

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804244
Report Date: 06/16/2026
Date Signed: 06/16/2026 11:14:42 AM

Document Has Been Signed on 06/16/2026 11:14 AM - 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:	BRIGHT HORIZONS CARE HOME - SANTA ROSA	FACILITY NUMBER:	496804244
ADMINISTRATOR/RAMIL"CHIN"RAZON		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1022 HYLAND DRIVE	TELEPHONE:	(858) 837-1138
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95404
CAPACITY: 4		CENSUS: 4	DATE: 06/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION 08:30 AM
		BEGAN:	
MET WITH:	Chin Razon, Administrator	TIME VISIT/	
		INSPECTION	11:20 AM
		COMPLETED:	

NARRATIVE	
1	At approximately 8:30 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
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10	At approximately 8:50 AM, LPA toured the facility with Administrator Razon. All exits were clear and unobstructed. The facility's one (1) fire extinguisher was last serviced and tagged on 3/20/2026. The facility's sprinkler system were inspected on 3/20/2026. The facility was sufficiently lighted. LPA inspected four (4) resident bedrooms and found all to have sufficient lighting and furnishings as required per Title 22 Regulations. There was a sufficient supply of both perishable and nonperishable foods as required by Title 22 Regulations. There was an appropriate supply of cleaning products, linens, hygiene products and paper products available for residents. Toxins were observed to be stored inaccessible to residents. The facility has an infection control plan as required. The facility has a required emergency disaster plan. The facility is conducting fire and emergency drills monthly. The last disaster drill was conducted on 6/1/2026. The facility does have emergency food and supplies to meet the "72 hour shelter in place" requirements.
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	Continued on 809-C...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2026

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: BRIGHT HORIZONS CARE HOME - SANTA ROSA

FACILITY NUMBER: 496804244

VISIT DATE: 06/16/2026

NARRATIVE	
1	...Continued from 809
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3	Hot water temperatures for all sinks in facility were found to be within Title 22 regulations of 105 to 120
4	degrees Fahrenheit. Facility smoke detectors and carbon monoxide detectors were observed to be
5	operational.
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7	At approximately 9:30 AM, LPA reviewed four (4) resident files. Four (4) of four (4) resident files were
8	observed to be well organized and thorough with all required documentation. LPA reviewed five (5) staff
9	files. Five (5) of five (5) staff files were observed to be well organized with all required documentation
10	including First Aid and CPR certification and proper training documentation. LPA audited Medication for
11	three (3) residents. LPA observed all medications to be centrally stored, secure and with proper
12	documentation. Client's monies for Personal and Incidental (P&I) items were audited and observed to
13	balance to P&I logs.
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18	Chin Razon's Administrator Certification 6075868740 is current with an expiration date of 2/26/2027.
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20	LPA requested the following documents be submitted to Community Care Licensing by 7/16/2026:
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24	LIC 500 Personnel Report
25	LIC 610E Emergency Disaster Plan
26	Proof of Liability Insurance
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28	The facility is in compliance. No deficiencies cited during today's visit.
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31	Exit interview conducted. Copy of report discussed and provided to Administrator Razon. Signature on
32	form confirms receipt of documents.

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Robert Frank	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026