

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803809
Report Date: 05/27/2025
Date Signed: 05/27/2025 01:03:37 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/20/2025** and conducted by Evaluator Julie Florio

	COMPLAINT CONTROL NUMBER: 21-AS-20250520120117
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FACILITY NAME: COGIR OF VACAVILLE	FACILITY NUMBER: 486803809
ADMINISTRATOR: SAVOIE, DEBORAH	FACILITY TYPE: 740
ADDRESS: 799 YELLOWSTONE DRIVE	TELEPHONE: (707) 447-7496
CITY: VACAVILLE	ZIP CODE: 95687
CAPACITY: 49	DATE: 05/27/2025
	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Deborah Savoie, Executive Director	TIME COMPLETED: 01:15 PM

ALLEGATION(S):

1	Facility is in disrepair
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INVESTIGATION FINDINGS:

1	On 05/27/2025, at approximately 10:00 AM, Licensing Program Analysts (LPAs) Julie Florio and Ethel
2	Contreras arrived unannounced to initiate a 10-day complaint investigation regarding LIC802 - Complaint
3	Report #21-AS-20250520120117, which was received by Community Care Licensing (CCL) on
4	05/20/2025. LPAs met with Deborah Savoie, Executive Director (ED).
5	
6	During inspection, LPAs obtained documents, made observations, and conducted interviews. Today,
7	based on observations made and pictures obtained, the facility's siding is in disrepair. However, LPAs
8	obtained conflicting information when observing a sampling of resident units where windows and doors
9	were clear of any evidence of mold, mildew, or moisture. Additionally, based on interviews conducted with
10	Staff 1 (S1) and ED, the facility owners and management company have been replacing the defective
11	siding in stages and have replaced about twenty percent (20%) of it over the past 4 years.
12	
13	Continued on LIC9099C...

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Julie Florio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/27/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 21-AS-20250520120117

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 VACAVILLE

FACILITY NUMBER: 486803809

VISIT DATE: 05/27/2025

NARRATIVE

1 Continued from LIC9099...

2

3 Further, both S1 and ED state that the current plans are to replace the entire exterior siding, gutters,
4 windows, and balconies which is an estimated twenty million dollar (\$20,000,000) project. The project is
5 currently is in the permit, design, funding stages.
6

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8 Based on record review, interviews conducted, and observations made, the allegation that the facility is
9 in disrepair is UNSUBSTANTIATED. A finding that the complaint allegation is unsubstantiated means
10 that although the allegation may have happened or is valid, there is not a preponderance of evidence to
11 prove the alleged violation(s) did or did not occur, therefore the allegation is UNSUBSTANTIATED.

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13 No deficiencies cited.

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15 Exit interview conducted with Deborah Savoie, Administrator, whose signature on form confirms receipt
16 of documents.
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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Julie Florio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/27/2025

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DATE: 05/27/2025