

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 | |

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|----------------|--|------------------|------------------|
| 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 |
| CAPACITY: | 105 | CENSUS: | 95476 |
| TYPE OF VISIT: | Office | ANNOUNCED | DATE: 12/02/2021 |
| MET WITH: | Benoit Levesque, Applicant; Wendy Cornejo, Administrator | TIME BEGAN: | 11:00 AM |
| | | 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 CAB. During COMP II, applicant and administrator confirmed the understanding of Title 22. Component II was successfully completed.</i> |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | <i>During COMP II, CAB analyst confirmed Applicant/ Administrator's understanding of following areas:</i> |
| 17 | |
| 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 incidents to CCL, restricted & prohibited conditions |
| 23 | 5. Grievances, Complaints, Community resources |
| 24 | 6. Physical plant, food service |
| 25 | 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.