

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005937
Report Date: 06/07/2022
Date Signed: 06/07/2022 12:06:46 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 III	FACILITY NUMBER: 306005937
ADMINISTRATOR: MANALO, DIANNA	FACILITY TYPE: 740
ADDRESS: 29825 ANDREA WAY	TELEPHONE: (949) 481-2444
CITY: LAGUNA NIGUEL	STATE: CA
CAPACITY: 6	ZIP CODE: 92677
TYPE OF VISIT: Required - 1 Year	CENSUS: 3
MET WITH: Dianna Manalo	DATE: 06/07/2022
	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 12:22 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection (mitigation). LPA was screened for symptoms of Covid-19 and granted entry. LPA met
3	with Administrator Dianna Manalo, her administrator's certificate expires 11/1523.. LPA explained the
4	reason for the visit. LPA and administrator toured the facility. Facility has 4 bedrooms and 2 bathrooms,
5	living room, dining room, kitchen and an activity room and a 2 car garage. All the resident bedrooms had
6	the required furnishings and were clean and organized. The garage is used for storage and kept locked.
7	Smoke detectors were tested and are operational. Carbon monoxide detector was tested and is
8	operational. Both bathrooms are clean and operational. The kitchen was clean and LPA observed the
9	medications are kept in a kitchen cabinet that is kept locked. LPA inspected the first aid kit and it
10	contained all the required elements. LPA observed 2 day perishable and 7 day non-perishable food
11	supply on hand. LPA did not observe any obstacles or hazards in the facility. LPA toured the backyard of
12	the facility. No bodies of water observed. Both backyard exit gates are operational, latched and secured.
13	LPA observed a patio table with chairs and an umbrella. LPA did not observe any obstacles or hazards
14	in the backyard. Facility has a mitigation plan that has been approved. No deficiencies observed during
15	the visit. No deficiencies are being cited. LPA conducted an exit interview with the administrator and a
16	copy of the report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/07/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/07/2022

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