER:	045920043
ADMINISTRATOR/CARTWRIGHT, KATHERINE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(530) 342-1813
ADDRESS:	1036 BLACKMUIR CT	ZIP CODE:	95926
CITY:	CHICO	STATE:	CA
CAPACITY:	6	CENSUS:	5
DATE:	08/27/2026	DATE:	08/27/2026
TYPE OF VISIT:	Case Management - Legal/Non-compliance	UNANNOUNCED TIME VISIT/INSPECTION	11:36 AM
MET WITH:	Katherine Cartwright, Licensee	BEGAN: TIME VISIT/INSPECTION	01:30 PM
COMPLETED:			
NARRATIVE			
1	On August 27, 2026, Licensing Program Analyst (LPA) Kayla Adkison met with Licensee, Katherine		
2	Cartwright at sister facility Almond Blossom Assisted Living BH 2 (#045920050). The purpose of the visit		
3	was to discuss an incident report received August 7, 2026, regarding a resident elopement and		
4	subsequent hospitalization.		
5			
6	Per the incident report, on August 6, 2026, Resident #1 (R1) exited the community at approximately 1:45		
7	pm without staff being aware of their absence. R1 was discovered approximately one (1) mile away from		
8	the facility, at 4:30 PM, and required immediate medical attention. R1 was hospitalized for four (4) days		
9	for "respiratory insufficiency." It was noted that it was 102 degrees F on this day. R1 was released back		
10	to the facility on August 10, 2026. On this same date, it was determined jointly by the licensee and R1's		
11	responsible party, that the facility would no longer be an appropriate placement for R1. R1 moved out		
12	the same day.		
13			
14	LPA Adkison interviewed Licensee, regarding the circumstances of the incident report. Licensee		
15	admitted it was the fault of care staff who were present for not checking on the resident and not		
16	checking on door alarms that had sounded in the facility at the time the resident eloped. The care staff		
17	responsible was removed from the facility immediately on suspension and terminated.		
18			
19	Licensee informed LPA that she had conducted a safety training with all staff through the three (3)		
20	Almond Blossom facilities regarding the circumstances of the elopement and will forward the training		
21	sign - in sheet and a summary of the topics discussed to LPA.		
22			
23			
24	Deficiencies are being cited from Title 22 of the California Code of Regulations on the attached LIC		
25	9099-D. Additionally, an immediate civil penalty has been assessed in the amount of \$500.00. Exit		
	interview conducted. A copy of this report and Appeal Rights have been forwarded to Licensee,		
	Katherine Cartwright		



DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2026

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Kayla Adkison On 08/27/2026 at 12:36 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ALMOND BLOSSOM ASSISTED LIVING-WEST

FACILITY NUMBER: 045920043

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/28/2026 Section Cited HSC 1569.2(c)	1	HSC 1569.2(c) "Care and supervision" means the facility assumes responsibility for, or provides... ongoing assistance with activities of daily living without which the resident's physical health, mental health, safety, or welfare would be endangered. Assistance includes... personal care. This requirement was not met as evidenced by:	1	Licensee has already conducted a safety training with all associated facilities regarding the circumstances of the elopement. A civil penalty is also being assessed in the amount of \$500. Licensee agrees to send LPA a copy of the training summary and the staff sign-in sheet by end of business on August 28, 2026.
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	8	Based on record review and interviews conducted, it was determined staff did provide appropriate care and supervision to R1 in that R1 eloped from the facility and required immediate medical attention upon being discovered, which posed an immediate health, safety, or personal rights risk to residents in care.	8	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Lauren Crocker
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NAME OF LICENSING PROGRAM Kayla Adkison

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2026