

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

**COMPLAINT INVESTIGATION REPORT**

Facility Number: 496803807  
Report Date: 07/29/2025  
Date Signed: 07/29/2025 05:09:14 PM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/07/2025** and conducted by Evaluator Dina Alviso

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 21-AS-20250707151553</b>
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<b>FACILITY NAME:</b> COGIR OF ROHNERT PARK	<b>FACILITY NUMBER:</b> 496803807
<b>ADMINISTRATOR:</b> ORDING, KELLY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 4855 SNYDER LANE	<b>TELEPHONE:</b> (707) 585-7878
<b>CITY:</b> ROHNERT PARK	<b>ZIP CODE:</b> 94928
<b>CAPACITY:</b> 75	<b>DATE:</b> 07/29/2025
<b>MET WITH:</b> Kelly Ording-Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 09:45 AM
	<b>TIME COMPLETED:</b> 05:15 PM

**ALLEGATION(S):**

1	Unqualified adult providing residents' medications
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Alviso conducted a complaint inspection, on 7/29/25 at approximately
2	9:45am, and met with the Administrator, Kelly Ording, and Tamra Richmond, Business Office Manager.
3	
4	Reporting party alleges "unqualified adult providing residents' medications". LPA requested specific
5	records regarding staff (S3); LPA requested a copy of the facility's policy regarding agency staff and/or
6	private companions in the building. LPA requested documentation of staff S3's qualifications to work in
7	the facility, staff/agency file documents, including medication training.
8	
9	Per interview with Administrator, staff S3 worked two shifts for the facility assisting residents with
10	medications in July 2025; Administrator stated S3 worked previously at the facility, but now has their own
11	staffing agency. LPA discussed the facility's responsibility in providing all care, assisted daily living needs
12	(ADL's), to the residents' in the facility. Ensuring resident's current care needs are provided/met by the
13	facility staff.
	Per interview with S3, they used to work at the facility assisting residents' with medications but left to
	start an agency for care staff. LPA requested a business card, but S3/ staff stated they didn't have one to

provide the LPA.  
Continued on LIC9099C...

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Bethany Moellers  
**NAME OF LICENSING PROGRAM ANALYST:** Dina Alviso  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/29/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/29/2025

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

LIC9099 (FAS) - (06/04)

Page: 1 of 4

**Control Number** 21-AS-20250707151553

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** COGIR OF ROHNERT PARK

**FACILITY NUMBER:** 496803807

**VISIT DATE:** 07/29/2025

### NARRATIVE

- 1 Continued from LIC9099, dated 7/29/2025..
- 2 Per interview with S3, they used to work at the facility assisting residents' with medications but left to
- 3 start an agency for care staff. LPA requested a business card, but S3/ staff stated they didn't have one
- 4 to provide the LPA.
- 5
- 6 LPA requested Administrator to provide documents on file regarding S3 as a staff of the facility and/or
- 7 documents as an agency registry staff in the facility providing services.
- 8 Administrator stated they didn't have any agency staff documents on S3, but have repeatedly requested
- 9 required documentation from S3, and S3 has never provided it to the facility. Administrator stated they
- 10 would see what documents they have on former staff S3, and will request S3 to complete required
- 11 documentation to them. Administrator stated they would provide records on S3's qualifications, and their
- 12 agency/registry documentation to the LPA. Records were provided to the LPA.
- 13
- 14 Per review of records, staff interviews, and obtained information, the investigation revealed, S3 last
- 15 completed required medication training hours on 11/11/2023 and 11/12/2023. This is out of compliance
- 16 with health & safety code requirements, there is initial medication training hours required, including
- 17 medication shadowing hours, and medication training annually. This deficiency will be cited,
- 18 HSC1569.69(a)(1)(b) Employees assisting residents with self-administration of medication; training
- 19 requirements, see LIC9099D.
- 20
- 21 Per review of Guardian, criminal record clearance database, S3 is not associated to the facility and was
- 22 separated by Cogir of Rohnert Park on 12/5/2023. It was also identified that S3's fingerprint clearance
- 23 was separated from North Bay Home Care agency on 10/9/2024, and separated from North Bay Home
- 24 Care, INC. agency on 2/18/2025. This is out of compliance with title 22 regulation requirements,
- 25 87355(e)(2)(3) Criminal Record Clearance, it will be cited, see LIC9099D.
- 26
- 27 **There was sufficient information obtained to support that a violation occurred regarding the**
- 28 **allegation. The preponderance of evidence standard has been met, therefore the allegation is**
- 29 **found to be SUBSTANTIATED. California Code of Regulations, (Title 22, Division 6, Chapter 8), is**
- 30 **being cited.**
- 31
- 32 **Failure to correct deficiencies by due dates, may result in additional deficiency citations and/or**  
**civil penalties being assessed.**  
**Exit interview conducted with the Administrator Kelly Ording.**  
**Appeal Rights Provided.**

**NAME OF LICENSING PROGRAM MANAGER:** Bethany Moellers  
**NAME OF LICENSING PROGRAM ANALYST:** Dina Alviso  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/29/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 4

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COMPLAINT CONTROL NUMBER: 21-AS-20250707151553

