

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804280

Report Date: 12/12/2024

Date Signed: 12/13/2024 03:29:34 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: ARBOL RESIDENCES OF SANTA ROSA	FACILITY NUMBER: 496804280
ADMINISTRATOR/RIDENOUR,JASMINE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 300 FOUNTAINGROVE PARKWAY	TELEPHONE: (877) 295-3747
CITY: SANTA ROSA	STATE: CA
CAPACITY: 152	CENSUS: 95403
TYPE OF VISIT: Office	ANNOUNCED
	DATE: 12/12/2024
	TIME VISIT/INSPECTION BEGAN: 09:00 AM
MET WITH: KARINA TAPIA, QUINTIN KING	TIME VISIT/INSPECTION COMPLETED: 09:29 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of Ownership
3	Capacity: 110
4	Census (if any clients in care): 91
5	COMP II Participants: KARINA TAPIA, QUINTIN KING
6	Interview Method: Telephone interview
7	
8	
9	On December 12, 2024, applicant/administrator participated in COMP II.
10	Identification of the applicant and administrator was verified through interview
11	questions based on photo ID and other identifying personal information. During
12	COMP II, applicant and administrator confirmed the understanding of the California
13	Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been
14	obtained.
15	
16	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
17	following areas:
18	
19	1. Facility operation: License type, client/resident populations, and program
20	2. Admission Policies
21	3. Staffing requirements & Training
22	4. Restricted/Prohibited Health Conditions
23	5. General provisions
24	6. Emergency Preparedness
25	

- 7. Complaints & Reporting
- 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: 12/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/12/2024

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