

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804075
Report Date: 03/18/2025
Date Signed: 03/18/2025 03:21:59 PM

Document Has Been Signed on 03/18/2025 03:21 PM - It Cannot Be Edited

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: WINDROSE CARE HOME	FACILITY NUMBER: 496804075
ADMINISTRATOR/SOLOMON, BANA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1759 WINDROSE LANE	TELEPHONE: (707) 852-5025
CITY: SANTA ROSA	STATE: CA
CAPACITY: 6	ZIP CODE: 95403
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
	DATE: 03/18/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 10:00 AM
MET WITH: Bana Solomon-Administrator	TIME VISIT/INSPECTION
	COMPLETED: 03:30 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Alviso conducted a Required- 1 Year visit, on 3/18/25 at
2	approximately 10am, and was greeted by staff. There were three (3) staff on duty, lead caregiver Ana,
3	and caregivers Roxanna and Yadira. Administrator was contacted by staff, and arrived shortly after to
4	meet with the LPA.
5	
6	Facility has an approved dementia plan of operation. There is an approved hospice waiver for six (6)
7	residents. Facility has a required infection control plan. Facility has a required emergency and disaster
8	plan. The facility does have emergency food, water, and supplies to meet the "72 hour shelter in place"
9	requirements.
10	Facility has a fire clearance approval for a total of six non-ambulatory, of which one (1) may be
11	bedridden. Fire extinguishers were serviced and tagged. Facility has a carbon monoxide detector that
12	worked properly during the inspection. All smoke alarms are hard wired and worked properly during the
13	inspection. All exits were clear and unobstructed. Per review of records, emergency disaster drills have
14	been conducted as required; Last quarterly drills documented drills were conducted on 6/12/24 and 9/18/24.
15	
16	LPA toured the facility with the Administrator. The bathrooms had grab bars and non-slip mats/flooring
17	for resident use. The hot water was checked at 116. degrees Fahrenheit, which is within regulation.
18	There was a sufficient supply of furnishings for resident use. Sufficient supply of linens,
19	cleaners/soap/disinfectants, hygiene products, paper products, and personal protective equipment
20	(PPE) supplies. The LPA observed that the home was at a comfortable temperature for residents in
21	care. There was sufficient lighting in all resident rooms, hallways, bathrooms, and common areas.
22	Sufficient food supply. The facility was observed to be clean and orderly. Medications were centrally
23	stored and locked making them inaccessible to residents in care. Disinfectants/cleaners were observed
24	to be locked up and inaccessible to the residents in care. The backyard was observed to be clean,
25	orderly, and all pathways clear and free of obstruction. Fire exit gate was clear and unobstructed. There

is patio furnishing available in the backyard for resident use.
Continued on LIC809C...

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



DATE: 03/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/18/2025

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

LIC809 (FAS) - (06/04)

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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 (Cont)

FACILITY NAME: WINDROSE CARE HOME

FACILITY NUMBER: 496804075

VISIT DATE: 03/18/2025

NARRATIVE

- 1 LPA reviewed six (6) resident files, including medical assessments and medications. All files were complete.
- 2
- 3 LPA reviewed five (5) staff files. All staff have required criminal record clearance. Staff have required training.
- 4 Staff have required first aid and CPR certification.
- 5
- 6 LPA is requesting the following documents be updated and submitted by 4/18/25.
- 7 LIC308 - Designation of Administrator Responsibility
- 8 LIC500 - Personnel Report
- 9 LIC610E-Emergency Disaster Plan (ensure to review and update as needed/required- submit copy of review page
- 10 or if changes submit copy of the plan.
- 11 Infection Control Plan (ensure to review and update as needed/required- submit copy of review page or if changes
- 12 submit copy of the plan.
- 13 Copy of LIC400 Handling of Client Cash Resources (include copy of surety bond if handling cash)
- 14 Copy of Current Liability Insurance
- 15 Resident Roster
- 16 Copy of current Administrator Certificate.
- 17
- 18
- 19 There are no deficiencies cited today.
- 20 Exit interview was conducted with Administrator Bana Solomon.
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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Dina Alviso
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/18/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/18/2025