

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 496804032

Report Date: 03/05/2026

Date Signed: 03/05/2026 10:19:25 AM

Document Has Been Signed on 03/05/2026 10:19 AM - It Cannot Be Edited

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>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	COGIR OF SONOMA PLAZA	FACILITY NUMBER:	496804032
ADMINISTRATOR/CORNEJO, WENDY DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	91 NAPA ROAD	TELEPHONE:	(707) 939-1500
CITY:	SONOMA	STATE: CA	ZIP CODE: 95476
CAPACITY:	105	CENSUS: 90	DATE: 03/05/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/ INSPECTION	09:00 AM
MET WITH:	Wendy Cornejo, Administrator	BEGAN: TIME VISIT/ INSPECTION	10:30 AM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Christi Coppo arrived at this facility unannounced to conduct a Case  
2 Management. LPA met with Administrator (Admin) Wendy Cornejo.  
3  
4 On 2/9/26 CCL received an Incident report from facility indicating resident (R1) eloped from the facility.  
5 R1 was observed walking along the vineyard area on the side of the facility. R1 became disoriented and  
6 thought they could walk behind the facility. As R1 was walking, they realized they were no longer at the  
7 facility. R1 waved down a neighbor who was driving by and that neighbor helped R1 back into the facility  
8 the same day. R1 was unharmed and facility notified R1's responsible party and R1's doctor.  
9  
10 Per Administrator, and LPA observation, residents often utilize the rocking chairs outside in front of the  
11 facility to enjoy the sunshine and fresh air. These chairs are visible to both the concierge and from the  
12 Administrator's office inside the facility. Due to this incident, Administrator will work with upper  
13 management to install a gate to the entrance of the facility so that residents can still enjoy a walk  
14 through the vineyard located on the side of the facility. Additionally, facility is located off a busy road,  
15 especially during high traffic hours. Administrator advised that until the gate is approved and installed,  
16 residents will now be utilizing only the interior gardens in which to walk and enjoy the outdoors. Per R1's  
17 physician's report, R1 is not allowed to leave the facility unassisted.  
18  
19 Upon LPA arrival, Admin advised LPA of a recent elopement 2/28/26. New resident (R2) had just moved  
20 in the night before later in the evening. On the morning of 3/1/26, R2 had a disagreement with their  
21 family member for moving them here and took off walking outside. Later n the morning around 9:30am  
22 resident's responsible party noticed they were not in their room, All available staff immediately initiated a  
23 search of the building including the courtyard, rose garden, memory care unit, restrooms, and all  
24 apartments. At around 9:45am, Health and Wellness Director (HWD) contacted the Administrator to  
25 review the front door security cameras. Around 10:00am, the front desk received a call from the fire  
department advising

Continued on 809C...

**NAME OF LICENSING PROGRAM MANAGER:** Victoria Bertozzi

**NAME OF LICENSING PROGRAM ANALYST:** Christi Coppo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/05/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/05/2026

**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.

**Document Has Been Signed on 03/05/2026 10:19 AM - It Cannot Be Edited**

**Created By: Christi Coppo On 03/05/2026 at 09:34 AM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
--	---

**FACILITY NAME:** COGIR OF SONOMA PLAZA

**FACILITY NUMBER:** 496804032

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/05/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/06/2026 Section Cited HSC 1569.269	1 §1569.269 Enumerated rights; 2 severability (a) Residents of residential 3 care facilities for the elderly shall have 4 all of the following rights: ... (6) To care, 5 supervision, and services that meet 6 their individual needs and are delivered 7 by staff that are sufficient in numbers, qualifications, and competency	1 Facility will submit plan to conduct 2 elopement training for all staff providing 3 care to residents by plan of correction 4 due date. Facility to conduct training no 5 later than 3/12/26. Facility to submit 6 training log to CCL no later than 7 3/13/26.
	8 to meet their needs. This requirement is 9 not met as evidenced by: Based on 10 record review, the licensee did not 11 comply with the section cited above in 12 that R1 and R2 eloped from the facility, 13 which poses an immediate health, 14 safety or personal rights risk to persons in care.	

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

<b>NAME OF LICENSING PROGRAM</b>	Victoria Bertozzi
<b>MANAGER:</b>	Christi Coppo

**NAME OF LICENSING PROGRAM**

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/05/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/05/2026

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 (Cont)**

**FACILITY NAME:** COGIR OF SONOMA PLAZA

**FACILITY NUMBER:** 496804032

**VISIT DATE:** 03/05/2026

**NARRATIVE**

1	Continued from 809...
2	
3	that they located R2 down the street The fire department and paramedics spoke directly with R2's
4	responsible party and they proceeded to pick up the resident. Per R2's physician's report R2 is not
5	allowed to leave the facility unassisted. ( <b>deficiency cited, see 809D</b> )
6	
7	
8	<b>Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of California</b>
9	<b>Regulation and the Health and Safety Code. Appeal rights given. Failure to correct the deficiency</b>
10	<b>and/or repeat deficiencies within a 12 month period may result in civil penalties. Exit interview</b>
11	<b>conducted with Administrator and a copy of this report was given.</b>
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

**NAME OF LICENSING PROGRAM MANAGER:** Victoria Bertozzi

**NAME OF LICENSING PROGRAM ANALYST:** Christi Coppo

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/05/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/05/2026