

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496801929
Report Date: 02/06/2024
Date Signed: 02/06/2024 02:54:21 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/15/2023** and conducted by Evaluator Christi Coppo

	COMPLAINT CONTROL NUMBER: 21-AS-20231215094751
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FACILITY NAME: FRIENDS HOUSE	FACILITY NUMBER: 496801929
ADMINISTRATOR: ROBERT RUBIO	FACILITY TYPE: 741
ADDRESS: 684 BENICIA DRIVE	TELEPHONE: (707) 538-0152
CITY: SANTA ROSA	STATE: CA
CAPACITY: 145	ZIP CODE: 95409
	CENSUS: 7
	DATE: 02/06/2024
	UNANNOUNCED TIME BEGAN: 01:15 PM
MET WITH: Korina Weatherson, Sales Manager	TIME COMPLETED: 03:02 PM

ALLEGATION(S):

1	Staff are not preventing resident from smoking in the facility
2	Staff are not providing a comfortable environment for resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christi Coppo arrived unannounced at the facility and met with Korina
2	Weatherson, Sales Manager to deliver findings regarding the complaint allegation above. Administrator
3	Robert Rubio was not able to come to the facility, but was present via telephone and gave authorization
4	for Korina Weatherson, Sales Manager to sign the report.
5	
6	Staff are not preventing resident from smoking in the facility--It is alleged by Reporting Party that staff are
7	not preventing resident from smoking in the facility. Reporting party reported knowledge of a resident
8	smoking in unauthorized areas adding that the facility is a non-smoking facility. Per LPA conversation
9	with Administrator, they have done the following to address smoking at the facility:
10	• Conduct Care conference with resident and spouse to address allegations of smoking
11	• Provided an alternative location away from residences for resident to smoke that is more than 25 feet
12	away from any residence, as required by the County of Sonoma ordinance (chapter 32)
13	Continued on 9099C...

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Christi Coppo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2024

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

LIC9099 (FAS) - (06/04)

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Control Number 21-AS-20231215094751

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FRIENDS HOUSE

FACILITY NUMBER: 496801929

VISIT DATE: 02/06/2024

NARRATIVE

1 Continued from 9099...

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3 A finding that the complaint allegation that staff are not preventing resident from smoking in the facility is
4 unsubstantiated meaning that although the allegation may have happened or is valid, there is not a
5 preponderance of evidence to prove the alleged violation did or did not occur; therefore, the allegation is
6 UNSUBSTANTIATED.

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8 Staff are not providing a comfortable environment for resident---It is alleged by Reporting Party that staff
9 are not providing a comfortable environment for resident as evidenced by resident smoking in
10 unauthorized areas, which results in other resident(s) being affected by the smoke. Per LPA interviews
11 with potentially affected residents, they acknowledge that a neighbor is smoking but are not bothered by
12 it. Other residents report never smelling smoke or observing residents smoking. LPA was unable to
13 obtain any information to support that staff are not providing a comfortable environment for residents.

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15 A finding that the complaint allegation that that staff are not providing a comfortable environment for
16 resident is unsubstantiated meaning that although the allegation may have happened or is valid, there is
17 not a preponderance of evidence to prove the alleged violation did or did not occur; therefore, the
18 allegation is UNSUBSTANTIATED.

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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Christi Coppo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/06/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2024

LIC9099 (FAS) - (06/04)

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