

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006297

Report Date: 02/05/2026

Date Signed: 02/05/2026 03:12:50 PM

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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
FACILITY EVALUATION REPORT	

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: 5
	DATE: 02/05/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 12:36 PM
	BEGAN: TIME VISIT/INSPECTION: 03:47 PM
MET WITH: Della Pardo	COMPLETED:

NARRATIVE

1 Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2 annual inspection. LPA met with Assistant Administrator Della Pardo and explained the reason for the
3 visit. The Administrator's certificate (Dianna Manalo) expires on November 15, 2027. The facility is
4 licensed for 6 non-ambulatory residents of which 1 may be bedridden and a hospice waiver for 4. The
5 facility is a single story home with a living room, dining room, kitchen, 5 bedrooms, 1 is shared, 2
6 bathrooms and a 2 car garage. The garage is kept locked and used for storage. LPA and the
7 Administrator toured the facility. LPA observed the See Something, Say Something poster (PUB 475)
8 posted next to the front door of the facility. LPA observed all 6 resident rooms have the required
9 furnishings. The smoke detectors/carbon monoxide detectors tested operational. The Fire extinguisher
10 in the hallway is fully charged. Extra linens are stored in the hall closet. LPA observed a 2 day supply of
11 perishable food and a 7 day non-perishable food supply on hand in the kitchen. LPA observed a 3 day
12 emergency food and water supply stored in the kitchen. LPA observed knives are kept locked in a
13 kitchen drawer. LPA observed the medication is kept locked in a kitchen cabinet. LPA observed cleaning
14 supplies are kept locked under the kitchen sink. The 5 burner stove in the kitchen lights unassisted. LPA
15 observed both bathrooms are clean and operational. Hot water measured 109.9 degrees Fahrenheit in
16 both bathrooms. LPA and the Administrator toured the backyard and the garage. LPA observed the
17 garage is used to store extra supplies, food and furniture. The garage is kept locked. The backyard has
18 a table with an umbrella and chairs to sit outside. Both backyard exit gates (one on each side of the
19 house) are operational. No bodies of water observed in the backyard. No obstacles or hazards observed
20 in the backyard. LPA reviewed facility files. The last fire drill was conducted on January 20, 2026. LPA
21 observed the first aid kit has all the required elements. LPA reviewed 2 staff files, both staff members
22 have the required training and CPR training. Both staff members are background cleared and
23 associated to the facility.
24
25

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/05/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/05/2026**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 procedures in the LIC 9058 Applicant/Licensee Rights.

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 Ill, 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 FACILITY EVALUATION REPORT (Cont)	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 NUMBER: 306006297

VISIT DATE: 02/05/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	LPA reviewed 5 resident files and 5 resident medications, no discrepancies observed. Facility did not have a dedicated internet device for resident use (technical violation). No deficiencies observed during the visit. 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 Alejandre	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/05/2026

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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/05/2026