

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496801929
Report Date: 12/11/2020
Date Signed: 12/11/2020 03:45:58 PM

Document Has Been Signed on 12/11/2020 03:45 PM - 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: FRIENDS HOUSE	FACILITY NUMBER: 496801929
ADMINISTRATOR: ALLEN, CLARA	FACILITY TYPE: 741
ADDRESS: 684 BENICIA DRIVE	TELEPHONE: (707) 538-0152
CITY: SANTA ROSA	STATE: CA
CAPACITY: 120	ZIP CODE: 95409
TYPE OF VISIT: Case Management - Other	CENSUS: 5
MET WITH: Clara Allen, Executive Director	DATE: 12/11/2020
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 02:21 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Mota conducted a case management inspection regarding a request
2	for a capacity increase. The facility has requested to increase their capacity from 80 non ambulatory to
3	105 non ambulatory, 7 of which may be bedridden. LPA met with Clara Allen, Executive Director and Bill
4	Faulkner, Maintenance Technician via Zoom due to COVID-19 precautions. The inspection is being
5	conducted by tele-video inspection due to COVID-19. The reader is advised that the LPA did not
6	physically make a site visit. The purpose of the inspection was to inspect the prior skilled nursing area
7	that was converted to the assisted living (AL) section of the facility. The current AL area will no longer be
8	utilized by AL.
9	
10	Facility had submitted an updated LIC200 showing the increase in capacity along with a revised facility
11	sketch. A fire clearance was completed and approved to increase the non-ambulatory capacity from 80
12	residents to 105 residents (7 of which may be bedridden) on 11/30/2020. A random inspection of a fire
13	extinguisher showed it was last charged on 4/30/2020.
14	
15	LPA observed the following during the tele-visit: All rooms were equipped with a pull string call system
16	that illuminates a light outside the resident room and alerts a main control panel. Each room had closet
17	space, a sink and a separate bathroom area. The facility will utilize one main shower room for resident
18	bathing needs. All areas appeared to be equipped with proper grab bars.
19	
20	A large common area was observed with a piano where residents will engage in social activities. A
21	dining area was observed. Meals will be prepared in the main kitchen area where the facility also
22	prepares meals for the Independent Living (IL) residents.
23	
24	
25	Continued on 809-C

NAME OF LICENSING PROGRAM MANAGER: Carla Martinez
NAME OF LICENSING PROGRAM ANALYST: Kimberley Mota

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/11/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/11/2020

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: FRIENDS HOUSE

FACILITY NUMBER: 496801929

VISIT DATE: 12/11/2020

NARRATIVE

1	LPA observed a locked office that will store medications as well as an office that is designated for the
2	Resident Services Coordinator and will serve as a private meeting area.
3	
4	Currently there is no furniture or residents in the renovated area. Executive Director informed LPA that
5	furniture is scheduled to arrive in January or February of 2021. Residents located in the current Assisted
6	Living (AL) portion of the facility will be moving their items approximately 12/29/20.
7	
8	
9	
10	
11	No deficiencies were cited during the visit
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Carla Martinez

NAME OF LICENSING PROGRAM ANALYST: Kimberley Mota

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/11/2020

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/11/2020