

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803810

Report Date: 02/18/2022

Date Signed: 02/23/2022 11:12:06 AM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: COGIR OF NORTH BAY		FACILITY NUMBER:	486803810
ADMINISTRATOR: DOMIZIO, ANNEMARIE		FACILITY TYPE:	740
ADDRESS: 2261 TUOLUMNE ST		TELEPHONE:	(707) 552-3336
CITY: VALLEJO	STATE: CA	ZIP CODE:	94589
CAPACITY: 83	CENSUS: 54	DATE:	02/18/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:05 AM
MET WITH: Claudia Morales, Executive Director/Administrator	TIME	COMPLETED:	12:47 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Araceli Canela, arrived unannounced to conduct an Annual Required -		
2	1 Year inspection and met with Executive Director/Administrator, Claudia Morales. The annual		
3	inspection is focused on the Infection Control procedures and practices of this facility.		
4			
5	This facility is licensed to care for up to 83 residents, of which 55 residents can be non-ambulatory, 28		
6	ambulatory and there is an approved hospice waiver for three (3) of the residents to be on Hospice		
7	services. At this time the facility has 54 residents living in the facility. LPA toured facility and grounds with		
8	Executive Director and Maintenance Director, Andrew Glaes and observed COVID-19 precaution signs		
9	posted in common areas and bathrooms to promote face coverings, Coughing etiquette and hand		
10	washing. Visitors are said to be screened for COVID-19 symptoms upon arrival to the facility, yet LPA		
11	came in to the facility at the same time as two other individuals were coming in and facility front desk		
12	staff failed to request LPA to sign in, take temperature or follow Covid Guidance entrance procedure. .		
13	Infection control practices were present in the following: face coverings, daily monitoring, temperatures		
14	checks for residents and staff, daily facility cleaning of high touch areas and 30-day PPE supply. Facility		
15	will follow indoor visitation requirement of verifying and tracking COVID-19 vaccination or verify non-		
16	essential visitors have proof of a negative COVID-19 test. Facility states staff clean and disinfect the		
17	facility daily and every night. Bathrooms are equipped with liquid soap, hand sanitizer and paper towels,		
18	Covid hand washing posters and garbage can. Covid-19 Mitigation plan was submitted to the		
19	department on 6/25/2021. Caregivers have completed PPE training but Executive Director will inform		
20	LPA on N-95 Fit testing for staff. LPA observed hand sanitizers throughout facility.		
21	In addition, facility was found to be Clean at a comfortable temperature with all exits free from		
22	obstruction, and emergency evacuation chairs were observed on the top stairs. Fire Extinguishers were		
23	found to be charged and serviced 11/18/2021. Facility has hard wired smoke alarms and fire sprinklers		
24	that are serviced yearly. At time of inspection, there was sufficient supply of both perishable and		
25	nonperishable foods as required by Title 22 Regulations and staff were observed wearing face covering.		
No citations issued during today's visit, this report emailed to facility due to printer issues.			
NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota			
NAME OF LICENSING PROGRAM ANALYST: Araceli Canela			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/18/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/18/2022

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