

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216800977
Report Date: 09/04/2025
Date Signed: 09/04/2025 01:10:13 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	WINDCHIME OF MARIN	FACILITY NUMBER:	216800977
ADMINISTRATOR/LAUREN COTTMAN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(415) 482-4100
ADDRESS:	1111 SIR FRANCIS DRAKE BLVD	ZIP CODE:	94904
CITY:	KENTFIELD	STATE: CA	
CAPACITY: 55		CENSUS: 28	DATE: 09/04/2025
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	12:00 PM
MET WITH:	Lauren Cottman, Administrator	BEGAN: TIME VISIT/INSPECTION	01:15 PM
		COMPLETED:	

NARRATIVE	
1	At approximately 12:00 PM, Licensing Program Analyst (LPA) Hansen arrived unannounced to conduct
2	a Case Management - Incident Visit and met with Executive Director, Lauren Cottman. The purpose of
3	the visit was to follow up on a self-reported incident that was submitted to Community Care Licensing
4	(CCL).
5	
6	CCL received an incident report on 08/27/2025. The report stated that on 08/25/2025, Resident (R1),
7	who has a diagnosis of dementia and is unable to leave facility unassisted, eloped from community
8	shortly after 5:30 PM, by exiting emergency exit door on the right side of the 1 st floor elevator as staff
9	was returning residents to 2 nd and 3 rd floor apartments after dinner. At approximately 7:30 PM staff was
10	unable to locate R1 and notified ED, while interior & exterior search was conducted. At approximately
11	8:15pm Med Tech contacted EMS and was informed fire department brought R1 to hospital after finding
12	near fire house confused. R1 was assessed at hospital, finding no injuries and discharged back to
13	community same evening. After further check of facility, two doors on the 1 st floor were found unlocked
14	and one alarm found on emergency exit turned off. PCP and family were notified. LPA was provided;
15	staff signed training for elopements, plan to keep residents safe from future risk, and investigation
16	documents.
17	
18	
19	Per R1's Physician's Report (LIC602) R1 is diagnosed with dementia and is unable to leave the facility
20	unassisted. (Deficiency cited) LPA also obtained updated service plan and notes from care conference.
21	
22	The following deficiencies were observed (see LIC 809D) and cited from the California Code of
23	Regulations, Title 22, Division 6 of California Regulation. <u>Failure to correct the deficiency and/or</u>
24	<u>repeat deficiencies within a 12 month period may result in civil penalties.</u> Exit interview
25	conducted and appeal of rights provided.

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers	
NAME OF LICENSING PROGRAM ANALYST: Shannan Hansen	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/04/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/04/2025

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.

LIC809 (FAS) - (09/23)

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Created By: Shannan Hansen On 09/04/2025 at 12:42 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: WINDCHIME OF MARIN

FACILITY NUMBER: 216800977

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/04/2025

Deficiency Type POC Due Date / Section Number	1 2 3 4 5 6 7	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 09/05/2025 Section Cited	1 2 3 4 5 6 7	87705 Care of Persons with Dementia (d) The licensee shall ensure that the facility has an auditory device or other staff alert feature to monitor exits on exterior doors and perimeter fence gates accessible to those residents who may be at risk for elopement...		
	8 9 10 11 12 13 14	This requirement not met by licensee as evidenced by: R1 eloped from facility and was found by Fire Dept approximately 2 hrs later alone outside of facility property, which poses an immediate health, safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7			
	1 2 3 4 5 6 7			

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

NAME OF LICENSING PROGRAM	Bethany Moellers
MANAGER:	

NAME OF LICENSING PROGRAM Shannan Hansen

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/04/2025