

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 216804000

**Report Date:** 01/30/2026

**Date Signed:** 01/30/2026 03:07:16 PM

**Document Has Been Signed on** 01/30/2026 03:07 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
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FACILITY NAME:	COGIR OF SAN RAFAEL	FACILITY NUMBER:	216804000
ADMINISTRATOR/HUMPHREY, KIMBERLY DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	111 MERRYDALE ROAD	TELEPHONE:	(707) 334-1620
CITY:	SAN RAFAEL	STATE: CA	ZIP CODE: 94903
CAPACITY:	70	CENSUS: 54	DATE: 01/30/2026
TYPE OF VISIT:	Case Management - Legal/Non-compliance	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 01:10 PM
MET WITH:	Business Office Manager, Ditter Vazquez, Health and Wellness Director, Ashley Perrone, and Caiya Peevy, Regional Director of Operations	TIME VISIT/INSPECTION	COMPLETED: 03:20 PM

### NARRATIVE

1 At approximately 1:10PM, Licensing Program Analyst (LPA) Felias arrived unannounced to conduct a  
2 Case Management - Legal/Non-compliance visit and met with Business Office Manager, Ditter Vazquez,  
3 Health and Wellness Director, Ashley Perrone, and Regional Director of Operations, Caiya Peevy. The  
4 purpose of today's visit was to conduct the facility's quarterly Non-Compliance inspection.  
5  
6 LPA reviewed files for staff members hired from November 2025 and January 2026 related to the below  
7 concerns:  
8  
9 • Reporting Requirements  
10 • Personal Rights  
11 • Incidental, Medical, and Dental Care  
12 • Welfare and Institutions Code  
13 • Administrator and Designated Representatives  
14  
15  
16  
17 LPA observed that identified staff members hired within this time frame had appropriate training  
18 documented or their training was scheduled to be completed. LPA requested for copies of scheduled  
19 training to be submitted to the Department once completed.  
20  
21  
22 Exit interview conducted. Copy of report discussed and provided to Business Office Director and Health  
23 and Wellness Director. Signature on form confirms receipt of documents.  
24  
25

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

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 01/30/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 01/30/2026

**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.