

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804075
Report Date: 04/27/2026
Date Signed: 04/27/2026 02:35:18 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:	WINDROSE CARE HOME	FACILITY NUMBER:	496804075
ADMINISTRATOR/SOLOMON, BANA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 852-5025
ADDRESS:	1759 WINDROSE LANE	ZIP CODE:	95403
CITY:	SANTA ROSA	STATE: CA	
CAPACITY: 6		CENSUS: 5	
TYPE OF VISIT:	Required - 1 Year	DATE:	04/27/2026
		UNANNOUNCEDTIME VISIT/INSPECTION	09:45 AM
		BEGAN:	
MET WITH:	Bana Solomon-Administrator	TIME VISIT/INSPECTION	02:40 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPA) Alviso conducted a Required- 1 Year visit, on 4/27/26 at approximately 9:45am, and was greeted by staff. There were two (2) staff on duty, lead caregiver Ana, and Brittany. Administrator Bana Solomon arrived shortly after to meet with the LPA.
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5	Facility has an approved dementia plan of operation. There is an approved hospice waiver for six (6) residents. Facility has a required infection control plan. Facility has a required emergency and disaster plan.
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9	Emergency disaster drills are being conducted as required; Last drill was conducted on 1/16/26 on Emergency Utility Shut Down The facility does have emergency food, water, and supplies to meet the "72 hour shelter in place" requirements.
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13	Facility has a fire clearance approval for a total of six non-ambulatory, of which one (1) may be bedridden. Fire extinguishers, two (2), were charged, in the green. Facility has a working carbon monoxide detector. All smoke alarms are hard wired and working appropriately. All exits were clear and unobstructed.
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17	LPA reviewed five (5) resident files. Files were complete.
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21	LPA reviewed five (5) staff files; All staff have criminal record clearance. Staff have first aid certification and CPR certification. LPA reviewed staff training.
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23	
24	
25	Continued on LIC809C..

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/26/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: WINDROSE CARE HOME	FACILITY NUMBER: 496804075
	VISIT DATE: 04/27/2026

NARRATIVE	
1	LPA toured the facility with the Administrator. All medications were locked up and inaccessible to
2	residents in care. All cleaners/disinfectants were locked up and inaccessible to residents in care.
3	Sufficient food supply. Sufficient linens, hygiene products, paper products, furnishings,
4	cleaners/disinfectants, and personal protective equipment (PPE). LPA observed sufficient lighting in all
5	resident rooms, common areas, bathrooms, and hallways. Bathrooms had grab bars, and non-slip
6	flooring/mats for resident use.
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8	LPA is requesting the following documents be updated and submitted by 5/27/26:
9	LIC308 - Designation of Administrator Responsibility
10	LIC500 - Personnel Report
11	LIC610E- Emergency Disaster Plan (ensure to review and update as needed/required-no changes
12	submit copy of review page) If changes submit plan copy
13	Infection Control Plan (ensure to review and update as needed/required- no changes submit copy of
14	review page)- If changes submit plan copy
15	LIC400- Handling of Client Cash Resources (include copy of surety bond if handling cash)
16	Current Liability Insurance
17	Resident Roster
18	Copy of current Administrator Certificate
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20	There are no deficiencies cited today.
21	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: 04/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/27/2026