

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803810

Report Date: 02/09/2026

Date Signed: 02/09/2026 03:13:20 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 NORTH BAY	FACILITY NUMBER:	486803810
ADMINISTRATOR/DIRECTOR:	DAVINA BARKER	FACILITY TYPE:	740
ADDRESS:	2261 TUOLUMNE ST	TELEPHONE:	(707) 552-3336
CITY:	VALLEJO	STATE:	CA
CAPACITY:	83	ZIP CODE:	94589
TYPE OF VISIT:	Required - 1 Year	CENSUS:	37
		DATE:	02/09/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	09:25 AM
		BEGAN:	
MET WITH:	Davina Barker, Administrator	TIME VISIT/INSPECTION:	03:30 PM
		COMPLETED:	

NARRATIVE

1 At approximately 9:25 AM, Licensing Program Analyst (LPA) Magdaleno arrived unannounced to
2 conduct a required 1-year annual inspection and met with Administrator Davina Barker. Facility is a
3 Residential Care Facility for the Elderly (RCFE) with thirty-seven (37) residents in care. Facility has a
4 Hospice waiver for seven (7) and is approved for twenty-eight (28) ambulatory and fifty-five (55) non-
5 ambulatory residents. LPA reviewed the Facility's Staff Roster and found that all staff on-site were
6 background cleared and associated to the facility per regulation.
7
8 At approximately 10:00 AM, LPA initiated a tour of the facility with Administrator and observed the
9 following: Facility is a four (4) story building, was a comfortable temperature, and passageways were
10 free from obstructions. The fourth floor consists of independent living and is not under the purview of
11 Community Care Licensing (CCL). Fire extinguishers were last inspected 10/25. Smoke and Carbon
12 Monoxide detectors are hardwired and last inspected 10/25. Water temperature in a spot check of ten
13 (10) resident sinks and one (1) hallway sink measured between 106.1- and 119.6 degrees F, which is
14 within the allowable range of 105- to 120 degrees F per Title 22 regulations. LPA observed a supply of
15 clean linens, hygiene, incontinent care, and paper products available for residents. Spot check of ten
16 (10) Residents' bedrooms were observed to have all the appropriate furnishings as outlined in Title 22
17 regulations. Cabinets containing cleaning supplies and other items that could pose a risk were locked.
18 LPA observed at least a two (2) day supply of perishable and seven (7) day supply of non-perishable
19 food, as well as an emergency water supply. Food was found to be stored in a safe manner with open
20 items covered.
21
22 Continued LIC809C...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Elias Magdaleno

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/09/2026

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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FACILITY NUMBER: 486803810

VISIT DATE: 02/09/2026

NARRATIVE	
1	Continued from LIC809...
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3	There is a shaded, outdoor seating area with room for activities. LPA observed activity rooms that
4	included libraries, billiards, a salon, and a community center. LPA observed a robust activity schedule
5	posted in prominent areas as well as daily and seasonal activities. Facility has an internet access device
6	and internet available to residents in care, and the phone was observed operational during today's
7	inspection. Facility conducts quarterly disaster drills, and the most recent drill was conducted 2/26. LPA
8	reviewed emergency disaster plan which was last updated 10/25. LPA observed a supply of PPE,
9	emergency supplies, a first aid kit, and flashlights.
10	
11	At approximately 12:00 PM LPA conducted a review of eight (8) resident records. All required
12	documentation present.
13	
14	At approximately 1:00 PM LPA conducted review of eight (8) staff records. All required documentation
15	present.
16	
17	At approximately 2:15 PM LPA and Lead MedTech conducted a spot check of medication and
18	medication records. Medication is centrally stored and locked.
19	
20	Davina Barker Administrator Certificate 7002822740 expires 2/22/2026. All fees are current as of this
21	time.
22	
23	
24	
25	
26	<u>Updated copies of the following documents shall be submitted to CCL within 30 days of this</u>
27	<u>visit:</u>
28	
29	Liability Insurance
30	LIC500 - Personnel Report
31	LIC308 - Designation of Responsibility
32	LIC610E - Emergency Disaster Plan
	No deficiencies cited. Exit interview conducted with Administrator, whose signature on form
	confirms receipt.

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Elias Magdaleno
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 02/09/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 02/09/2026