

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803810
Report Date: 03/19/2025
Date Signed: 03/20/2025 05:10:54 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **11/21/2024** and conducted by Evaluator Araceli Canela

PUBLIC	COMPLAINT CONTROL NUMBER: 21-AS-20241121135902
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FACILITY NAME: COGIR OF NORTH BAY	FACILITY NUMBER: 486803810
ADMINISTRATOR: FREUDENDAHL, TRACY	FACILITY TYPE: 740
ADDRESS: 2261 TUOLUMNE ST	TELEPHONE: (707) 552-3336
CITY: VALLEJO	STATE: CA ZIP CODE: 94589
CAPACITY: 83	CENSUS: 44 DATE: 03/19/2025
MET WITH: Tracy Freuudendahl	UNANNOUNCED TIME BEGAN: 11:03 AM
	TIME COMPLETED: 02:19 PM

ALLEGATION(S):

1	Facility failed to safeguard residents belongings
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) A. Canela arrived unannounced for the purpose of gathering more
2	information and delivering findings regarding the above allegation and met with Executive
3	Director/Administrator, Tracy Freudendahl (S1). LPA previously toured the facility, resident (R1) room,
4	toured parking lot, took statements and requested records.
5	
6	It was alleged the facility failed to safeguard residents belongings, when R1 was in the hospital. It was
7	alleged R1s car had been driven and parked in another area and that there were things, including R1's
8	checkbook and keys that were missing from the apartment.
9	LPA toured the area and R1s vehicle was previously located in the front entrance parking lot. S1 had
10	expressed that the car had been there for several months and it has not been moved since R1 left it
11	there. LPA observed the vehicle appeared to have a low tire and observed there were several spider
12	cobwebs around some tires, indicating the vehicle had been there and not moved for an undetermined
13	time.
	Continue report see LIC9099-C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Araceli Canela

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2025

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-20241121135902

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100
SANTA ROSA, CA 95405

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: COGIR OF NORTH BAY

FACILITY NUMBER: 486803810

VISIT DATE: 03/19/2025

NARRATIVE

1 LPA previously toured R1s room and observed the refrigerator had food items, R1s clothing items were
 2 still in the room. S1 stated the room has been locked, R1s family member was allowed entrance to the
 3 room and the facility is unaware if anything was taken by them as it was hard to communicate with them.
 4 S1 stated the room has been in the same order that R1 left it, when they went to the hospital. They are
 5 unaware of any keys/checkbook or if they are in the room or in possession of R1 or family. R1s daughter
 6 does not communicate with facility, but understands R1s daughter made arrangements for R1s vehicle
 7 to be picked up. S1 informed LPA that R1s family returned to the facility in January 2025 and took most
 8 of the items that were left in R1s room, and did not allow facility staff to document or do an inventory of
 9 what was taken. Facility expressed they have reached out to family regarding all of R1s belongings that
 10 were left and as of todays date, have not been picked up. Facility has inventoried and documented
 11 items left behind for R1 and boxed them.
 12 LPA did not get any information from R1s family member as they did not return LPAs call.
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14 Based on the above information, and statements received, there is not a preponderance of evidence to
 15 prove or, disprove, the allegation did occur. Therefore, the allegation is UNSUBSTANTIATED.
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 19 No citations issued today.
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NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Araceli Canela

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/19/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2025