

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216803994
Report Date: 05/05/2026
Date Signed: 05/05/2026 03:22:52 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	
FACILITY EVALUATION REPORT			
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: 118	DATE:	05/05/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	09:05 AM
MET WITH: Administrator, Eugene Pascual, and Executive Director, Terry Bechtold		BEGAN:	
		TIME VISIT/INSPECTION	03:30 PM
COMPLETED:			
NARRATIVE			
1	At approximately 9:05AM, Licensing Program Analyst (LPA) Felias arrived unannounced to conduct a 1		
2	year required visit and met with Administrator, Eugene Pascual, and Executive Director, Terry Bechtold.		
3	Facility serves older adults in Assisted Living and Memory Care. Facility has a plan of operation for		
4	dementia care and programming on file. Facility has a total capacity for 150 residents and an approved		
5	fire clearance for 150 non-ambulatory residents, of which 35 residents can be bedridden. Facility has an		
6	approved hospice waiver for 25 individuals. Upon arrival, LPA was informed that there were 118		
7	Residents in care and 47 staff members on-site.		
8			
9	LPA reviewed the Facility's Staff Roster and found that all staff on-site were background cleared and		
10	associated to the facility per regulation. LPA conducted a walk-through of the facility with Administrator		
11	and Executive Director and observed the following: Facility is a 2-story building for Assisted Living and		
12	Memory Care. Facility's Memory Care consists of two areas - Lee's Lane and Hogan's Court. Facility		
13	was found to be clean and at a comfortable temperature with all exits free from obstruction. Facility had		
14	emergency lighting. Facility has an Infection Control plan on file. Emergency evacuation chairs were		
15	observed at facility stairwells. There was a sufficient supply of both perishable and nonperishable foods		
16	as required by Title 22 Regulations.		
17			
18	There was an appropriate supply of cleaning products, linens, hygiene products and paper products		
19	available for residents. Mattress pads were in place or available for Resident use. Toxins were observed		
20	to be stored inaccessible to residents. Bathrooms were equipped with necessary grab bars, and non-slip		
21	floors/mats were present. Hot water temperatures for 7 of 10 sinks were found to be out of compliance		
22	with Title 22 Regulations, measuring at 125.6F, 125.2F, 122.5F, 123.0F, 121.8F, 120.3F, 120.2F.		
23	Facility's fire extinguishers and smoke and carbon monoxide detectors were last inspected January		
24	2026. Facility's fire and sprinkler system was last inspected June 2025.		
25			
Continued on LIC809C			
NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/05/2026

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

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: AEGIS LIVING CORTE MADERA FACILITY NUMBER: 216803994
VISIT DATE: 05/05/2026

NARRATIVE	
1	Continued LIC809C
2	
3	Facility's emergency disaster plan was last reviewed and updated on 10/15/2025. Facility's infection
4	control plan was last reviewed and updated 01/05/2026. Facility was observed to have enough water
5	available in the event facility had to shelter in place for 72 hours. Facility's last emergency disaster drill
6	was conducted April 2026. LPA observed that facility only conducted emergency disaster drill for the
7	morning shift. Facility was unable to provide proof that drill was conducted for evening and overnight
8	shifts. LPA discussed the importance of ensuring that all shifts receive the emergency disaster drill
9	training every quarter.
10	
11	During walkthrough, LPA observed a carton of expired yogurt located in the dining room fridge of Lee's
12	Lane Memory Care. Executive Director disposed of the item. LPA, Administrator, and Executive Director
13	also observed medications in two resident rooms. LPA and Administrator confirmed with Facility's
14	Wellness Director that these two residents are receiving assistance with medications and therefore their
15	medications should be centrally stored.
16	
17	Administrator's Certificate Terry Bechtold (6079066740) was current with an expiration of 10/02/2027,
18	Administrator's Certificate for Eugene Pascual (7037022740) was shown to be pending, with an
19	application received date of 04/08/2026.
20	
21	LPA began staff file review.
22	
23	LPA discussed the following with Administrator and Executive Director:
24	
25	
26	• Reporting Requirements
27	• PIN regarding 911 protocols
28	• PIN regarding dementia regulations
29	
30	
31	
32	LPA unable to complete Annual Inspection. Annual Continuation Visit to be conducted at a later date.
Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.	
Exit interview conducted. Copy of report, Plan of Corrections, Appeal Rights discussed and provided to Administrator and Executive Director. 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: 05/05/2026

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

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FACILITY NAME: AEGIS LIVING CORTE MADERA

DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 216803994

VISIT DATE: 05/05/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87303(e)(2)	

Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observations made, Licensee did not comply with the section cited above. 7 of 10 facility sinks were found to be out of compliance with Title 22 Regulations, measuring at 125.6F, 125.2F, 122.5F, 123.0F, 121.8F, 120.3F, 120.2F. This poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/06/2026
	Plan of Correction
1	Licensee to submit a self certification stating that a water temperature log will be done and submitted. Self Certification due by POC due date of 05/06/2026. Log to be started on 05/06/2026 and end on 05/16/2026. Log to include date, location of sink, water temperature, and time of temperature check and be submitted to CCL by POC due date of 05/18/2026.
2	
3	
4	

	Type A	Section Cited	CCR	87465(h)(2)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observations made, Licensee did not comply with the section cited above. LPA observed two residents with medications in their room that should have been centrally stored and inaccessible. This poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/06/2026
	Plan of Correction
1	Licensee to submit a self certification stating that training will be conducted for all direct care staff by POC due date of 05/06/2026. Training to include: Trainer, Date of Training, Topic, Job Title, Staff Names and Signatures. Proof of training and supporting documents to be submitted for review and approval by POC due date of 05/18/2026.
2	
3	
4	

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 MANAGER:	Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST:	Caitlynn Felias

DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/05/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87555(a)	
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General Food Service Requirements

(a) The total daily diet shall be of the quality and in the quantity necessary to meet the needs of the residents an shall meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observations made, Licensee did not comply with the section cited above. LPA observed expired yogurt in facility's memory care fridge located in Lee's Lane Memory Care. This poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/18/2026
	Plan of Correction
1	Licensee to conduct in-service training for direct care staff on food safety standards and expectations in Memory Care. Training to include: Trainer, Date of Training, Topic, Job Title, Staff Names and Signatures. Training to be submitted for review and approval by POC due date of 05/18/2026.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

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

Victoria Bertozzi

NAME OF LICENSING PROGRAM	
MANAGER:	
NAME OF LICENSING PROGRAM	Caitlynn Felias
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/05/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/05/2026