

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 496804150

Report Date: 04/05/2023

Date Signed: 04/05/2023 10:37:36 AM

Document Has Been Signed on 04/05/2023 10:37 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: WINDSONG OF SONOMA	FACILITY NUMBER: 496804150
ADMINISTRATOR: SAVOIE, DEBORAH	FACILITY TYPE: 740
ADDRESS: 815 WOOD SORREL DRIVE	TELEPHONE: (707) 776-2885
CITY: PETALUMA	STATE: CA
CAPACITY: 95	ZIP CODE: 94954
TYPE OF VISIT: Office	CENSUS: 04/05/2023
MET WITH: Deborah Savoie	ANNOUNCED
	DATE: 04/05/2023
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 10:20 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of Ownership
3	Capacity: 95
4	Census (if any clients in care): 59
5	COMP II Participants: Deborah Savoie
6	Interview Method: Telephone interview
7	
8	
9	On April 05, 2023, applicant/administrator participated in COMP II. Identification of
10	the applicant and administrator was verified through interview questions based on
11	photo ID and other identifying personal information. During COMP II, applicant and
12	administrator confirmed the understanding of the California Code Title 22
13	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
14	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
15	following areas:
16	
17	
18	1. Facility operation: License type, client/resident populations, and program
19	2. Admission Policies
20	3. Staffing requirements & Training
21	4. Restricted/Prohibited Health Conditions
22	5. General provisions
23	6. Emergency Preparedness
24	7. Complaints & Reporting
25	8. Pre-licensing readiness

**NAME OF LICENSING PROGRAM MANAGER:** Jude De La Concepcion  
**NAME OF LICENSING PROGRAM ANALYST:** Bethany Hunter

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/05/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/05/2023

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