

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 496804075

Report Date: 05/17/2022

Date Signed: 05/18/2022 09:21:26 AM

Document Has Been Signed on 05/18/2022 09:21 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 744 P STREET, MS 9-14-8201	
		SACRAMENTO, CA 95814	
FACILITY NAME: WINDROSE CARE HOME		FACILITY NUMBER:	496804075
ADMINISTRATOR: SOLOMON, BANA		FACILITY TYPE:	740
ADDRESS: 1759 WINDROSE LANE		TELEPHONE:	(707) 888-4107
CITY: SANTA ROSA	STATE: CA	ZIP CODE:	95403
CAPACITY: 6	CENSUS:	DATE:	05/17/2022
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	11:00 AM
MET WITH: Bana Solomon, Applicant/Administrator		TIME COMPLETED:	12:00 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	Capacity: 6
4	Census (if any clients in care): None
5	
6	
7	
8	Method: Telephone call with CAB
9	COMP II Participants: Bana Solomon, Applicant/Administrator
10	<i>Applicant / administrator participated in COMP II via telephone call with the analyst at</i>
11	<i>CAB. During COMP II, applicant and administrator confirmed the understanding of</i>
12	<i>Title 22. Component II was successfully completed.</i>
13	
14	
15	
16	<i>During COMP II, CAB analyst confirmed Applicant / Administrator's understanding of</i>
17	<i>following areas:</i>
18	
19	1. Facility operation: License type, client / resident populations, and program
20	2. Staff qualifications and responsibilities
21	3. Applicant and Administrator qualifications
22	4. Program policy: Abuse, admission agreement, medication management, reporting
23	incidents to CCL, restricted & prohibited conditions
24	5. Grievances, Complaints, Community resources
25	6. Physical plant, food service
	7. Application document review and technical assistance: Criminal record clearance,

*Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property*

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion

**NAME OF LICENSING PROGRAM ANALYST:** Victoria Christiansen

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/18/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/18/2022

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