

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216803994

Report Date: 03/10/2026

Date Signed: 03/10/2026 02:02:12 PM

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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
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FACILITY NAME: AEGIS LIVING CORTE MADERA		FACILITY NUMBER: 216803994
ADMINISTRATOR/PASCUAL, EUGENE		FACILITY TYPE: 740
DIRECTOR:		
ADDRESS: 5555 PARADISE DRIVE	TELEPHONE: (415) 927-4200	
CITY: CORTE MADERA	STATE: CA	ZIP CODE: 94925
CAPACITY: 150	CENSUS: 98	DATE: 03/10/2026
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	11:10 AM
MET WITH: Eugene Pascual, Administrator	BEGAN: TIME VISIT/INSPECTION	02:20 PM
	COMPLETED:	

NARRATIVE	
1	At approximately 11:10 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
2	conduct a Case Management visit and met with Administrator, Eugene Pascual and Health Services
3	Director, Tasha Chowdory. Today's visit was in regards to two (2) Incident Reports (IRs) for Resident 1
4	(R1) and for Resident 2 (R2) submitted to Community Care Licensing (CCL) by the facility.
5	
6	The IR for resident R1 states that on 2/25/2026, while being transferred by one (1) staff member (S1)
7	resident R1 fell. Facility Progress Notes for resident R1 indicate that they did not directly fall, but instead
8	was lowered to the ground by staff member S1. Paramedics were called and resident R1 was taken to a
9	local hospital. Resident R1 did not suffer any fractures as a result of this incident. Resident R1's
10	Individualized Service Plan states that two (2) staff members are needed to assist transferring resident
11	R1. As the facility did not follow residents R1's Individualized Service Plan, the facility will be cited for
12	this deficiency. During today's visit, LPA was informed that staff members carry phones that show in the
13	individual care needs of each resident to whom they are assigned. On 2/26/2026 the facility conducted
14	Care Plan training to reiterate to staff members that they need to review residents care needs and to
15	follow the Individualized Service Plans of residents. As a result of this incident, staff member S1's
16	employment with the facility was terminated. As the facility has already conducted Care Plan training,
17	the deficiency will be cleared during today's visit.
18	
19	The IR for Resident R2 states that on 2/17/2026, resident R2 was mistakenly given the wrong
20	medications. At 7:00 AM, staff member S2 was preparing medications for the morning medication pass.
21	They put medications for a third (3) resident (R3) in a cup for dispensing. Staff member S2 then realized
22	that resident R3 had left the facility for a doctors appointment. Staff member S2 contacted the family
23	member escorting resident R3 to their doctors appointment. The family member asked that the
24	medications be held until resident R3 returned to the facility. Continued on 809-C...
25	

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/10/2026

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Robert Frank On 03/10/2026 at 12:22 PM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405</p>
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FACILITY NAME: AEGIS LIVING CORTE MADERA

FACILITY NUMBER: 216803994

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/10/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/11/2026 Section Cited CCR 87468.2(a)(4)	1 87468.2 Additional Personal Rights of 2 Residents in Privately Operated 3 Facilities (a) In addition to the rights...: 4 (4) To care, supervision, and services 5 that meet their individual needs and are 6 delivered by staff that are...to meet their 7 needs. This requirement is not met as evidenced by:	1 Licensee or Administrator to conduct 2 Care Plan training for staff members to 3 reiterate that residents' Individualized 4 Service Plans be followed and to 5 submit proof of training to Community 6 Care Licensing by POC due date of 7 3/11/2026.
8 9 10 11 12 13 14	Based on interview & record review, the licensee did not comply with the section cited above in that R1's Individualized Service Plan was not followed when R1 was transferred by only one (1) staff member which poses a potential 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	1 2 3 4 5 6 7
1 2 3 4 5 6 7	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	Victoria Bertozzi
MANAGER:	
NAME OF LICENSING PROGRAM	Robert Frank
ANALYST:	

[Signature area]

DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 03/10/2026

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

FACILITY NUMBER: 216803994

VISIT DATE: 03/10/2026

NARRATIVE

1 ...Continued from 809
 2 At approximately 2:00 PM, resident R2 requested their normal afternoon medications. Staff member S2
 3 then proceeded to add resident R2's medications to cup that contained resident R3's missed morning
 4 medications. As a result of this error, resident R2 mistakenly took medications intended for resident R3.
 5 The facility immediately had resident R2 assessed by a Registered Nurse and placed resident R2 on
 6 alert charting with hourly checks of vital signs. R2's emergency contacts were notified. Additionally, the
 7 facility's Medical Director (a licensed Medical Doctor) was on site and they also monitored R2's
 8 condition. Resident R2 was kept on alert charting for 72 hours. Resident R2 suffered no adverse effects
 9 of the medication error. The facility will be cited for this medication error. The facility took disciplinary
 10 action against staff member S2. Staff member S2 also underwent four (4) days of retraining and
 11 shadowing the lead Medical Technician (Med Tech). Additionally, all the facility's Med Techs underwent
 12 Medication Policy training. As this disciplinary step and retraining was already completed, the deficiency
 13 will be cleared during today's visit.
 14
 15 **Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and**
 16 **Safety Code. Failure to correct the cited deficiency, on or before the Plan of Correction (POC)**
 17 **due date, may result in a civil penalty assessment.**
 18
 19 Exit interview conducted. Copy of report, LIC-809Ds, Plan of Corrections, 811 Confidential Names,
 20 Appeal Rights and Letters of Deficiency Citations Cleared discussed and provided to Administrator
 21 Pascual. Signature on form confirms receipt of documents.
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NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature area]

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DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/10/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/11/2026 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical... 3 shall be developed...by compliance with 4 the following: (4) The licensee shall 5 assist residents with self-administered 6 medications as needed. 7 This requirement is not met as evidenced by:	1 Licensee or Administrator to conduct 2 Medication Policy training for the 3 facility's Medical Technicians and 4 submit proof of training to Community 5 Care Licensing by POC due dater of 6 3/11/2026. 7
	8 Based on interview & record review, the 9 licensee did not comply with the section 10 cited above in that medications for 11 resident R3 were given to resident R2, 12 which poses an immediate health, 13 safety or personal rights risk to persons 14 in care.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	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	Victoria Bertozzi
MANAGER:	
NAME OF LICENSING PROGRAM	Robert Frank
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/10/2026

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