

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803809

Report Date: 12/16/2025

Date Signed: 12/16/2025 04:03:33 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 VACAVILLE	FACILITY NUMBER: 486803809
ADMINISTRATOR/SAVOIE, DEBORAH DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 799 YELLOWSTONE DRIVE	TELEPHONE: (707) 447-7496
CITY: VACAVILLE	STATE: CA
CAPACITY: 49	ZIP CODE: 95687
TYPE OF VISIT: Required - 1 Year	CENSUS: 35
	DATE: 12/16/2025
	UNANNOUNCED TIME VISIT/ INSPECTION 10:18 AM
	BEGAN: TIME VISIT/ INSPECTION 04:15 PM
MET WITH: Deborah Savoie-Director	COMPLETED:

NARRATIVE

1 At approximately 10:00am Licensing Program Analyst (LPA) Contreras arrived unannounced to conduct
2 a required annual inspection visit and was greeted by Program Administrator (admin) Deborah Savoie.
3 Facility is a Residential Care Facility for the Elderly (RCFE) offering both independent living (IL) and
4 assisted living (AL) services. Facility has a hospice waiver for five (5) and fire clearance approved for
5 forty nine(49) non-ambulatory residents. There are currently thirty five (35) AL residents in care.
6

7 LPA and admin toured the buildings and grounds. Facility found to be clean and at a comfortable
8 temperature. All passageways and emergency exits were free from obstruction. Six (6) residents'
9 apartments were inspected and water temperatures in Residents' bathrooms and communal bathrooms
10 measured within the allowable range of 105 to 120 degrees F per Title 22 regulations. Residents'
11 bedrooms were inspected and observed to be clean with all the appropriate furnishings. Seating areas
12 were observed in multiple outdoor spaces throughout the facility for resident use. Storage rooms
13 containing cleaning supplies and other items that could pose a risk were locked. Facility's fire
14 extinguishers were observed charged and were last serviced 11/2025. Facility's fire system is hardwired
15 though fire department. Disaster drills are conducted monthly per shift.
16

17 LPA toured the facility kitchen and observed all freezers to be clean and food with proper storage
18 including expiration dates noted. Facility has at least two days of perishable food and one week of non-
19 perishable foods, as well as an emergency food supply. LPA observed salon, movie theater, library and
20 activity rooms to be accessible for resident use.
21

22 **Continued to 809C...**

23 **NAME OF LICENSING PROGRAM MANAGER:** Kimberley Mota

24 **NAME OF LICENSING PROGRAM ANALYST:** Ethel Contreras

25

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 12/16/2025

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 procedures in the LIC 9058 Applicant/Licensee Rights.

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405</p>
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VISIT DATE: 12/16/2025

NARRATIVE	
<p>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>	<p>continued from 809...</p> <p>LPA conducted medication spot check and observed all medications were centrally stored and locked. Centrally Stored Medication Log was up to date.</p> <p>LPA conducted file review for seven(7) residents. All documentation found to be in file. LPA conducted file review for six (6) staff. All documentation found to be in file.</p> <p>Facility does not handle residents P&I monies.</p> <p><u>Updated copies of the following documents are to be submitted to CCL within 30 days of this visit:</u></p> <ul style="list-style-type: none"> • LIC500 Personnel Report (Retrieved during visit) • LIC308 Designation of Responsibility • Liability Insurance <p>No Deficiencies cited during today's visit.</p> <p>Copy of report given and read with administrator.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota NAME OF LICENSING PROGRAM ANALYST: Ethel Contreras LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 12/16/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 12/16/2025</p>
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