

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005889
Report Date: 11/15/2021
Date Signed: 11/15/2021 02:02:01 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, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: DEL'S HAVEN II	FACILITY NUMBER: 306005889
ADMINISTRATOR: MANALO, DIANNA	FACILITY TYPE: 740
ADDRESS: 29251 VIA SAN SEBASTIAN	TELEPHONE: (949) 258-2063
CITY: LAGUNA NIGUEL	STATE: CA
CAPACITY: 6	ZIP CODE: 92677
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Dianna Manalo	DATE: 11/15/2021
	UNANNOUNCED TIME BEGAN: 12:51 PM
	TIME COMPLETED: 02:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection (mitigation). LPA was greeted and granted entry by staff. LPA explained the reason for
3	the visit. Administrator Dianna Manalo arrived at 1:25 PM. Facility has 5 bedrooms and 2 bathrooms.
4	LPA and Administrator toured the facility. LPA observed all resident bedrooms had the required
5	furnishings. All the bedrooms had enough space to accommodate each resident and their belongings.
6	LPA observed both showers had anti-skid mats. LPA observed both bathrooms were clean and
7	operational. LPA and the Administrator toured the garage. LPA observed the garage is used for storage
8	and is inaccessible to residents. LPA observed the kitchen is clean and organized. LPA observed the
9	gas stove top is operational. LPA observed there is a 2 day perishable food supply and a 7 day non-
10	perishable food supply on hand. LPA observed the fire extinguisher in the kitchen is fully charged. The
11	smoke/carbon monoxide detectors tested operational. LPA and the Administrator toured the backyard.
12	No bodies of water observed. LPA observed a table under the awning with chairs for residents to sit
13	outside. No obstacles or hazards observed in the backyard. The exit gate is operational. The first aid kit
14	has all the required elements. The facility has a mitigation plan that has been approved. No deficiencies
15	are being cited as a result of this visit. An exit interview was conducted and a copy of the report
16	provided.
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/15/2021

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