

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 496804150

Report Date: 05/27/2025

Date Signed: 05/27/2025 03:40:07 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: WINDSONG OF SONOMA	FACILITY NUMBER: 496804150
ADMINISTRATOR/JOHN BELTZ	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 815 WOOD SORREL DRIVE	TELEPHONE: (707) 776-2885
CITY: PETALUMA	STATE: CA ZIP CODE: 94954
CAPACITY: 95	CENSUS: 83 DATE: 05/27/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 08:15 AM
	BEGAN: TIME VISIT/INSPECTION 02:45 PM
MET WITH: John Beltz, Executive Director	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Shannan Hansen arrived unannounced to conduct an Annual
2	Inspection of facility and was welcomed by Business Office Mgr. Elizabeth Alfaro, and met with
3	Administrator, John Beltz. Facility is 2 stories and contains both assisted living and two memory care
4	units. There are 43 Assisted Living Apartments and a total of 32 memory care apartments. Facility has
5	approved fire clearance from Petaluma Fire Department for 80 Non ambulatory & 15 Bedridden
6	residents from 5/16/2023. Hospice Waiver approved for 12. Facility currently has 44 Assisted Living
7	residents and 39 residents in memory care. Also, there are 7 residents currently receiving Hospice.
8	
9	<b>Facility tour/inspection began at 8:40 AM:</b>
10	LPA toured the facility on 5/27/2025 with Executive Director John Beltz; facility was found to be clean
11	and at a comfortable temperature with all exits free from obstruction. The facility has a special care plan
12	of operation and programming for residents with dementia. Fire Extinguisher was found to be last
13	charged on 10/20/2024. Facility smoke detectors with combination carbon monoxide detectors are hard
14	wired and sound directly to the fire station. Smoke/carbon monoxide detectors (last inspection
15	10/20/2024) and fire sprinklers are inspected annually, and inspection records are current with the last
16	inspection being conducted on 4/15/2025. There are emergency lights in many of the fixtures in the
17	common areas of the facility that come on should a power outage occur. Hot water temperature
18	measured between 108.8 degrees F and 120.9 degrees F falling out of Title 22 acceptable regulation of
19	105 F to 120 degrees F in 2 of 9 resident's bathroom faucets, boiler was turned down at visit (LIC9102
20	TA).
21	
22	There was a sufficient supply of both perishable and nonperishable foods as required by Title 22
23	Regulations. Food stored in the kitchen refrigerator were properly stored as per regulations. Menus are
24	available and provided during meals.
25	<b>Continue on LIC 809-C</b>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Bethany Moellers <b>NAME OF LICENSING PROGRAM ANALYST:</b> Shannan Hansen <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> 	<b>DATE:</b> 05/27/2025
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> 	<b>DATE:</b> 05/27/2025
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**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.

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>  <b>FACILITY EVALUATION REPORT (Cont)</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b> CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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**FACILITY NAME:** WINDSONG OF SONOMA

**FACILITY NUMBER:** 496804150

**VISIT DATE:** 05/27/2025

<b>NARRATIVE</b>	
1	<b>Continued from LIC809</b>
2	LPA observed that provisions are made for individuals with special dietary needs; facility keeps a variety
3	of items on the menu, and facility has a board in the kitchen with a picture of the resident & a list of
4	dietary needs. Food is available for residents any time of the day.
5	
6	There is a daily activity schedule for residents posted. Toxins are stored in a locked housekeeping room.
7	There was a supply of cleaners, hygiene products and paper products available for residents. All
8	bathrooms designated for residents at the facility were supplied with towels and hand soap dispensers
9	when a private room. Resident bathrooms had required slip resistant mats and grab bars. A sample tour
10	of nine resident's bedrooms was conducted, and bedrooms inspected have lighting & appropriate
11	furnishing.
12	
13	<b>File Review began at 11:45 AM:</b>
14	A sample review of nine residents & six staff records as well as four resident's medications was
15	conducted. LPA learned that 9 out of 9 residents have an updated reappraisal/needs & care plan as well
16	as medical assessments. As per sample review of staff records, staff and other individuals who require
17	caregiver background checks have received criminal record clearances or exemptions. All direct care
18	staff files reviewed have completed annual required trainings; 2 out of 5 direct care staff (S1 & S2) files
19	reviewed did not obtain required proof of 1 <sup>st</sup> Aid certification (see LIC 809-D).
20	
21	
22	<b>Medication Audit began at 1:30 PM:</b>
23	
24	
25	Medications were centrally stored in (5) locked medication carts and in the facility medication room at
26	the facility. LPA observed medications of 4 out of 4 residents were found to be given according to
27	physicians' directions. Centrally Stored Medication Record (CSMR) of 4 out of 4 residents were found to
28	have all medications entered for residents. Facility uses bubble pack and pharmacy CSMR for all
29	residents at the facility.
30	
31	Emergency Disaster Plan reviewed with Administrator. Disaster Drills have been conducted monthly and
32	in different shifts with the last one being conducted on 4/28/2025. In addition, John Beltz, Administrator Certificate # 7017264740 expires 9/30/2026.
	Continue on LIC809-C2

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Bethany Moellers <b>NAME OF LICENSING PROGRAM ANALYST:</b> Shannan Hansen <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 05/27/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 05/27/2025

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**Created By: Shannan Hansen On 05/27/2025 at 02:12 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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**FACILITY NAME:** WINDSONG OF SONOMA

**FACILITY NUMBER:** 496804150

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 05/27/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87411(c)(1)	
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87411(c)(1) Personnel Requirements – General All RCFE staff who assist residents with personal activities of daily living shall receive initial and annual training as specified in Health and Safety Code sections 1569.625 and 1569.69. Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.

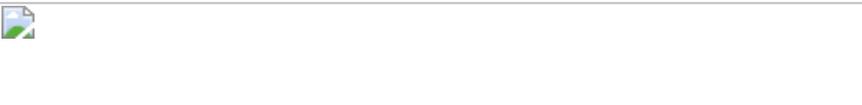
This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on record review and interview with Administrator, the licensee did not comply with the section cited above in 2 out of 5 (S1 & S2) files reviewed of direct care providers did not have current 1st Aid certification which poses/posed a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 06/06/2025
	<b>Plan of Correction</b>
1 2 3 4	Licensee/Administrator to ensure all staff have required first aid certification training. Submit proof of staff (S1 & S2) first aid certification by POC due date of 6/6/2026.

		Section Cited			
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	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1 2 3 4	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Bethany Moellers	
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Shannan Hansen	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>		<b>DATE:</b> 05/27/2025

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/27/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1450 NEOTOMAS AVENUE,  
STE. 100  
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### FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: WINDSONG OF SONOMA

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#### NARRATIVE

1 Continued from LIC809-C1

2

3

Appeal of Rights Given.

4

5

The following deficiencies were observed (see LIC 809D) and cited from the California Code of Regulations, Title 22, Division 6 of California Regulation. Failure to correct the deficiency and/or repeat deficiencies within a 12 month period may result in civil penalties. Exit interview conducted and appeal of rights provided.

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LPA Hansen is requesting Administrator to update the following documents and to submit to CCL by 6/20/2025:

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13

LIC 308 Designated

14

LIC 500 Personnel Summary

15

LIC 610 Emergency Disaster Plan (if changed)

16

LIC 9020 Register of Facility Resident's (already received)

17

Copy of Control of Property-Deed or Lease

18

Copy of Administrator Certificate

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Copy of Certificate of Liability Insurance

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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Shannan Hansen

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/27/2025

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