

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850510
Report Date: 09/25/2025
Date Signed: 09/25/2025 02:52:49 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: SAFE HAVEN SENIOR LIVING		FACILITY NUMBER: 195850510	
ADMINISTRATOR/HERNANDEZ, CRISTINA		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 14417 BURTON STREET		TELEPHONE: (818) 486-8846	
CITY: PANORAMA CITY		ZIP CODE: 91402	
CAPACITY: 6		DATE: 09/25/2025	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/ INSPECTION 10:38 AM	
MET WITH: Cristina Hernandez		BEGAN: TIME VISIT/ INSPECTION 02:27 PM	
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Sandra Urena arrived unannounced at the facility to conduct the		
2	required annual inspection. The LPA was greeted by the Administrator Cristina Hernandez, and the LPA		
3	explained the reason for the visit.		
4			
5	The LPA and the Administrator toured the physical plant areas inside and outside to ensure there are no		
6	health and safety hazards and facility is in compliance with Title 22 Regulations.		
7			
8	COMMON AREAS: At the time of the visit, living room and dining room furniture was observed to be in		
9	good condition. The facility maintained a comfortable temperature. Smoke detector (s) and carbon		
10	monoxide detectors were tested and operational at the time of the visit. The LPA observed required		
11	postings by the front door area. KITCHEN: Kitchen knives will be stored in a locked and inaccessible		
12	kitchen drawer. A seven-day supply of non-perishable food was available, as well as water supply. The		
13	supply of dishes is adequate. Appliances in the kitchen were clean and all appeared functional. Kitchen		
14	cleaning supplies will be stored and locked under the kitchen sink; however. Trash cans have a tight-		
15	fitting lid. There were no pesticides or toxins stored near food, or preparation area. The first aid supplies		
16	were complete, including a thermometer and a current version of a first aid manual. Two fire		
17	extinguishers were observed; one is located near the kitchen area and one in the hallway leading to the		
18	bedrooms and were last serviced on 09/10/2025. BEDROOMS: There are five (5) bedrooms for		
19	residents in care, and one(1) bedroom for staff. Rooms 1, 2, 3, and 4 are designated as single/private		
20	rooms, and bedroom five (5), is designated as a shared bedroom. All residents' bedrooms need window		
21	screens, and window curtains/blinds. . All residents' bedrooms are cleared for non-ambulatory. All		
22	bedrooms were supplied with all required bedding and linens. There is sufficient lighting as well as		
23	closet and drawer space available.		
24			
25			

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Sandra Urena

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/25/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SAFE HAVEN SENIOR LIVING	FACILITY NUMBER: 195850510
	VISIT DATE: 09/25/2025

NARRATIVE	
1	BATHROOMS: There are four (4) bathrooms. Bathroom (#1) is in the hallway for staff and visitors.
2	Bathroom (#2) is a shared bathroom for bedroom #5. Bathrooms (#3 and #4) are shared bathrooms
3	between bedrooms 4, 3, 2, and 1. All bathrooms are equipped with toilet and shower grab bars. There
4	are sufficient supplies of towels, paper goods and personal hygiene supplies. Nonskid mats were
5	observed. Bathrooms were clean and sanitary and in operating condition with grab bars and non-skid
6	surfaces. The hot water temperature measured within the regulations.
7	
8	OUTDOOR AREA: The backyard has a covered outdoor area equipped with furniture for residents' use.
9	There is one side gate for resident use and is single-latched. No bodies of water were noted.
10	
11	GARAGE/LAUNDRY ROOM: There is a laundry area equipped with washer and dryer. Detergents and
12	cleaning supplies will be stored in a locked cabinet above the washer and dryer. The laundry area is
13	located in the garage. The facility has an attached garage. The door will be kept locked at all times.
14	
15	RECORDS: Residents' records were reviewed for, but not limited to care plans, medical records,
16	admissions agreement, consent forms. All records were in order. Personnel records were reviewed for,
17	but not limited to health assessments, criminal record clearances, first aid/CPR training, and the
18	appropriate training. All files were in order.
19	
20	MEDICATIONS: Medications are centrally stored and locked in a cabinet in the kitchen area next to the
21	refrigerator; medications are labeled and checked for expiration dates. The medications are documented
22	properly on the centrally stored medications and destruction record. No errors were observed during the
23	medication review.
24	
25	
26	
27	
28	The LPA reviewed the following documents:
29	- LIC500 Personnel Report
30	- LIC9020 Resident's Roster
31	- Certificate of Liability of Insurance
32	_ Emergency Drill Logs
	No citations were issued. Exit interview conducted. A copy of the report was issued.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Sandra Urena	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/25/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/25/2025