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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216804000
Report Date: 09/03/2025
Date Signed: 09/03/2025 02:33:17 PM

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

FACILITY NAME:	COGIR OF SAN RAFAEL		FACILITY NUMBER:	216804000
ADMINISTRATOR/DIRECTOR:	HUMPHREY,KIMBERLY		FACILITY TYPE:	740
ADDRESS:	111 MERRYDALE ROAD		TELEPHONE:	(707) 334-1620
CITY:	SAN RAFAEL	STATE: CA	ZIP CODE:	94903
CAPACITY: 70		CENSUS: 52	DATE:	09/03/2025
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:30 AM
MET WITH:	Executive Director, Kimberly Humphrey, and Health and Wellness Director, Florence Van Heusden		TIME VISIT/ INSPECTION COMPLETED:	02:45 PM

NARRATIVE

At approximately 9:30AM, Licensing Program Analyst (LPA) Felias arrived unannounced to conduct a Case Management - Incident Visit and met with Executive Director, Kimberly Humphrey, and Health and Wellness Director, Florence Van Heusden. The purpose of the visit was to follow up on incident reports that were submitted to Community Care Licensing (CCL).

Incident Report 1: CCL received an incident report on 07/23/2025. Report stated that on 07/18/2025, facility staff witnessed Resident 1 (R1) exit the facility through the main door. Facility staff immediately followed R1 to redirect back to the facility but R1 refused. Facility staff followed R1 on foot and by car to the freeway. Facility contacted San Rafael Police Department and R1 was taken to the hospital for further evaluation. Facility made all notifications per regulation.

Incident Report 2: CCL received an incident report 07/30/2025. Report stated that on 07/26/2025, Resident 2 (R2) exited the facility through the main door and crossed the street. Staff Member 1 (S1) was outside with another resident's dog and observed R1 outside. S1 notified additional staff members for assistance and R1 was redirected back to the facility. Facility made all notifications per regulation.

LPA obtained additional documentation related to the incidents and copies of elopement training conducted on 07/31/2025 and 08/04/2025. *Deficiency issued today under Regulation 87705(d) has been cleared with Plan of Corrections letter provided during visit.

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, and Plan of Corrections Letter discussed and provided to 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:** 09/03/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 09/03/2025

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.

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Created By: Caitlynn Felias On 09/03/2025 at 11:19 AM
Link to Parent Document Below:

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

FACILITY NAME: COGIR OF SAN RAFAEL **FACILITY NUMBER:** 216804000

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/03/2025

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 09/04/2025 **Section Cited**	1 2 3 4 5 6 7	87705 Care of Persons with Dementia: (d) The licensee shall ensure that the facility has an auditory device or other staff alert feature to monitor exits on exterior doors and perimeter fence gates accessible to those residents who may be at risk for elopement...This requirement was not met as			
	8 9 10 11 12 13 14	evidenced by: based on record review, Licensee did not ensure that staff were aware that R2 left the facility without assistance. This poses an immediate health and safety risk to residents in care.	8 9 10 11 12 13 14		
	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 MANAGER:	Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Caitlynn Felias **LICENSING PROGRAM ANALYST SIGNATURE:**	**DATE:** 09/03/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 09/03/2025