

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496801929

Report Date: 11/13/2025

Date Signed: 11/13/2025 04:01:46 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	FRIENDS HOUSE	FACILITY NUMBER:	496801929
ADMINISTRATOR/DIRECTOR:	ROBERT RUBIO	FACILITY TYPE:	741
ADDRESS:	684 BENICIA DRIVE	TELEPHONE:	(707) 538-0152
CITY:	SANTA ROSA	STATE:	CA
CAPACITY:	145	ZIP CODE:	95409
TYPE OF VISIT:	Case Management - Other	CENSUS:	DATE:
		UNANNOUNCED TIME VISIT/INSPECTION:	11/13/2025
		BEGAN:	02:44 PM
MET WITH:	Robert Rubio, Administrator	TIME VISIT/INSPECTION COMPLETED:	04:16 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Christi Coppo arrived unannounced to conduct a case management
2 for change in fire clearance and was greeted by Administrator, Robert Rubio.
3
4 On 11/6/25 Santa Rosa Fire Department (SRFD) conducted a fire inspection and fire clearance was
5 granted for a single family dwelling unit (SFD) at 645 Bambi Lane, Santa Rosa, CA 95409. SFD has a
6 capacity of two (2). Facility already has three (3) other SFD units with fire clearance granted at: 637
7 Bambi Lane with a capacity of two (2), 641 Bambi Lane with a capacity of two (2), and 649 Bambi Lane
8 with a capacity of two (2). All SFD units are part of the Independent Living (IL) portion of the facility.
9 Although the licensee has added the SFD unit, an increase in capacity is not being requested at this
10 time.
11
12 At approximately 3:00pm LPA and Admin toured 645 Bambi Lane. All exits were free from obstruction.
13 LPA did not observe any tripping hazards present. LPA and Admin toured residence. SFD is a one story
14 three (3) bedroom two (2) bath with a large outdoor deck. Smoke alarms and carbon monoxide
15 detectors are present and operational. As of today 11/13/25, LPA advised Admin that IL residents can
16 now occupy the SFD at 645 Bambi Lane.
17
18 In addition to today's fire clearance inspection visit, LPA discussed with Admin a recent incident report
19 (IR) received on 11/10/25. IR submitted for R1 indicating they had eloped from the facility on 11/2/25.
20 Previously, R1 had eloped on 10/10/25 and LPA cited the facility for the elopement on 10/31/25. At
21 approximately 9:45pm on 11/2/25, facility was notified by EMTs that they had R1 and were transporting
22 them to the hospital. Facility was informed that R1 would not be returning to the facility as they were
23 admitted to skilled nursing. Subsequently, facility had meeting with R1's responsible party. Responsible
24 party advised Admin that R1 now requires a higher level of care than Friend's House can provide and so
25 R1 will not be returning.

Continued on 809C...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Christi Coppo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/13/2025

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405</p>
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FACILITY NAME: FRIENDS HOUSE

FACILITY NUMBER: 496801929

VISIT DATE: 11/13/2025

NARRATIVE

<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>Continued from 809...</p> <p>Facility conducted staff training on elopement prevention and resident redirection. Additionally, facility put in place Wanderguard, a wander management system. R1 was participating in Wanderguard by wearing a bracelet, but on the day of the incident, the bracelet was found to be removed from R1's person. Admin advised LPA that facility does not view the implementation of Wanderguard as a total means of protection against elopement. So, facility has also implemented a one hour check policy for all those residents identified as an elopement risk. LPA discussed with Admin the importance of staff awareness regarding elopement, wandering, and sundowning behavior. Admin advised LPA that they are selective in screening potential residents and acknowledge and value the need to appropriate supervision. LPA and Admin discussed personal rights regulation 87468.2(a)(4), that all residents must receive care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs.</p> <p>No citations issued at this visit.</p> <p>Exit interview conducted with Administrator and a copy of this report was given.</p>
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<p>NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi NAME OF LICENSING PROGRAM ANALYST: Christi Coppo LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 11/13/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 11/13/2025</p>
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