

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803809

Report Date: 12/07/2021

Date Signed: 12/07/2021 05:39:34 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 VACAVILLE		FACILITY NUMBER:	486803809
ADMINISTRATOR:STOUDER, ROBIN		FACILITY TYPE:	740
ADDRESS: 799 YELLOWSTONE DRIVE		TELEPHONE:	(707) 447-7496
CITY: VACAVILLE	STATE: CA	ZIP CODE:	95687
CAPACITY: 49	CENSUS: 35	DATE:	12/07/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	03:40 PM
MET WITH: Robin Stouder, Administrator		TIME COMPLETED:	05:49 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Katrina Walters arrived unannounced to conduct a
2	Required 1-Year Annual inspection and met with Executive Director, Robin Stouder
3	(RS)(6047960740 expiration 4/2022) and Health and Wellness Director, Rosemarie
4	Ferrer (RF). Today's inspection will focus on infection control. This facility has
5	submitted a mitigation plan that was approved by the Department on 10/12/2021.
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8	When LPA arrived at the facility they were greeted by staff, who checked LPA for
9	symptoms and temperature via Accushield on an I PAD. There were posting at the
10	entrance and throughout the facility to promote the prevention of COVID-19. The
11	receptionist also request vaccination records of all visitors. There were multiple hand
12	washing stations throughout the facility. There is an additional check-in station in the
13	dinning room, where resident's temperatures are checked prior to dinning. Facility is
14	disinfected multiple times throughout the day. LPA observed staff use disinfectant
15	misters throughout the dinning room.
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18	
19	LPA toured the facility with RF. Facility buildings were found to be clean, orderly, and
20	at a comfortable temperature with all exits free from obstruction. All staff and
21	residents were wearing mask in the common areas. Facility has a 60+ day supply of
22	personal protective equipment (PPE) and incontinence product. All staff have
23	received infection control training. All staff and residents in assisted living have been
24	vaccinated, and facility keeps a copy of all vaccination records on file. Facility has
25	the capability of testing all residents on site and staff who may be experiencing
	symptoms. Facility staff monitor residents for change of conditions and input
	information in resident's daily log on staff IPADs. No deficiencies cited during
	today's visit.

NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti

NAME OF LICENSING PROGRAM ANALYST: Katrina Walters

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/07/2021

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