

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803808
Report Date: 12/15/2021
Date Signed: 12/16/2021 02:56:22 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 VALLEJO HILLS	FACILITY NUMBER: 486803808
ADMINISTRATOR: DOWELL, CAROL	FACILITY TYPE: 740
ADDRESS: 350 LOCUST DRIVE	TELEPHONE: (707) 266-6822
CITY: VALLEJO	STATE: CA
CAPACITY: 80	ZIP CODE: 94591
TYPE OF VISIT: Required - 1 Year	CENSUS: 36
MET WITH: Carol Dowell	DATE: 12/15/2021
	UNANNOUNCED TIME BEGAN: 12:32 PM
	TIME COMPLETED: 02:20 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Araceli Canela, arrived unannounced to conduct an Annual Required -
2	1 Year inspection and met with Administrator, Carol Dowell. The annual inspection is focused on the
3	Infection Control procedures and practices of this facility.
4	
5	This facility is licensed to care for up to 80 non-ambulatory residents, at this time the facility has 36
6	residents living in assisted living. There is an approved hospice waiver for six (6) residents. LPA toured
7	facility and grounds with administrator and observed COVID-19 precaution signs posted in common
8	areas and bathrooms to promote physical distancing, face coverings and hand washing. LPA was
9	screened for COVID-19 symptoms upon entrance to this facility. Visitors are said to be screened for
10	COVID-19 symptoms upon arrival to the facility. Infection control practices are present: entry
11	procedures, face coverings, daily monitoring and temperatures checked for residents and staff, and 30-
12	day PPE supply. Facility follows indoor visitation requirement of verifying and tracking COVID-19
13	vaccination or verify non-essential visitors have proof of a negative COVID-19 test within 72 hours.
14	Facility states staff clean and disinfect the facility daily. Facility understands hand sanitizer should not be
15	placed in the rooms of residents who lack hazard awareness and impulse control. Bathrooms are
16	equipped with liquid soap and paper towels. Covid-19 Mitigation plan was submitted to the department
17	on 7/20/2021. Caregivers have completed PPE training but have and have been N-95 Fit tested. Lap
18	observed hand sanitizers throughout facility.
19	In addition, facility was found to be at a comfortable temperature with all exits free from obstruction. Fire
20	Extinguishers were found to be charged and serviced 11/4/2021. Facility has hard wired smoke alarms
21	and fire sprinklers that are serviced yearly. Smoke and Carbon monoxide detectors were fully
22	operational. At time of inspection, there was sufficient supply of both perishable and nonperishable
23	foods as required by Title 22 Regulations. Kitchen observed clean and organized and staff wearing face
24	covering.
25	
	No citations issued during todays visit, this report emailed to facility due to printer issues.

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota
NAME OF LICENSING PROGRAM ANALYST: Araceli Canela

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.