

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 216804321

Report Date: 03/26/2026

Date Signed: 03/26/2026 03:00:51 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 SAN RAFAEL	FACILITY NUMBER:	216804321
ADMINISTRATOR/ABUSBAITAN, RABAH		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(415) 474-3333
ADDRESS:	800 MISSION AVE	ZIP CODE:	94901
CITY:	SAN RAFAEL	STATE: CA	DATE:
CAPACITY:	98	CENSUS: 47	03/26/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/	INSPECTION
		BEGAN:	09:10 AM
MET WITH:	Administrator, Rabah Sbaitan, and Health Services	TIME VISIT/	
	Director, Felicidad Ybona, and Regional Care	INSPECTION	03:15 PM
	Director, Ticarra Boyd	COMPLETED:	

### NARRATIVE

1 At approximately 9:10AM, Licensing Program Analyst (LPA) Felias arrived unannounced to conduct a  
2 Case Management - Incident visit, and met with Administrator, Rabah Sbaitan, and Health Services  
3 Director, Felicidad Ybona, and Regional Care Director, Ticarra Boyd. The purpose of the visit was to  
4 follow up on self-reported incident reports submitted to Community Care Licensing.  
5  
6 **Incident Report 1:** The Santa Rosa Regional Office (SRRO) received a report on 12/23/2025. Report  
7 stated that on 12/21/2025, Resident 1 (R1) exited the facility through the egress doors after pulling the  
8 emergency alarm. Facility implemented their elopement protocols and notified San Rafael Police  
9 Department (SRPD). R1 was found three blocks from the facility by SRPD. Facility made all appropriate  
10 notifications per regulation.  
11  
12 Review of R1's file showed that they are unable to leave the facility unsupervised or without an escort  
13 per their Physician Report dated 11/14/2025 and Care Plan. Facility conducted elopement training on  
14 12/24/2025. Deficiency issued today has been cleared and Plan of Corrections Letter provided during  
15 visit.  
16  
17 **Incident Report 2:** The SRRO received a report on 03/17/2026. Report stated that on 02/17/2026,  
18 Resident 2 (R2) was evaluated by a wound specialist.  
19  
20 Additional information provided to the Department revealed that on 02/17/2026, the wound specialist  
21 believed that R2's wound could be unstageable but further testing would be needed to confirm. On  
22 03/17/2026, the wound specialist conducted additional tests where it was determined that R2's wound  
23 was a Stage 2 pressure ulcer.  
24  
25 Continued on LIC809C

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 03/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 03/26/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	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 SAN RAFAEL      **FACILITY NUMBER:** 216804321  
**VISIT DATE:** 03/26/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Continued from LIC809</p> <p>Department did not receive an exception to retain a resident with a prohibited condition once it was believed that R2 could have had an unstageable wound in February 2026.</p> <p><b>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.</b></p> <p>Exit interview conducted. Copy of report, LIC809D (Deficiency Page), Plan of Corrections, Appeal Rights, and Plan of Corrections Letter discussed and provided to Administrator. Signature on form confirms receipt of documents.</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Victoria Bertozzi <b>NAME OF LICENSING PROGRAM ANALYST:</b> Caitlynn Felias <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____ <div style="text-align: right;"><b>DATE:</b> 03/26/2026</div>
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____ <div style="text-align: right;"><b>DATE:</b> 03/26/2026</div>
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**Created By: Caitlynn Felias On 03/26/2026 at 12:19 PM**

# FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** AEGIS LIVING SAN RAFAEL


**FACILITY NUMBER:** 216804321

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/26/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/06/2026 Section Cited CCR 87705(e)(7)	1 87705 Care of Persons with Dementia 2 (e) Licensees that use delayed egress 3 devices... 4 shall meet the following...requirements: 5 (7) Delayed egress devices shall not 6 substitute for trained staff in sufficient 7 numbers to meet the care and supervision needs of all residents...this requirement was not met as	1 Licensee provided proof of elopement 2 training dated 12/24/2025. Deficiency 3 cleared during visit. 4 5 6 7
	8 evidenced by: based on record review, 9 Licensee did not comply with the 10 section cited above. Resident 1 (R1) 11 eloped from the facility. R1's physician 12 report & care plan showed R1 is unable 13 to leave unassisted. This poses an 14 potential health/safety/personal rights risk to residents in care.	8 9 10 11 12 13 14
Type B 04/06/2026 Section Cited CCR87616(a)	1 87616 Exceptions for Health Conditions 2 (a) ...the licensee may submit a written 3 exception request if he/she agrees that 4 the resident has a prohibited... health 5 condition but believes that the intent of 6 the law can be met through alternative 7 means. This requirement was not met as evidenced by:	1 Licensee to conduct in-service training 2 for all direct staff reviewing the following 3 regulations: 87616 Exceptions for 4 Health Conditions and 87615 Prohibited 5 Health Conditions. Training to include 6 the following: Date, Topic, Job Role, 7 Staff Names, and Signatures. In- Service and supporting
	8 based on record review and interviews, 9 Licensee did not submit the proper 10 paperwork to Community Care 11 Licensing once it was believed that R1 12 had an unstageable wound. This is a 13 potential health and safety risk to 14 residents in care.	8 documents to be submitted to CCL for 9 review and approval by POC due date 10 of 04/06/2026. 11 12 13 14

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Victoria Bertozzi
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Caitlynn Felias
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 03/26/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 03/26/2026

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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/06/2026 <b>Section Cited</b> CCR 87211(a)(1)	1 87211 Reporting Requirements: (a) 2 Each licensee shall furnish to the 3 licensing agency such reports as the 4 Department may require...(1) A written 5 report shall be submitted...within seven 6 days of the occurrence of any of the 7 events specified...below. This requirement was not met as evidenced by: Licensee did	1 Licensee to conduct inservice-training 2 on Reporting Requirements. Training to 3 include the following: Date, Topic, 4 Name/Job Role, and Signatures. In- 5 Service and supporting documents to 6 be submitted to CCL for review and 7 approval by POC due date of 04/06/2026.
	8 not comply with section cited above. 9 Per record review, Licensee did not 10 submit incident reports timely. This 11 poses a potential health and safety risk 12 to residents in care. 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.

<b>NAME OF LICENSING PROGRAM</b>	Victoria Bertozzi
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Caitlynn Felias
<b>ANALYST:</b>	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<b>DATE:</b> 03/26/2026

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