

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610146
Report Date: 04/18/2026
Date Signed: 04/18/2026 04:31:21 PM

Document Has Been Signed on 04/18/2026 04:31 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: GRETCHEN HAVEN		FACILITY NUMBER:	197610146
ADMINISTRATOR/AQUINTEY, JESSICA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	20849 GRETCHEN ST	TELEPHONE:	(818) 922-8590
CITY:	WINNETKA	STATE: CA	ZIP CODE: 91306
CAPACITY: 6	CENSUS: 6	DATE:	04/18/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	11:53 AM
MET WITH: Christine Loyola, Maureen Phiri		BEGAN: TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Michael Cava conducted an annual required visit and inspection of the		
2	facility. LPA was greeted with staff Maureen Phiri and was advised for the reason of the visit. The		
3	administrator, Christine Loyola was called, and she joined visit shortly.		
4			
5	At 12:00 PM, LPA took a tour of the physical plant. Required postings were observed in the entry area.		
6	The smoke alarms are operational that are located each bedroom, the hallway and kitchen. There are		
7	carbon monoxide detectors that functions properly. There are two (2) fire extinguishers. One in the		
8	kitchen and one in the hallway. The charge date for both extinguishers are 01/09/26.		
9			
10	Kitchen: The kitchen appliances and fixtures were functional. The kitchen has a working gas stove,		
11	faucet, freezer, refrigerator, and microwave. LPA observed a sufficient amount of two (2) days perishable		
12	and seven (7) days non-perishable food at the facility that is properly stored. Frozen foods are wrap,		
13	dated, and stored properly as well. Knives were stored in a locked drawer in the kitchen. Food storage		
14	and preparation areas are clean and inaccessible to pests. Garbage cans have tight fitting covers.		
15	Cleaning supplies, pesticides or toxic cleaning supplies were stored and locked away in the kitchen		
16	below the sink.		
17			
18	Bedrooms: There are four (4) bedrooms designated for residents' use. Bedroom #1 and bedroom #3		
19	are private and is used for residents only. Bedroom #2 and bedroom #4 are shared. The resident		
20	bedrooms were properly furnished with appropriate dresser, beddings, and linens with sufficient lighting		
21	and closet space.		
22			
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25			
NAME OF LICENSING PROGRAM MANAGER: Mary G Flores			
NAME OF LICENSING PROGRAM ANALYST: Michael Cava			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/18/2026

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: GRETCHEN HAVEN

FACILITY NUMBER: 197610146
VISIT DATE: 04/18/2026

NARRATIVE	
1	BATHROOMS: The facility has two bathrooms. Bathroom #1 is located by bedroom #1. Bathroom #2 by the hallway in between bedroom #1 and bedroom #2. Hot water in both bathrooms measured between 105 to 107 degrees Fahrenheit. The bathrooms were observed to have the proper fixtures, grab bars, and non-skid mats. Common Areas: LPA toured all common areas of the facility. These included the living room and dining area for residents. The common areas were properly furnished. Residents dining table fits enough for six (6). LPA observed common areas to be very clean and tidy. LPA observed the floors to be in very good condition. No obstructions and or tripping hazards throughout the facility. Furniture in common area was observed to be in good repair. There are no issues with Fire Clearance. Surrounding Grounds: Entry and exits were free of obstruction. There was furniture appropriate for outdoor use. The outdoor area was free of hazards. The facility does not have a swimming pool or bodies of water. The garage is detached and is converted into a storage. Laundry: Laundry area is located in the garage. There is enough linen available to change weekly or more if need. Cleaning supplies and detergents stored in the garage. Medications: LPA observed medication in the kitchen cabinet to be locked and inaccessible to residents. Medications and medication records were reviewed for proper storage and documentation. Client records: Client records are reviewed. Client records appear to be complete and updated. Staff records: LPA conducted a complete file review of staff records. Staff records appeared to be complete and updated. Pursuant to Title 22 Division 6 of the CA Code of Regulations, there were no deficiencies observed during the day's inspection. Staff is advised and a copy of this report issued.
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NAME OF LICENSING PROGRAM MANAGER: Mary G Flores NAME OF LICENSING PROGRAM ANALYST: Michael Cava LICENSING PROGRAM ANALYST SIGNATURE: _____		DATE: 04/18/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE: _____		DATE: 04/18/2026