

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216801868
Report Date: 06/19/2026
Date Signed: 06/19/2026 10:51:34 AM

Document Has Been Signed on 06/19/2026 10:51 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:	ALMAVIA OF SAN RAFAEL	FACILITY NUMBER:	216801868
ADMINISTRATOR/TRACY FREUDENDAHL		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	515 NORTHGATE DRIVE	TELEPHONE:	(415) 491-1900
CITY:	SAN RAFAEL	STATE: CA	ZIP CODE: 94903
CAPACITY: 160		CENSUS:	DATE: 06/19/2026
TYPE OF VISIT: Office		UNANNOUNCEDTIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Executive Director, Tracy Freudendahl, Corporate Director of Heath Services, Sophia Allwood, Vice President of Operations, Carla Sanchez, Assistant General Counsel, Colleen Freeman, and HansonBridgett Partner, Joel Goldman	TIME VISIT/INSPECTION	11:00 AM
		COMPLETED:	

NARRATIVE	
1	On 06/19/2026, a Non-Compliance meeting was conducted at the Santa Rosa Regional Office. The following individuals were present in the meeting: Acting Regional Manager, Kimberley Mota, Licensing Program Manager, Victoria Bertozzi, Licensing Program Analyst, Caitlynn Felias, Executive Director, Tracy Freudendahl, Corporate Director of Heath Services, Sophia Allwood, Vice President of Operations, Carla Sanchez, Assistant General Counsel, Colleen Freeman, and HansonBridgett Partner, Joel Goldman. The purpose of today's meeting was to address areas of concerns identified by the Department.
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9	The following areas were discussed during today's meeting:
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13	- Substantiated Complaint Investigation: Complaint 21-AS-20251222134309 - Observation of a Resident - Exceptions for Health Conditions
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19	During visit conducted on 02/03/2026, Facility was issued a \$500.00 civil penalty for a violation of Regulation 87466, Observation of a Resident.
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Facility to submit updated policy surrounding how observed changes of a resident will be assessed and who is responsible for reporting changes and contacting emergency services, if needed. Policy to be submitted to the Department by Monday, 06/22/2026.
Continued on LIC809C

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Caitlynn Felias

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/17/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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.

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

FACILITY NAME: ALMAVIA OF SAN RAFAEL

FACILITY NUMBER: 216801868

VISIT DATE: 06/19/2026

NARRATIVE	
1	Continued from LIC809
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3	Facility's Non Compliance Plan will be in place for 2 years with an end date of June 2028.
4	Department will review Facility's Compliance Plan after 1 year to review progress when
5	requested by the facility.
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7	The Department discussed having the Technical Support Program (TSP) work with Licensee on the
8	addressed concerns.
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10	No Deficiencies Cited.
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13	Exit interview conducted. Copy of report discussed and provided to Executive Director. Signature on
14	form confirms receipt of documents.
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NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Caitlynn Felias	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/19/2026