

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609720
Report Date: 11/05/2021
Date Signed: 11/05/2021 01:17:45 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, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	HAVENS AT ANTELOPE VALLEY ASSISTED LIVING, THE	FACILITY NUMBER:	197609720
ADMINISTRATOR:	BROCK, FRED A	FACILITY TYPE:	740
ADDRESS:	43051 15TH SREET WEST	TELEPHONE:	(661) 723-8525
CITY:	LANCASTER	STATE:	CA
CAPACITY:	115	ZIP CODE:	93534
TYPE OF VISIT:	Case Management - Incident	CENSUS:	76
MET WITH:	Autumn Roberts-Rodriguez	DATE:	11/05/2021
		UNANNOUNCED TIME BEGAN:	10:45 AM
		TIME COMPLETED:	01:15 PM

NARRATIVE	
1	LPA Spaeth made an unannounced visit to the facility and was greeted by Autumn Roberts-Rodriguez,
2	Assistant Executive Director. LPA stated the purpose of the visit was the investigation of an incident
3	report regarding the personal rights of a resident.
4	
5	At 11:00 am, LPA Spaeth was escorted by Assistant Executive Director for a tour of the facility. LPA
6	viewed the kitchen and observed kitchen staff were preparing the noon meal and were wearing masks.
7	LPA observed an adequate supply of fresh fruits/vegetables and dairy products in the walk in
8	refrigerator. The freezer also contained frozen meats and the pantry was stocked with canned goods.
9	
10	At 11:10 am LPA observed the first floor public bathrooms and staff bathrooms all contained wash your
11	hands sign, hand soap, and paper towels. At 11:20 am, LPA interviewed R1 and observed the one
12	bedroom apartment was thoroughly furnished with a kitchen, bed, linens, and adequate lighting. While
13	touring the first and second floors, LPA observed the entire facility was neat and clean.
14	
15	LPA Spaeth interviewed staff member (S1) from 11:25 am until 11:50 am. LPA reviewed resident records
16	from 12:00 pm until 12:15 pm. LPA Spaeth also interviewed the Assistant Executive Director from 1:00
17	pm until 1:00 pm.
18	
19	
20	Further investigation regarding the incident will need to be completed. There are no deficiencies to
21	report at this time. Exit interview was conducted, appeal rights discussed and a copy of the signed
22	report was given to the Assistant Executive Director.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris
NAME OF LICENSING PROGRAM ANALYST: Melissa Spaeth

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/05/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/05/2021

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