

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306005889

Report Date: 11/17/2025

Date Signed: 11/17/2025 01:35:53 PM

Document Has Been Signed on 11/17/2025 01:35 PM - It Cannot Be Edited

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>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	DEL'S HAVEN II	FACILITY NUMBER:	306005889
ADMINISTRATOR/MANALO, DIANNA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	29251 VIA SAN SEBASTIAN	TELEPHONE:	(949) 258-2063
CITY:	LAGUNA NIGUEL	STATE: CA	ZIP CODE: 92677
CAPACITY:	6	CENSUS: 6	DATE: 11/17/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	10:00 AM
MET WITH:	Delia Pardo, Adminitrator Dianna Manalo, administrator	BEGAN: TIME VISIT/ INSPECTION	01:50 PM
		COMPLETED:	

### NARRATIVE

1 On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch made an unannounced visit to the  
2 facility to conduct the required annual inspection. LPA was greeted and granted entry by facility  
3 caregiving staff after introducing himself and stating the purpose of the visit. Administrator Delia Pardo  
4 was also present to assist while administrator Dianna Manalo was notified by telephone and arrived later  
5 to assist.  
6

7 There are currently six residents in care, four of which are receiving hospice care at this time. Residents  
8 are observed relaxing in the facility's common areas or in their respective bedrooms. LPA accompanied  
9 by facility staff toured the physical plant. The facility is a one-story house with four private and one  
10 shared bedrooms. There are two bathrooms used by residents. One resident is bedridden and occupies  
11 a room cleared for a bedridden resident.  
12

13 All occupied bedrooms appear clean and sanitary. One resident uses half-length rails for postural  
14 support and two residents have full rails. Adequate physician orders reviewed. All resident bedrooms  
15 have the required furnishings. Bathrooms appear clean and sanitary and are all equipped with grab bars  
16 and slip mats. Hot water temperature measured at 106F and 107F at two separate sinks used for  
17 personal grooming.  
18

19 LPA observed the kitchen has a minimum two (2) day perishable and seven (7) day non-perishable food  
20 supply. Sharp items, cleaning supplies and the medication central storage are verified to be secure. Two  
21 wall-mounted fire extinguishers are present and verified to be charged with up-to-date maintenance  
22 tags. Carbon monoxide and smoke detectors were found to be present and operational. Emergency  
23 food is present in the pantry and emergency water supplies are stored in the garage.  
24  
25

CONTINUED ON FORM LIC809-C

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos

**NAME OF PROGRAM ANALYST:** Kevin Saborit-Guasch  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/17/2025

**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

**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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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**FACILITY NAME:** DEL'S HAVEN II

**FACILITY NUMBER:** 306005889

**VISIT DATE:** 11/17/2025

NARRATIVE	
1	CONTINUED FROM FORM LIC809
2	LPA and facility staff toured the outside of the facility. LPA observed a shaded outdoor seating area with
3	outdoor furniture for resident use on the deck behind the property. The identified route of egress is free
4	of clutter and obstructions. There are self-latching gates on both sides of the premises. The facility does
5	not utilize either locked perimeters or delayed egress. There are no bodies of water on the premises.
6	
7	LPA reviewed six resident records. One admission agreement reviewed is missing the facility
8	representative signature. Consultation provided. LPA reviewed resident medication records and
9	prescription orders with no discrepancies observed.
10	
11	LPA reviewed staff records for three staff members during the visit. Proof of current CPR training
12	reviewed. Disaster drills are conducted quarterly. All staff members scheduled are verified to be
13	background cleared and associated to the licensed location. The administrator certificate is current for
14	Mrs. Pardo and Mrs. Manalo.
15	
16	Based on the observation conducted during the present visit, no deficiencies are being cited per Title 22
17	of the California Code of Regulations. An exit interview was conducted and a copy of this report along
18	were provided to a facility representative.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sheila Santos <b>NAME OF LICENSING PROGRAM ANALYST:</b> Kevin Saborit-Guasch <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 11/17/2025
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/17/2025
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