

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 306005694

Report Date: 11/19/2025

Date Signed: 11/19/2025 11:57:05 AM

**Unfounded**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **11/14/2025** and conducted by Evaluator Kimberly Lyman

	<b>COMPLAINT CONTROL NUMBER: 22-AS-20251114133858</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>ZIP CODE:</b> 92677
<b>CAPACITY:</b> 6	<b>DATE:</b> 11/19/2025
<b>MET WITH:</b> Dianna Manalo and Liberty Abdon	<b>UNANNOUNCED TIME BEGAN:</b> 09:15 AM
	<b>TIME COMPLETED:</b> 12:20 PM

### ALLEGATION(S):

1	Facility staff mismanaged resident's controlled substance
2	Resident's medication records were not maintained
3	Resident's hospice records were not maintained
4	Facility staff did not provide resident's records to their responsible party
5	Facility staff falsified resident's records
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate an investigation into the above allegations. LPA was greeted and granted entry into the facility and explained the reason for the visit.
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5	During the course of the investigation, LPA toured the facility and interviewed staff and witness.
6	Regarding the allegations that facility staff mismanaged resident's controlled substance, resident's medication records were not maintained, resident's hospice records were not maintained, facility staff did not provide resident's records to their responsible party and facility staff falsified resident's records, the investigation revealed the following: Resident 1 (R1) was admitted onto Alliance Hospice on 09/30/2025 and passed on 10/12/2025. Resident was prescribed Fentanyl Patch 25 mcg every 72 hours effective 10/07/2025. Facility Medication Administration record shows resident was administered the patch on 10/07/2025 at 1530 and 10/10/2025 at 1530. Facility staff were administering the patch on resident, alternating locations on the body. LPA reviewed Alliance Hospice CONTINUED ON LIC 9099C DATED 11/19/2025
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<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Kimberly Lyman  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/19/2025

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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**Control Number** 22-AS-20251114133858

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** DEL'S HAVEN

**FACILITY NUMBER:** 306005694

**VISIT DATE:** 11/19/2025

### NARRATIVE

1 records including admission information, emergency guidelines, care plan and admission orders as well  
2 as destruction record and visit notes. LPA reviewed texts provided to the family with hospice visit  
3 updates and residents status. Witness 1 (W1) is the Durable Power of Attorney (DPOA) and confirms  
4 facility has provided any documents that have been requested and have been responsive the entire time  
5 R1 has resided at the facility. LPA reviewed the DPOA paperwork dated 10/03/2024 indicating W1 as the  
6 healthcare agent. Two out of two staff and W1 confirm the whole family was present at time of death of  
7 the resident. Therefore the allegations are deemed UNFOUNDED, meaning that the allegations were  
8 false, could not have happened and/or is without a reasonable basis. Exit Interview conducted and a  
9 copy of this report was provided.  
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**SUPERVISORS NAME:** Alisa Ortiz  
**LICENSING EVALUATOR NAME:** Kimberly Lyman  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/19/2025

LIC9099 (FAS) - (06/04)

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