

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496803764

Report Date: 04/29/2025

Date Signed: 04/29/2025 05:17:58 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:	PRIMROSE ALZHEIMER'S LIVING INC	FACILITY NUMBER:	496803764
ADMINISTRATOR/WOTRING, JOHN J DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2080 GUERNEVILLE RD	TELEPHONE:	(707) 578-8360
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95403
CAPACITY:	50	CENSUS: 39	DATE: 04/29/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	10:15 AM
MET WITH:	John Wotring-Administrator	BEGAN: TIME VISIT/ INSPECTION	05:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA), Alviso, conducted a Required- 1 Year visit, on 4/29/25 at
2	approximately 10:15am, and met with Administrator John Wotring. Currently there are thirty-nine (39)
3	residents' in care.
4	
5	Facility has a required infection control plan. Facility has a required emergency disaster plan. Facility
6	specializes in dementia care. Hospice care waiver approved for eight (8) residents.
7	
8	Fire clearance approval is for fifty (50) non-ambulatory, which includes approval for twelve(12)
9	bedridden. Per file reviews, emergency disaster drills are being conducted as required. The facility is
10	sprinkled, and has a hard wired smoke alarm system. The facility has four(4) carbon monoxide
11	detectors. Fire extinguishers were serviced and tagged as required.
12	
13	LPA toured the facility with the Administrator. All exits were free and clear of obstruction. All exit doors
14	had working auditory alarms. All toxins were locked up and inaccessible to residents' in care. All
15	medications were observed to be locked up and inaccessible to residents' in care. There is a small
16	refrigerator in the medication room for storing medications that need to refrigerated. The hair salon is
17	kept locked unless the salon staff is working in the salon room; The salon staff comes in twice a week at
18	this time.
19	
20	
21	There was sufficient lighting in hallways, resident rooms, all common areas, and bathrooms. Facility was
22	at a comfortable temperature. Hot water was measured at 113.9 degrees Fahrenheit. Facility kitchen
23	and dining area was observed to clean and orderly during the inspection.
24	
25	Continued on LIC9099C...

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Dina Alviso



DATE: 04/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 04/29/2025

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.

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

FACILITY NAME: PRIMROSE ALZHEIMER'S LIVING INC

FACILITY NUMBER: 496803764

VISIT DATE: 04/29/2025

NARRATIVE	
1	Facility had a sufficient supply of food. Facility has sufficient emergency supplies, and food supplies to
2	meet the "72 hour shelter in place" requirements. Sufficient supply of linens, paper products,
3	cleaners/disinfectants, hygiene products, and personal protective equipment (PPE) for use as needed.
4	
5	LPA reviewed ten (10) resident files. Resident files were complete.
6	LPA reviewed ten (10) staff files. LPA reviewed staff training. All staff have criminal record clearance as
7	required. Direct care staff have first aid certification as required. Several staff have CPR certification,
8	and on every shift there will be a staff with required CPR certification.
9	
10	LPA is requesting the following documents be updated and submitted by 5/29/25.
11	LIC308 - Designation of Administrator Responsibility
12	LIC500 - Personnel Report
13	LIC610E-Emergency Disaster Plan (9-pages, ensure to review and update as needed/required)
14	Infection Control Plan (ensure to review and update as needed/required)
15	Copy of LIC400 Handling of Client Cash Resources (include copy of surety bond if handling cash)
16	Copy of Current Liability Insurance
17	Resident Roster
18	Copy of current Administrator Certificate
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20	
21	There are no deficiencies cited during today's inspection.
22	Exit interview conducted with Administrator John Wotring.
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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers	
NAME OF LICENSING PROGRAM ANALYST: Dina Alviso	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/29/2025
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