

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803808
Report Date: 02/19/2025
Date Signed: 02/19/2025 03:13:16 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	COGIR OF VALLEJO HILLS	FACILITY NUMBER:	486803808
ADMINISTRATOR/DIRECTOR:	CLAREY, KAITLYN	FACILITY TYPE:	740
ADDRESS:	350 LOCUST DRIVE	TELEPHONE:	(707) 553-2698
CITY:	VALLEJO	STATE:	CA
CAPACITY:	80	ZIP CODE:	94591
TYPE OF VISIT:	Required - 1 Year	CENSUS:	42
		DATE:	02/19/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
MET WITH:	Susan Allen, Acting Administrator	TIME VISIT/INSPECTION COMPLETED:	03:25 PM

NARRATIVE	
1	At approximately 9:00 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
2	conduct a Required 1 Year visit and met with Executive Director (ED), Susan Allen. Facility provides
3	care and assistance to Older Adults in Assisted Living.. Fire clearance is approved for eighty (80) non-
4	ambulatory residents. There is an approved hospice waiver for six (6) residents. The community
5	consists of four buildings that are connected via walkways. One (1) building consists of assisted living.
6	The other three (3) buildings are for independent senior living. The independent living buildings are not
7	part of the Residential Care for the Elderly (RCFE) license. The facility has an emergency disaster plan
8	as required. The facility has a required infection control plan. Upon arrival, LPA was informed that there
9	were 42 residents in care. At approximately 9:30 AM LPA reviewed Facility Staff Roster and found that
10	all staff members on site were background cleared and associated to the facility per regulation.
11	
12	At approximately 10:20 AM LPA toured the facility with ED Allen. The facility was observed to be clean,
13	orderly, and at a comfortable temperature during today's visit. All common areas, hallways, and
14	bathrooms observed by the LPA had sufficient lighting. Bathrooms observed had grab bars, and non-slip
15	mat/flooring for bathing/showering as needed. The facility has emergency supplies, including food and
16	water to meet requirements of the 72-hour shelter in place. The kitchen was observed to have a
17	sufficient supply of perishable and non-perishable food. The facility offered a variety of menu options for
18	the residents at each meal. Facility has a sufficient supply of cleaners, hygiene items, PPE supply, and
19	paper products. All toxins/cleaners were locked and inaccessible to residents in care. Hot water
20	temperatures for a sample size of seven (7) sinks were found to be within Title 22 regulations of 105 to
21	120 degrees Fahrenheit. The call system was tested in two (2) resident's rooms and Caregiver response
22	time was under one (1) minute for both instances.
23	
24	Continued on 809-C
25	

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Robert Frank
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 02/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 02/19/2025

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	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 VALLEJO HILLS **FACILITY NUMBER:** 486803808
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NARRATIVE

1 ...Continued from 809
2
3 Facility's smoke and carbon monoxide detectors and sprinkler system were last inspected 9/2024. All
4 exits were observed to be unobstructed. All fire extinguishers were serviced and tagged 1/20/2025. The
5 Vallejo Fire Department inspected the facility on 4/30/2024 and issued no citations. The facility
6 completes fire/emergency drills quarterly.
7
8 LPA conducted a sample file review of eight (8) staff members. All staff members had appropriate
9 documentation, proof of training and current 1st Aid and CPR certification on file. LPA also conducted a
10 sample file review for eight (8) residents. Upon review, LPA observed residents to have appropriate
11 documentation on file including current Service Plans and Physician's Reports. All medications were
12 locked and inaccessible to residents in care. LPA conducted a spot check of five (5) residents'
13 medications and observed medications to be centrally stored and all documentation and medications to
14 be in order.
15
16 During the tour, residents were observed interacting with staff in common spaces, resting in their private
17 apartments, participating in various activities and mingling amongst each other. The facility provides an
18 eclectic range of activities for it's residents in assisted living. The facility has a hair salon, library and a
19 country store. Computers are available for residents' use in the Library.
20
21 Susan Allen's Administrator Certification 6012927740 is current with an expiration date of 4/4/2026.
22
23 LPA is requesting the following documents submitted to CCLD by 3/19/2025:
24
25
26
27
28 LIC 500 - Personnel Report
29 LIC 610E-Emergency Disaster Plan
30 Copy of Current Liability Insurance
31
32 No deficiencies cited during today's visit. Exit interview conducted. Copy of report discussed and
provided to ED Allen. Signature on form confirms receipt of documents.

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Robert Frank
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 02/19/2025

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FACILITY REPRESENTATIVE SIGNATURE:
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