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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803808
Report Date: 03/19/2026
Date Signed: 03/19/2026 04:03:27 PM

Unfounded

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/02/2026** and conducted by Evaluator Caitlynn Felias

	COMPLAINT CONTROL NUMBER: 21-AS-20260202164217

FACILITY NAME:	COGIR OF VALLEJO HILLS			**FACILITY NUMBER:**	486803808
ADMINISTRATOR:	BARAJAS, JOSE			**FACILITY TYPE:**	740
ADDRESS:	350 LOCUST DRIVE			**TELEPHONE:**	(707) 553-2698
CITY:	VALLEJO	**STATE:** CA		**ZIP CODE:**	94591
CAPACITY:	80	**CENSUS:** 166		**DATE:**	03/19/2026
		UNANNOUNCED		**TIME BEGAN:**	11:30 AM
MET WITH:	Health and Wellness Director, Allison Mendoza, and Executive Director, Richard Breitkreutz			**TIME COMPLETED:**	04:15 PM

ALLEGATION(S):

1	Staff member worked while under the influence of alcohol/drugs impairing their ability to provide adequate care and supervision, which presents a risk to resident.
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INVESTIGATION FINDINGS:

1	At approximately 11:35AM, Licensing Program Analyst (LPA) Felias arrived unannounced to deliver findings for a complaint investigation regarding the above allegation and met with Health and Wellness Director, Allison Mendoza, and Executive Director, Richard Breitkreutz.
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5	During the course of the investigation, the Department requested and reviewed documents, conducted interviews, and made observations. The following allegation was investigated, "Staff member worked while under the influence of alcohol/drugs impairing their ability to provide adequate care and supervision, which presents a risk to resident." Complaint alleged the following: Staff Member 1 (S1) comes into work under the influence of alcohol and drugs "all the time" and stated that S1 is unable to provide care and supervision to residents because they are intoxicated. Complaint further stated this has been ongoing since S1 started working at the facility 1 ½ to 2 years ago and that S1 “can barely stand up”.
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	Continued on LIC9099C

Unfounded	**Estimated Days of Completion:**

SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Caitlynn Felias
LICENSING EVALUATOR SIGNATURE:
DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/19/2026

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

Control Number 21-AS-20260202164217

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
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: COGIR OF VALLEJO HILLS **FACILITY NUMBER:** 486803808
VISIT DATE: 03/19/2026

NARRATIVE

Continued from LIC9099

Review of Facility staff schedule for January and February 2026 and facility's LIC500 (Personnel Report) indicated that S1 was hired in a job role that does not provide care and assistance to assisted living residents. Review of S1's file confirmed that they are not in a direct care position that provides assistance to residents and therefore does not work directly with them. Review of documents showed that S1 primarily worked in the upper and lower levels of the building which were identified as Independent Living.

LPA Felias conducted a walkthrough of the building and confirmed that only the middle building of the campus was for assisted living residents while the upper and lower buildings were for Independent Living. It was observed that the buildings were connected by hallways.

The Department was unable to determine if S1 appeared intoxicated in the presence of assisted living residents at the facility. Based on record review and observations made, this allegation is **Unfounded**. A finding of **unfounded** means that the allegation is false, could not have happened, and/or is without a reasonable basis.

Exit interview conducted. Copy of report discussed and provided to Executive Director and Health and Wellness Director. Signature on form confirms receipt of documents.

SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Caitlynn Felias
LICENSING EVALUATOR SIGNATURE:
DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 03/19/2026