

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 216800331
Report Date: 07/09/2026
Date Signed: 07/09/2026 03:16:55 PM

Unfounded

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/03/2026** and conducted by Evaluator Anthony Loera

	COMPLAINT CONTROL NUMBER: 21-AS-20260703144857
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FACILITY NAME:	ATRIA TAMALPAIS CREEK	FACILITY NUMBER:	216800331
ADMINISTRATOR:	TANCHOCO, CORRINE	FACILITY TYPE:	740
ADDRESS:	853 TAMALPAIS AVE	TELEPHONE:	(415) 892-0944
CITY:	NOVATO	ZIP CODE:	94947
CAPACITY:	180	DATE:	07/09/2026
	STATE: CA	TIME BEGAN:	10:00 AM
	CENSUS: 101	TIME	03:30 PM
	UNANNOUNCED	COMPLETED:	
MET WITH:	Maintenance Director, Corey Mundy		

ALLEGATION(S):

1	Licensee does not ensure license number is displayed on public website
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INVESTIGATION FINDINGS:

1	On 07/09/2026, Licensing Program Analyst (LPA) Loera conducted an unannounced visit for the purpose of initiating and delivering complaint findings. LPA arrived and met with Maintenance Director, Corey Mundy. During the course of the investigation, LPA reviewed records, conducted interviews, and made observations.
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5	Compliant alleges licensee does not ensure license number is displayed on public website. LPA's review shows that the facilities license number is displayed on the front page of the facilities website. Therefore facility is in compliance with Title 22 Regulations. Based on observations made, this allegation is Unfounded.
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9	An allegation that is Unfounded, means that the allegation was false, could not have happened and/or is without a reasonable basis.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Kimberley Mota	
LICENSING EVALUATOR NAME: Anthony Loera	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/09/2026