

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496800153
Report Date: 06/30/2021
Date Signed: 06/30/2021 10:21:24 AM

Document Has Been Signed on 06/30/2021 10:21 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: AMBER HOUSE	FACILITY NUMBER: 496800153
ADMINISTRATOR: TERESITA ASTUDILLO	FACILITY TYPE: 740
ADDRESS: 6151 GABRIELLE DRIVE	TELEPHONE: (707) 837-0222
CITY: WINDSOR	STATE: CA
CAPACITY: 6	ZIP CODE: 95492
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Administrator, Teresa Astudillo	DATE: 06/30/2021
	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 10:35 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Victoria Willis arrived unannounced, to conduct an Annual Required
2	inspection and met with Administrator, Teresa Astudillo. The inspection is focused on the Infection
3	Control procedures and practices of this facility.
4	
5	Upon arrival, LPA signed in and was provided a thermometer to take their temperature. Temperature
6	was documented and thermometer was disinfected after use. LPA conducted a walk-through of the
7	facility started at approximately 9:15am and observed the following: Facility has Covid-19 posters
8	throughout including hand washing signs in restrooms. Facility was a comfortable temperature and exits
9	were free from obstructions. Hand sanitizer was observed in a centralized location. Facility does not
10	keep hand sanitizer in resident rooms as a safety precaution. Per Administrator, they regularly discuss
11	infection control with residents and staff. Staff remind residents to wash their hands and assist those
12	who need help with hand washing. Staff had masks on during this visit. Per conversation with
13	Administrator, facility is checking resident temperatures two time per day and staff when they come on
14	shift Temperatures are documented for each resident and staff. LPA observed five residents in care with
15	two sitting at the dining room table and all others in their rooms. Facility staff have completed PPE
16	training and have been N-95 Fit tested. Facility is disinfecting frequently touched surfaces at least once
17	per day.
18	
19	Facility has submitted and received approval for their Covid Mitigation Plan. Facility has more than a 30
20	day supply of Personal Protective Equipment (PPE) including but not limited to masks, face shields,
21	gowns and hand sanitizer. Additional PPE is located off-site. Facility maintains a 30 day supply of
22	medication.
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24	
25	Continued on LIC809C

NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti NAME OF LICENSING PROGRAM ANALYST: Victoria Willis

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/30/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/30/2021

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: AMBER HOUSE

FACILITY NUMBER: 496800153

VISIT DATE: 06/30/2021

NARRATIVE

1	Continued from LIC809
2	
3	100% of staff and 100% of residents are vaccinated so facility is no longer conducting surveillance
4	testing per CCL guidance. LPA and Administrator discussed the facility visitation policy and activities
5	provided for residents. Facility has designated an outdoor area for visitation. LPA asked Administrator to
6	review PINs 21-17-ASC and 21-17.1-ASC for guidance regarding visitation, communal dining, ect.
7	
8	Administrator and LPA discussed their Emergency Disaster Plan. Smoke alarms are hardwired and were
9	tested during inspection.
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14	No deficiencies cited during this inspection.
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NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti

NAME OF LICENSING PROGRAM ANALYST: Victoria Willis

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/30/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/30/2021