

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306006297

Report Date: 02/04/2025

Date Signed: 02/04/2025 11:33:59 AM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: DEL'S HAVEN IV	FACILITY NUMBER: 306006297
ADMINISTRATOR/MANALO, DIANNA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 23822 STILLWATER LANE	TELEPHONE: (949) 258-2063
CITY: LAGUNA NIGUEL	STATE: CA
CAPACITY: 6	ZIP CODE: 92677
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
	DATE: 02/04/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:00 AM
MET WITH: Dianna Manalo	TIME VISIT/INSPECTION
	COMPLETED: 11:46 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection. LPA met with Administrator Dianna Manalo and explained the reason for the visit.
3	Dianna Manalo's Administrator's Certificate expires November 15, 2025. The facility is licensed for 6
4	non-ambulatory residents of which 1 may be bedridden and a hospice waiver for 4.
5	
6	LPA and the Administrator toured the facility. The facility is a single story home with 5 bedrooms , 2
7	bathrooms, kitchen, dining room, living room with a screened fireplace and a three car garage which is
8	kept locked and used for storage. The garage has a storage room/office which is kept locked. LPA
9	observed the See Something, Say Something sign posted in the main entrance of the facility. The last
10	emergency drill was conducted on January 17, 2025. The smoke detectors/carbon monoxide detectors
11	tested operational. The fire extinguishers in the hallway and dining room are fully charged. Puzzles and
12	games are stored in the living room under the large screen TV. LPA observed the kitchen is clean and
13	operational. The 5 burner gas stove lights unassisted. LPA observed a 2 day perishable and 7 day non-
14	perishable food supply in the kitchen, Knives are kept locked in a kitchen drawer. Cleaning supplies are
15	kept locked under the kitchen sink. . LPA observed all resident rooms had the required furnishings and
16	linens. LPA observed both (2) bathrooms are clean and operational, hot water measured 111.3 degrees
17	Fahrenheit in both (2) bathrooms. LPA and the Administrator toured the backyard. No bodies of water
18	observed. There is table with an umbrella and chairs to sit outside. Both exit gates are operational. No
19	obstacles or hazards observed in the backyard. LPA observed the first aid kit has all the required
20	elements. Facility has an internet device (Tablet) for dedicated resident use.
21	
22	LPA reviewed 6 resident records and medications, no discrepancies observed. LPA reviewed 2 staff
23	files, no discrepancies observed. Both staff members have the required training. Both staff members are
24	background cleared and associated to the facility. No deficiencies are being cited as a result of this visit.
25	An exit interview was conducted and a copy of the report provided.

**NAME OF LICENSING PROGRAM MANAGER:** Sheila Santos  
**NAME OF LICENSING PROGRAM ANALYST:** Joseph Alejandro  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 02/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 02/04/2025

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