

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306005694  
Report Date: 11/06/2024  
Date Signed: 01/24/2025 02:21:59 PM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/04/2024** and conducted by Evaluator Joseph Alejandre

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 22-AS-20241104100155</b>
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<b>FACILITY NAME:</b> DEL'S HAVEN	<b>FACILITY NUMBER:</b> 306005694
<b>ADMINISTRATOR:</b> MANALO, DIANNA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 29835 ANDREA WAY	<b>TELEPHONE:</b> (949) 418-3222
<b>CITY:</b> LAGUNA NIGUEL	<b>STATE:</b> CA
<b>CAPACITY:</b> 6	<b>ZIP CODE:</b> 92677
<b>MET WITH:</b> Dianna Manalo	<b>CENSUS:</b> 5
	<b>DATE:</b> 11/06/2024
	<b>UNANNOUNCED TIME BEGAN:</b> 11:05 AM
	<b>TIME COMPLETED:</b> 12:45 PM

**ALLEGATION(S):**

1	Facility staff are not following resident's dietary needs
2	Facility staff are not adhering to infection control requirements
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Joseph Alejandre made an unannounced visit on January 24, 2025 at
2	1:30pm to deliver the amended complaint report. The findings of the original report have not changed.
3	LPA met with Administrator Dianna Manalo and explained the reason for the visit. The investigation
4	revealed the following. It was alleged that the facility staff are not following resident's dietary needs. LPA
5	interviewed staff. Resident 1 (R1) was at a medical appointment and could not be interviewed. A review
6	of R1's records shows that R1 has been diagnosed with Diabetes and Renal failure. R1 is on dialysis.
7	R1's physician has prescribed a special diet for R1. The Administrator reported that they are following the
8	physician's orders. The Administrator reported they received a list of suggested foods for people on
9	dialysis from the dialysis center where R1 goes. LPA reviewed the facility's menu and it coincides with
10	suggested list of foods for people on dialysis. LPA observed the facility has items in the kitchen such as,
11	spaghetti, carrots, mixed vegetables, Cream of wheat and eggs which were recommended to the facility
12	to provide to R1, from the dialysis center. The Administrator reported that they are following the
13	guidelines from the dialysis center for R1.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Sheila Santos  
**NAME OF LICENSING PROGRAM ANALYST:** Joseph Alejandre  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/06/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/06/2024

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

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100  
ORANGE, CA 92868

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** DEL'S HAVEN

**FACILITY NUMBER:** 306005694

**VISIT DATE:** 11/06/2024

### NARRATIVE

1 R1 was prescribed a special diet by their physician as noted on their physician's report. California code  
2 of regulation (CCR) 87555(b)(7) states, "Modified diets prescribed by a resident's physician as a medical  
3 necessity shall be provided." The facility is providing the prescribed special diet which also complies  
4 with the dietary guidelines recommended by the dialysis center. Based on the evidence gathered the  
5 allegation is deemed unsubstantiated, although the allegation may have happened or is valid, there is  
6 not a preponderance of evidence to prove the alleged violation did or did not occur.  
7  
8  
9 The investigation into the allegation, facility staff are not adhering to infection control requirements,  
10 revealed the following. It was alleged residents at the facility were ill and the facility failed to implement  
11 infection control requirements such as staff wearing masks. LPA interviewed the Administrator, staff and  
12 3 out of 5 residents. 1 resident did not want to be interviewed and the other resident was not present at  
13 the facility. 3 out of 5 residents reported they were not ill and are feeling good. Staff reported that all  
14 residents cough or sneeze each day but no one reported they were not feeling well and no one is sick.  
15 The Administrator reported that none of the residents have been to the doctor recently or diagnosed with  
16 any illness. LPA reviewed resident records, there is no recent diagnosis of a contagious disease for any  
17 resident. No staff or residents have reported any illness at the facility. At this time because there is no  
18 diagnosis of a contagious disease, staff are not required to wear a mask. Based on the evidence  
19 gathered the allegation is deemed unsubstantiated, although the allegation may have happened or is  
20 valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.  
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22 An exit interview was conducted and a copy of the amended report provided. The report was amended  
23 to reflect a change in verbiage for the first allegation only.  
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**NAME OF LICENSING PROGRAM MANAGER:** Sheila Santos  
**NAME OF LICENSING PROGRAM ANALYST:** Joseph Alejandre  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/06/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/06/2024

LIC9099 (FAS) - (06/04)

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