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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496803042
Report Date: 08/24/2026
Date Signed: 08/24/2026 06:00:01 PM

Document Has Been Signed on 08/24/2026 06:00 PM **- It Cannot Be Edited**

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:	WILD ROSE CARE HOME AT HARDIES LANE		FACILITY NUMBER:	496803042
ADMINISTRATOR/ DIRECTOR:	MOLINA, ERIKA		FACILITY TYPE:	740
ADDRESS:	2564 HARDIES LANE		TELEPHONE:	(707) 526-2434
CITY:	SANTA ROSA	STATE: CA	ZIP CODE:	95403
CAPACITY: 6		CENSUS: 4	DATE:	08/24/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	03:15 PM
MET WITH:	Erika Molina-Administrator		TIME VISIT/ INSPECTION COMPLETED:	06:15 PM

NARRATIVE

Licensing Program Analyst (LPA) Alviso arrived unannounced to conduct a Required -1 Year visit, at approximately 3:15pm on 8/24/26, and met with Administrator Erika Molina. LPA observed two staff on duty.

Facility has an approved dementia plan of operation. There is an approved hospice waiver for three (3) residents. Facility has a required emergency disaster plan and a required infection control plan.
Fire clearance is approved for six (6) non-ambulatory, which includes one(1) bedridden. Facility has required smoke alarms, ten (10), which are also carbon monoxide detectors. Fire extinguishers, three (3) were serviced and tagged as required. Emergency disaster drills are being conducted as required, per file review; Last emergency drill was conducted on 6/30/26, Evacuation, and a drill on 3/30/26, on Earthquake and Tsunami. Facility holds fire drills yearly with all staff.

LPA toured the facility with the Administrator. Hot water was measured at 119.6 degrees Fahrenheit. All exits were free and clear of obstruction. Food supply was observed to be sufficient. All medications were locked and inaccessible to residents in care. All cleaners/disinfectants were locked and inaccessible to residents in care. The facility was clean and orderly during the inspection. Facility had sufficient lighting in all common areas, bathrooms, resident rooms, and hallways.

LPA reviewed five (5) staff files. LPA reviewed training required by staff. All direct caregivers had required training. Staff had required criminal record clearance. All staff had first aid certification and CPR certification as required.

Continued on LIC809C..

Bethany Moellers
Dina Alviso

	**DATE:** 08/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE: 	**DATE:** 08/24/2026

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: WILD ROSE CARE HOME AT HARDIES LANE **FACILITY NUMBER:** 496803042

VISIT DATE: 08/24/2026

NARRATIVE

LPA is requesting the following documents be updated and submitted by 8/25/26:
LIC308 - Designation of Administrator Responsibility
LIC500 - Personnel Report
LIC610-Emergency Disaster Plan (9 pages)- if any updates submit a copy- If no changes, submit copy of last page (signed/dated)
LIC400- Affidavit of Client Cash Resources
Copy of Bond if handling cash, per LIC400
Copy of Current Liability Insurance
Infection Control Plan- if any updates submit a copy- If no changes, submit copy of last page (signed/dated)
Roster of Residents
Copy of current Administrator Certificate

There were no deficiencies cited during today's inspection.
Exit interview was conducted with Administrator Erika Molina.

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Dina Alviso
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/24/2026