

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496804032
Report Date: 08/28/2026
Date Signed: 08/28/2026 03:01:33 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/10/2026** and conducted by Evaluator Christi Coppo

	COMPLAINT CONTROL NUMBER: 21-AS-20260610153456
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FACILITY NAME:	COGIR OF SONOMA PLAZA	FACILITY NUMBER:	496804032
ADMINISTRATOR:	CORNEJO, WENDY	FACILITY TYPE:	740
ADDRESS:	91 NAPA ROAD	TELEPHONE:	(707) 939-1500
CITY:	SONOMA	ZIP CODE:	95476
CAPACITY:	105	DATE:	08/28/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	12:10 PM
	CENSUS: 89	TIME COMPLETED:	03:15 PM
MET WITH:	Werndy Cornejo, Administrator		

ALLEGATION(S):

1	Staff mismanaged resident's medication
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christi Coppo arrived at this facility unannounced, to deliver findings for the above allegation. LPA met with Administrator Wendy Cornejo.
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4	Complaint alleges staff mismanaged resident's medication. Complainant states that R1 did not receive their blood pressure medication. During investigation, LPA reviewed medication administration record (MAR). MAR shows resident did miss two (2) doses of their prescribed medication. Per facility, a 40-count supply was delivered to facility on 3/9/26 however the prescription did not include any refills. Staff did not verify that quantity received matched doctor's orders and Centrally Stored Mediation Log (CSML). Per interview with staff, facility did not realize that the quantity received was 40 rather than 90. Facility initiated request for refill to prescribing physician on 3/22/26. Facility also reached out the R1's family member to
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13	Continued on 9099C...

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Victoria Bertozzi	
LICENSING EVALUATOR NAME: Christi Coppo	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026

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 5

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ADMINISTRATOR: CORNEJO, WENDY	FACILITY TYPE: 740
ADDRESS: 91 NAPA ROAD	TELEPHONE: (707) 939-1500
CITY: SONOMA	ZIP CODE: 95476
CAPACITY: 105	DATE: 08/28/2026
	TIME BEGAN: 12:10 PM
MET WITH: Werndy Cornejo, Administrator	TIME COMPLETED: 03:15 PM

ALLEGATION(S):

1	Staff did not follow doctor's orders, resulting in resident developing a pressure injury
2	Staff did not ensure resident's care needs were met
3	Staff did not repair faulty wire that sparked when moved
4	Facility did not issue a proper eviction to resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christi Coppo arrived at this facility unannounced, to deliver findings for the above allegations. LPA met with Administrator Wendy Cornejo.
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4	Complaint alleges staff did not follow doctor's orders, resulting in resident developing a pressure injury.
5	Complainant states that R1 had severe edema and R1's leg would rub against their wheelchair.
6	Complainant alleges R1 developed bruises on legs that turned into wounds due to staff not following
7	doctor's orders for compression socks and to keep legs elevated. During investigation, LPA received
8	documents showing Home Health care notes and suggestions for wraps/juxtalite and compression socks.
9	Per review of Home Health records, wound care was provided by Home Health. During investigation,
10	LPA reviewed doctor's orders. LPA did not observe any doctor's orders for wraps, socks, or cream.
11	However, charting notes indicate staff elevated leg and were using compression socks. Additionally, LPA
12	received copies of fax requests showing facility requesting and inquiring about a doctor's order for leg
13	care. Per staff interview and LPA record
	Continued on 9099C...
Unsubstantiated	
Estimated Days of Completion:	

SUPERVISORS NAME: Victoria Bertozzi	
LICENSING EVALUATOR NAME: Christi Coppo	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/28/2026
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This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 2 of 5

Control Number 21-AS-20260610153456

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: COGIR OF SONOMA PLAZA

FACILITY NUMBER: 496804032

VISIT DATE: 08/28/2026

NARRATIVE	
1	Continued from 9099A...
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3	review, facility never received response from doctor. So, although the allegation may have happened or
4	is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur,
5	therefore the allegation is UNSUBSTANTIATED
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7	Complaint alleges facility staff did not ensure resident's care needs were met. Complainant states staff
8	did not ensure R1 was bathed. During investigation, LPA reviewed facility shower logs dated from
9	February 2026 through May 2026. R1's is shown to have received showers, sponge baths, and logs
10	also reflects shower refusals. So, although the allegation may have happened or is valid, there is not a
11	preponderance of evidence to prove the alleged violation did or did not occur, therefore the allegation is
12	UNSUBSTANTIATED.
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14	Complaint alleges staff did not repair faulty wire that sparked when moved. Complainant states that R1's
15	room had an outlet that housed a faulty wire which gave off sparks. During investigation, LPA reviewed
16	photographic evidence presented to LPA. Photographic evidence did not show a spark or any wires
17	exposed from electrical outlet cover and face plate. Face plate shown as slightly off center. During
18	investigation, LPA conducted interviews. Six (6) out of seven (7) staff report never having seen any
19	sparks or faulty wires from the outlet, only that there was sometimes an issue with the switch being in
20	the off position and therefore the items plugged into that outlet would not work, because the switch was
21	in the off position. One (1) staff reported that they didn't know of any faulty outlet period. So, although
22	the allegation may have happened or is valid, there is not a preponderance of evidence to prove the
23	alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED.
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25	Complaint alleges facility did not issue a proper eviction to resident. Complainant states that R1
26	received an eviction notice from facility. During investigation, LPA conducted interviews. It was reported
27	to LPA that R1's family are the ones that provided a 30 notice to the facility of their intent to remove the
28	resident. It was also reported to LPA that R1's care levels exceeded the care that the facility could
29	provide and therefore R1 would be leaving the facility. During investigation, LPA received conflicting
30	accounts of why resident left facility. During the course of investigation, LPA did not receive any
31	documentation or photographic evidence of any eviction notice served to R1 or their responsible party
32	by facility. Facility denies issuing any such eviction notice. So, although the allegation may have
	happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did
	not occur, therefore the allegation is UNSUBSTANTIATED.
	Exit interview conducted with Admin and a copy of this report given.

SUPERVISORS NAME: Victoria Bertozzi	
LICENSING EVALUATOR NAME: Christi Coppo	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026
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Control Number 21-AS-20260610153456

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COMPLAINT INVESTIGATION REPORT (Cont)	

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/31/2026 Section Cited CCR 87465(a)(4)	1	87465 Incidental Medical and Dental Care (a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: (4) The licensee shall assist	1	Facility to conduct in-service training on medication management. Training to include updated policy on how facility will ensure the quantity of pills they receive match both the doctor's orders and the Centrally Stored Medication Log (CSML). Facility to submit log and policy to CCL by POC date.
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	8	residents with self- administered medications as needed. This requirement not met by licensee as evidenced by: Based on LPA interview and record review, R1 missed two (2) doses of their verapamil, which poses an immediate health, safety, and/or personal rights risk to resident in care.	8	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Victoria Bertozzi

LICENSING EVALUATOR NAME: Christi Coppo

LICENSING EVALUATOR SIGNATURE:

DATE: 08/28/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
STE. 100
SANTA ROSA, CA 95405

NARRATIVE	
1	Continued from 9099... advise R1 was out of medication. R1 missed two (2) does on 3/23/26. Facility received refill of medication on 3/24/26. However, facility could not show proof of request earlier than 3/22/26. So, based on LPA's interviews and record review, the preponderance of evidence standard has been met, therefore the above allegation is found to be SUBSTANTIATED. California Code of Regulations, Title 22, Division 6 Chapter 8, are being cited on the attached 9099D. Exit interview conducted with Admin and a copy of this report given.
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