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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496800153
Report Date: 05/07/2026
Date Signed: 05/07/2026 02:24:41 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405

FACILITY NAME:	AMBER HOUSE		FACILITY NUMBER:	496800153
ADMINISTRATOR/ DIRECTOR:	CUNHA, ANDREW		FACILITY TYPE:	740
ADDRESS:	6151 GABRIELLE DRIVE		TELEPHONE:	(707) 837-0222
CITY:	WINDSOR	STATE: CA	ZIP CODE:	95492
CAPACITY: 6		CENSUS: 6	DATE:	05/07/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	10:00 AM
MET WITH:	Andrew Cunha, Administrator Guadalupe Rivera, Back Up Administrator		TIME VISIT/ INSPECTION COMPLETED:	02:40 PM

NARRATIVE

At approximately 10:00 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to conduct a Required 1 Year visit and was greeted by Administrator, Andrew Cunha and back up Administrator, Guadalupe Rivera. Amber House is Licensed as a Residential Care Facility for the Elderly (RCFE). The facility is a single story ranch house. The facility has an approved fire clearance for six (6) non-ambulatory residents, one (1) of whom may be bedridden. The facility has a Hospice Waiver for two (2) residents. Upon arrival, LPA was informed that there were six (6) residents in care. At approximately 10:30 AM, LPA reviewed the Facility's Staff Roster and found that all staff on-site were background cleared and associated to the facility per regulation.

At Approximately 10:35 AM LPA toured the facility with back up Administrator Rivera. All exits were clear and unobstructed. The facility's two (2) fire extinguishers were last serviced and tagged on 4/6/2026. The facility was sufficiently lighted. LPA inspected five (5) resident bedrooms and found all to have sufficient lighting and furnishings as required per Title 22 Regulations. There was a sufficient supply of both perishable and nonperishable foods as required by Title 22 Regulations. There was an appropriate supply of cleaning products, linens, hygiene products and paper products available for residents. Toxins were observed to be stored inaccessible to residents. Facility has an infection control plan as required. The facility has a required emergency disaster plan. The facility is conducting fire and emergency drills quarterly. The last disaster drill was conducted on 1/17/2026. The facility does have emergency food and supplies to meet the "72 hour shelter in place" requirements. Hot water temperatures for all sinks in facility were found to be within Title 22 regulations of 105 to 120 degrees Fahrenheit. Facility smoke detectors and carbon monoxide detectors were observed to be operational.
Continued on 809-C...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/07/2026

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 procedures in the LIC 9058 Applicant/Licensee Rights.

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 Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405

FACILITY NAME: AMBER HOUSE **FACILITY NUMBER:** 496800153
VISIT DATE: 05/07/2026

NARRATIVE

...Continued from 809

At approximately 11:15 AM, LPA reviewed five (5) resident files. Five (5) of five (5) resident files were observed with all required documentation. LPA reviewed four (4) staff files. One (1) of four (4) staff files (for staff member S1) was observed to not have their LIC503 Health Screening Report for facility personnel and tuberculosis (TB) test signed by a licensed medical professional. This deficiency will be cited. Three (3) of four (4) staff files were observed to be with all required documentation including First Aid and CPR certification and proper training documentation. LPA audited Medication for four (4) residents. LPA observed all medications to be centrally stored, secure and with proper documentation. The facility does not handle resident's monies for personal and incidental items.

Andrew Cunha's Administrator Certification 6072687740 is current with an expiration date of 11/5/2026. Guadalupe Rivera's Administrator Certification 7004269740 is current with an expiration date of 4/1/2028.

LPA requested the following documents be submitted to Community Care Licensing by 6/7/2026:

LIC 500 Personnel Report
LIC 610E Emergency Disaster Plan
Proof of Liability Insurance

Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and Safety Code. Failure to correct the cited deficiency, on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

Exit interview conducted. Copy of report, LIC-809D, Plan of Corrections, LIC-811 Confidential Names and Appeal Rights discussed and provided to back up Administrator Rivera. Signature on form confirms receipt of documents.

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Robert Frank
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 05/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 05/07/2026

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Created By: Robert Frank On 05/07/2026 at 01:55 PM
Link to Parent Document Below:

FACILITY NAME: AMBER HOUSE **FACILITY NUMBER:** 496800153

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/07/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87411(f)	

Personnel Requirements - General

(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health.Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation & record review, the licensee did not comply with the section cited above in that one (1) of four (4) staff files (for staff member S1) was observed to not have their LIC503 Health Screening Report for facility personnel and tuberculosis (TB) test signed by a licensed medical professional which poses a potential health, safety or personal rights risk to persons in care,
	POC Due Date: 06/04/2026
	Plan of Correction
1 2 3 4	LIcensee or Adminstrator to submit an LIC503 Health Screening Report for facility personnel and tuberculosis (TB) test for staff member S1 signed by a licensed medical professional to Community Care Licensing by POC due date of 6/4/2026.

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: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/07/2026

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