

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216804000

Report Date: 12/15/2021

Date Signed: 12/15/2021 02:48:22 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, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928	
FACILITY EVALUATION REPORT			
FACILITY NAME: COGIR OF SAN RAFAEL		FACILITY NUMBER:	216804000
ADMINISTRATOR: DOWELL, CAROL		FACILITY TYPE:	740
ADDRESS: 111 MERRYDALE ROAD		TELEPHONE:	(415) 472-6530
CITY: SAN RAFAEL	STATE: CA	ZIP CODE:	94903
CAPACITY: 70	CENSUS: 44	DATE:	12/15/2021
TYPE OF VISIT: Prelicensing	UNANNOUNCED	TIME BEGAN:	12:59 PM
MET WITH: Health Director, Victoria Mozzafari & Regional Nurse, Ethelia Hines		TIME COMPLETED:	03:00 PM
NARRATIVE			
1	Licensing Program Analyst (LPA), Farhaan Sarangi arrived at Cogir of San Rafael for the purpose of		
2	conducting an unannounced Pre-licensing inspection. LPA was met at the door by Health Director,		
3	Victoria Mozzafari and Regional Nurse, Ethelia Hines.		
4			
5	LPA toured the facility with Health Director and Regional Nurse. Facility was found to be clean and at a		
6	comfortable temperature with all exits free from obstruction. Exits were free from obstructions at the time		
7	of the inspection. Fire Extinguisher was found to be last charged on 04/2021. Facility smoke detectors		
8	and Carbon Monoxide detectors are hard wired and sound directly to the fire station. Disaster Drills were		
9	conducted 12/2021. There are emergency lights in many of the fixtures in the common areas of the		
10	facility that come on should a power outage occurs. Hot water temperature measured within Title 22		
11	acceptable regulation of 105 to 120 degrees F. The facility has special care plan of operation and		
12	programming for residents with dementia. There was a sufficient supply of both perishable and		
13	nonperishable foods as required by Title 22 Regulations. Menus are available and provided during		
14	meals. LPA observed that provisions are made for individuals with special dietary needs; facility keeps a		
15	variety of items on the menu, and facility has a board in the kitchen with a picture of the resident & a list		
16	of dietary needs. LPA conducted Component III orientation with Health Director, Victoria Mozzafari and		
17	Regional Nurse, Ethelia Hines.		
18			
19	LPAs advised facility to contact County Public Health and Community Care Licensing immediately if		
20	symptoms or COVID-19 + in the facility. Facility has already been N95 Fit tested. Staff has had training		
21	on PPE and PPE is sufficient in the facility..		
22			
23	Exit interview was conducted and a copy of this report was emailed to the Facility Administrator and		
24	Health Director, Victoria Mozzafari.		
25			
NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti			
NAME OF LICENSING PROGRAM ANALYST: Farhaan Sarangi			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2021

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