

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 COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

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: ANNOUNCED
TYPE OF VISIT: Office	DATE: 05/17/2022
MET WITH: Bana Solomon, Applicant/Administrator	TIME BEGAN: 11:00 AM
	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
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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 CAB. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed.</i>
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16	<i>During COMP II, CAB analyst confirmed Applicant/ Administrator's understanding of following areas:</i>
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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 incidents to CCL, restricted & prohibited conditions
23	5. Grievances, Complaints, Community resources
24	6. Physical plant, food service
25	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.