FACILITY NAME: COGIR OF ROHNERT PARK

FACILITY NUMBER: 496803807

ADMINISTRATOR: ORDING, KELLY

FACILITY TYPE: 740

ADDRESS: 4855 SNYDER LANE

TELEPHONE: (707) 585-7878

CITY: ROHNERT PARK

STATE: CA

ZIP CODE: 94928

CAPACITY: 75

CENSUS:

DATE: 07/29/2025

UNANNOUNCED TIME BEGAN: 09:45 AM

MET WITH:

TIME COMPLETED: 05:15 PM

#### ALLEGATION(S):

- |   |   |
|---|---|
| 1 | Staff did not provide resident's medication as prescribed |
| 2 |   |
| 3 |   |
| 4 |   |
| 5 |   |
| 6 |   |
| 7 |   |
| 8 |   |
| 9 |   |

#### INVESTIGATION FINDINGS:

- |    |   |
|----|---|
| 1  | Licensing Program Analyst (LPA) Alviso conducted a complaint inspection, on 7/29/25 at approximately      |
| 2  | 9:45am, and met with the Administrator, Kelly Ording, and Tamra Richmond, Business Office Manager.        |
| 3  |   |
| 4  | Reporting party alleges "staff did not provide resident's medication as prescribed". In review of the     |
| 5  | information provided regarding the allegation, there was no information identifying the resident, name    |
| 6  | unknown; There was no medication information provided in order to review how medication was provided      |
| 7  | to the resident. LPA was not able to identify the resident's medication records to review as part of the  |
| 8  | investigation. LPA reviewed a sample of medication records, three (3) files. There was no information     |
| 9  | obtained to support that a violation occurred regarding "staff did not provide resident's medication as   |
| 10 | prescribed".  |
| 11 |   |
| 12 | Based on the investigation, the allegation "staff did not provide resident's medication as prescribed" is |
| 13 | Unsubstantiated, meaning that although the allegations may have happened or is valid, there is not a      |
|    | preponderance of evidence to prove the alleged violation did or did not occur.                            |
|    | No deficiencies cited.  |
|    | Exit interview was conducted with the Administrator Kelly Ording.   |

**Unsubstantiated**

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Dina Alviso

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/29/2025

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LIC9099 (FAS) - (06/04)

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**FACILITY NAME:** COGIR OF ROHNERT PARK

**FACILITY NUMBER:** 496803807

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 07/29/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/30/2025 <b>Section Cited</b> HSC 1569.69	HSC1569.69(a)(1)(b) Employees assisting residents with self-administration of medication; training requirements-Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets all of the following training requirements: In facilities 1 licensed to provide care for 16 or more 2 persons, the employee shall complete 3 24 hours of initial training, including 16 4 hours of hands-on shadowing training, 5 which shall be completed prior to 6 assisting with the self-administration of 7 medications, and 8 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first four weeks of employment. Each employee required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training in each succeeding 12-month period	Licensee to ensure all facility staff have required medication training per HSC1569.69, including any appropriately cleared agency staff that are assisting residents' with medications. Licensee to submit written plan of future facility compliance regarding HSC requirement by all staff assisting residents' with medications.  1 2 3 4 5 6 7
	8 This requirement was not met as 9 evidenced by:Per review of records, the 10 investigation revealed, S3 last 11 completed required medication training 12 hours on 11/11/2023 and 11/12/2023. 13 This is a health & safety risk to 14 residents' in care.	8 POC due 7/30/2025. 9 Note: In addition to the above, If facility 10 hires S3 to work in the facility, and they 11 handle medications, submit completed 12 HSC medication proof of training, and 13 update employee roster, LIC500, to the 14 Department.
Type A 07/30/2025 <b>Section Cited</b> CCR 87355(e)(2)(3)	87355(e)(2)(3) Criminal Record Clearance- All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: Obtain a California clearance or a criminal record exemption as required by the Department or Request a transfer of a criminal record clearance as specified in Section 87355(c). 1 2 3 4 5 6 7	Licensee to ensure compliance with requirements of regulation 87355 regarding criminal record clearances, with facility staff and/or employees of licensed home health agencies. Ensure staff have required criminal record clearance and are associated to the facility as needed per regulation.  1 2 3 4 5 6 7
	8 This requirement was not met as 9 evidenced by: Per review of Guardian, 10 criminal record clearance database, S3 11 is not associated to the facility and was 12 separated by Cogir of Rohnert Park on 13 12/5/2023. It was also identified that 14 S3's fingerprint clearance was separated from North Bay Home Care	Licensee to submit written plan of future facility compliance regarding 87355 regulation requirements. POC due 7/30/2025  8 9 10 11 12 13 14

agency on 10/9/2024, and separated from North Bay Home Care, INC. agency on 2/18/2025. This is a risk to the' health & safety of all residents'.

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**NAME OF LICENSING PROGRAM MANAGER:** Bethany Moellers  
**NAME OF LICENSING PROGRAM ANALYST:** Dina Alviso  
**LICENSING PROGRAM ANALYST SIGNATURE:** **DATE:** 07/29/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 07/29/2025