

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 496803807  
Report Date: 09/09/2021  
Date Signed: 09/09/2021 06:55:51 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: COGIR OF ROHNERT PARK	FACILITY NUMBER: 496803807
ADMINISTRATOR: SARINE, STEVE	FACILITY TYPE: 740
ADDRESS: 4855 SNYDER LANE	TELEPHONE: (707) 585-7878
CITY: ROHNERT PARK	STATE: CA
CAPACITY: 45	ZIP CODE: 94928
TYPE OF VISIT: Required - 1 Year	CENSUS: 27
MET WITH: Steve Sarine-Administrator	DATE: 09/09/2021
	UNANNOUNCED TIME BEGAN: 05:15 PM
	TIME COMPLETED: 07:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Dina Alviso , arrived unannounced to conduct an Annual Required
2	inspection and met with Administrator Steve Sarine. The inspection is focused on the Infection Control
3	procedures and practices of this facility.
4	
5	There is an approved hospice waiver for five (5) residents. Mitigation plan was reviewed by the
6	Department on 3/31/21. Fire clearance is approved for forty-five (45) non-ambulatory.
7	There were twenty-seven (27) residents in care at the facility during this inspection. All visitors, essential
8	visitors, and staff are screened upon entry; Temperatures are taken, and screening questions are to be
9	answered before being allowed to remain in the facility, all information is logged in a Acushield screening
10	system. Residents are screened three (3) times daily, observed for any changes, and all information is
11	logged. Facility was found to be clean, orderly, and at a comfortable temperature with all exits free from
12	obstruction. Toxins are stored in locked cabinets. There was a sufficient supply of hygiene products,
13	cleaners, and paper products for use as needed. Medications were stored locked making them
14	inaccessible to residents in care. All postings were up and visible to all as required. Facility has a
15	sufficient supply of personal protective equipment(PPE). Residents have masks available to them for
16	their use if needed and/or wanted. Administrator stated that staff wear masks in the facility, and also
17	when providing care services to the residents in and out of the facility. Administrator had a mask on
18	during the LPA's inspection, and all other staff the LPA observed while touring the facility had masks on.
19	No deficiencies found in the areas inspected.
20	Exit interview conducted with the Administrator.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Hope DeBenedetti
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Dina Alviso

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/09/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/09/2021

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