

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216803992
Report Date: 06/09/2026
Date Signed: 06/09/2026 02:21:44 PM

Document Has Been Signed on 06/09/2026 02:21 PM - 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: GENTLE HOME CARE LLC		FACILITY NUMBER:	216803992
ADMINISTRATOR/GHEZZEHAI, MARTHA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	463 NOVA ALBION WAY	TELEPHONE:	(415) 499-1632
CITY:	SAN RAFAEL	STATE: CA	ZIP CODE: 94903
CAPACITY: 6		CENSUS: 6	DATE: 06/09/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/ INSPECTION	11:40 AM
MET WITH:	Staff Member, Tigist Dinka	BEGAN: TIME VISIT/ INSPECTION	02:30 PM
		COMPLETED:	
NARRATIVE			
1	At approximately 11:40AM, Licensing Program Analyst (LPA) Felias arrived unannounced to conduct a		
2	Case Management - Incident visit, and met with Staff Member, Tigist Dinka. Administrator, Martha		
3	Ghezzehai, arrived during visit at approximately 1:50PM. The purpose of the visit was to follow up on a		
4	self-reported incident report that was submitted to the Santa Rosa Regional Office (SRRO).		
5			
6	Incident Report 1: The SRRO received a report on 12/22/2025. Report stated that on 12/19/2025,		
7	Resident 1 (R1) left the facility. Per report, the night-time caregiver was providing care to another		
8	resident when R1 left the facility. Facility notified San Rafael Police Department (SRPD) and Fire		
9	Department. R1 was found down the street from the facility by SRPD. R1 was sent to the hospital for		
10	further evaluation as it was observed R1 had a fall. Facility made all appropriate notifications per		
11	regulation.		
12	Review of R1's medical assessment dated 10/05/2025 does not indicate if they have a diagnosis of		
13	dementia and stated they can to leave the facility unassisted. Review of R1's care plan dated		
14	12/07/2025 indicated that R1 had a diagnosis of dementia. Review of R1's medical assessment dated		
15	02/20/2026, states that R1 has a diagnosis of dementia and is unable to leave unassisted. There was no		
16	updated care plan to reflect R1's new medical assessment from February 2026. Review of documents		
17	showed that facility conducted elopement training on 12/20/2025.		
18	LPA discussed with Administrator on ensuring that resident documents are filled out correctly and are		
19	updated to reflect their care needs as required. Per Administrator, R1 is scheduled for a new medical		
20	assessment at the end of the month. Administrator to submit updated paperwork to Community Care		
21	Licensing (CCL) as part of their plan of correction.		
22			
23	Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and		
24	Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction		
25	(POC) due date, may result in a civil penalty assessment.		
	Exit interview conducted. Copy of report, LIC809D (Deficiency Page), Plan of Corrections, and Appeal Rights, discussed and provided to Administrator. Signature on form confirms receipt of documents.		

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Caitlynn Felias	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/09/2026

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.

Created By: Caitlynn Felias On 06/09/2026 at 12:17 PM
Link to Parent Document Below:

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

FACILITY NAME: GENTLE HOME CARE LLC

FACILITY NUMBER: 216803992

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 06/19/2026 Section Cited CCR 87705(e)(7)	1	87705 Care of Persons with Dementia	1	Licensee provided proof of elopement
	2	(e) Licensees that use delayed egress	2	training dated 12/20/2025 during visit.
	3	devices...	3	Licensee to update LPA on when R1's
	4	shall meet the following...requirements:	4	medical assessment is scheduled by
	5	(7) Delayed egress devices shall not	5	POC due date of 06/19/2026. Licensee
	6	substitute for trained staff in sufficient	6	to submit proof of updated documents:
	7	numbers to meet the care and	7	LIC602/Physician's Report and
		supervision needs of all residents...this		LIC625/Care Plan
		requirement was not met as		
	8	evidenced by: based on record review,	8	to CCL once received.
	9	Licensee did not comply with the	9	
	10	section cited above. Resident 1 (R1)	10	
	11	eloped from the facility. R1's physician	11	
	12	report showed they are unable to leave	12	
	13	unassisted. This poses an potential	13	
	14	health/safety/personal rights risk to	14	
		residents in care.		
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		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	Victoria Bertozzi
MANAGER:	Caitlynn Felias

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/09/2026