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**Department of**

# SOCIAL SERVICES

*Community Care Licensing*

# *FACILITY EVALUATION REPORT*

**Facility Number:** 496803049
**Report Date:** 06/18/2021
**Date Signed:** 06/18/2021 06:58:58 PM

**Document Has Been Signed on** 06/18/2021 06:58 PM **- It Cannot Be Edited**

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230<br>ROHNERT PARK, CA 94928 |
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|---|---|---|---|---|
| FACILITY NAME: | VARENNA AT FOUNTAINGROVE | | FACILITY NUMBER: | 496803049 |
| ADMINISTRATOR: | BUOT, FERDINAND | | FACILITY TYPE: | 741 |
| ADDRESS: | 1401 FOUNTAINGROVE PKWY | | TELEPHONE: | (707) 526-1226 |
| CITY: | SANTA ROSA | STATE: CA | ZIP CODE: | 95403 |
| CAPACITY: 322 | | CENSUS: 236 | DATE: | 06/18/2021 |
| TYPE OF VISIT: | Required - 1 Year | UNANNOUNCED | TIME BEGAN: | 12:15 PM |
| MET WITH: | Ferdinand Buot-Administrator | | TIME COMPLETED: | 02:20 PM |

**NARRATIVE**

Licensing Program Analysts (LPAs), Dina Alviso and Karen Lopez. LPA's are conducting an 1 Year annual inspection, on 6/18/2021 at approximately 12:15pm, and met with Administrator Ferdinand Bout, and Health Services Director, Jane Torres, Debbie Smith, Assistant Administrator, Mindy Galloway, new Health Services Director, and Jenny Latourette , Activity Director. The inspection is focused on the Infection Control procedures and practices of this facility.

The facility is a licensed continuing care retirement community, which consists of residential assisted living residents that are provided care services, and residents that are currently independent at this time. If independent residents need care this care can be provided at any time.
LPAs toured the facility with the Administrator Ferdinand Bout, and Health Services Director, Jane Torres, Debbie Smith, Assistant Administrator, Mindy Galloway, new Health Services Director, and Jenny Latourette , Activity Director. The facility has a large supply of personal protective equipment (PPE). The LPAs observed the front lobby entrance where the screening check is conducted; There is a log book with screening questions, thermometer video scanner, hand sanitizer, and a nearby sink with soap for washing your hands. LPAs were screened before being allowed past the lobby into the rest of the facility. LPAs observed the Administrator and other staff all wearing masks as required. Fire extinguishers were tagged and serviced as required. The fire clearance is approved for Villetta bldg-132 non amb, includes 8 bedridden. third fl 72 amb. casitas #1 thru #27, 54 non amb. NO & SO bldgs- 64 non amb. Hospice granted for 5 residents.
Exit interview conducted with Assistant Administrator Debbie Smith No deficiencies cited today.

**NAME OF LICENSING PROGRAM MANAGER:** Hope DeBenedetti
**NAME OF LICENSING PROGRAM ANALYST:** Dina Alviso

| LICENSING PROGRAM ANALYST SIGNATURE: | |
|---|---|
|  | **DATE:** 06/18/2021 |
| **I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.** | |
| **FACILITY REPRESENTATIVE SIGNATURE:** | |
|  | **DATE:** 06/18/2021 |

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