

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804032

Report Date: 12/02/2021

Date Signed: 12/02/2021 12:08:35 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
FACILITY NAME: COGIR OF NAPA ROAD		FACILITY NUMBER:	496804032
ADMINISTRATOR: CORNEJO, WENDY		FACILITY TYPE:	740
ADDRESS: 91 NAPA ROAD		TELEPHONE:	(707) 939-1500
CITY: SONOMA	STATE: CA	ZIP CODE:	95476
CAPACITY: 105	CENSUS:	DATE:	12/02/2021
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	11:00 AM
MET WITH: Benoit Levesque, Applicant; Wendy Cornejo, Administrator		TIME COMPLETED:	11:30 AM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 105
4	Census (if any clients in care): 64
5	
6	
7	
8	Method: Telephone call with CAB
9	COMP II Participants: Benoit Levesque, Applicant; Wendy Cornejo, Administrator
10	<i>Applicant / administrator participated in COMP II via telephone call with the analyst at</i>
11	<i>CAB. During COMP II, applicant and administrator confirmed the understanding of</i>
12	<i>Title 22. Component II was successfully completed.</i>
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14	
15	
16	<i>During COMP II, CAB analyst confirmed Applicant / Administrator's understanding of</i>
17	<i>following areas:</i>
18	
19	1. Facility operation: License type, client / resident populations, and program
20	2. Staff qualifications and responsibilities
21	3. Applicant and Administrator qualifications
22	4. Program policy: Abuse, admission agreement, medication management, reporting
23	incidents to CCL, restricted & prohibited conditions
24	5. Grievances, Complaints, Community resources
25	6. Physical plant, food service
	7. Application document review and technical assistance: Criminal record clearance,

Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Victoria Christiansen

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/02/2021

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