

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604586
Report Date: 08/30/2026
Date Signed: 08/31/2026 07:01:31 AM

COMPREHENSIVE INSPECTION

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
FACILITY EVALUATION REPORT			
FACILITY NAME: ELDERLY HAVEN		FACILITY NUMBER:	374604586
ADMINISTRATOR/AKHTER-RAHMAN, SYEEDA SELI		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(858) 935-9062
ADDRESS: 10163 EMBASSY WAY	STATE: CA	ZIP CODE:	92126
CITY: SAN DIEGO	CENSUS: 5	DATE:	08/30/2026
CAPACITY: 6	UNANNOUNCED	TIME VISIT/INSPECTION	09:30 AM
TYPE OF VISIT: Annual/Random		BEGAN:	
MET WITH: Administrator Mohammad Rahman		TIME VISIT/INSPECTION	03:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Amy Rodgers conducted an unannounced Required Annual
2	Inspection. The facility file was reviewed prior to the visit. Upon arrival, LPA was greeted by Care Staff
3	Zenia Valdehueza. Administrator Mohammad Rahman joined the visit shortly afterward. LPA discussed
4	the purpose of the visit with both staff. The facility license reflects a maximum capacity of six (6) non-
5	ambulatory residents.
6	
7	LPA and Administrator Rahman toured the interior and exterior of the facility and inspected each room.
8	The facility was bedrooms and livngroom room were observed to be clean, sanitary, and in good repair.
9	Pathways were clear of obstruction and slip hazards. Resident bedrooms contained the required
10	furnishings. Doors, windows, screens, toilets, and showers were in working order. Extra linens, hygiene
11	supplies, and Personal Protective Equipment (PPE) were present. The facility had sufficient space and
12	equipment for dining, laundry, visitation, meetings, and resident activities. Food supplies were inspected
13	and found to include at least two (2) days of perishable items and seven (7) days of non-perishable
14	items..
15	
16	Cooking and dining equipment were available and operable. No toxic chemicals or poisons were
17	accessible to residents. No pools or other bodies of water were observed on the premises. Carbon
18	monoxide detectors, emergency lighting, and the facility telephone were operational. Fire extinguishers
19	were serviced within the past twelve (12) months and first aid kits were complete. Required postings
20	were observed in visible areas of the facility.
21	
22	
23	
24	
25	



DATE: 08/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/30/2026

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.

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Created By: Amy Rodgers On 08/30/2026 at 11:41 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ELDERLY HAVEN

FACILITY NUMBER: 374604586

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/30/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/01/2026 Section Cited CCR 87555(b)(31)(B)	1 (B)The following food service 2 requirements shall apply: (31)(B)B In 3 facilities not using mechanical 4 means...as the addition of a sanitation 5 agent to the final rinse water. 6 This requirement was not met, as 7 evidenced by:	1 The licensee shall immediately 2 implement an approved sanitizing 3 method for all hand washed dishes. 4 The licensee shall submit photos of 5 properly set up sanitizing procedures by 6 POC and a written plan confirming 7 ongoing compliance and CCLD approved training by POC.
	8 Based on observation and interview, 9 the licensee failed to ensure that dishes 10 and utensils were properly disinfected 11 after handwashing for 5 of 5 residents 12 (R1–R5). This poses an immediate 13 health and safety risk to residents in 14 care.	8 9 10 11 12 13 14
Type A 09/01/2026 Section Cited CCR87555(b)(27)	1 87555 General Food Service 2 Requirements(27) All kitchen areas 3 shall be kept clean and free of litter, 4 rodents, vermin and insects. 5 This requirement was not met, as 6 evidenced by: 7	1 The licensee shall immediately clean 2 and sanitize all contaminated kitchen 3 surfaces and dishware, discard any 4 items that cannot be safely sanitized, 5 and contact a licensed pest control 6 service. Proof of pest control service, 7 sanitation logs, and photos of cleaned areas shall be submitted to LPA by POC date.
	8 Based on observation and interview, 9 the licensee did not ensure the kitchen 10 and food service areas were 11 maintained free of rodents droppngs for 12 5 of 5 residents (R1–R5). This poses an 13 immediate health and safety risk to 14 residents in care.	8 9 10 11 12 13 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Simon Jacob
NAME OF LICENSING PROGRAM ANALYST:	Amy Rodgers

DATE: 08/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/30/2026

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Created By: Amy Rodgers On 08/30/2026 at 12:09 PM
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ELDERLY HAVEN

FACILITY NUMBER: 374604586

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/30/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/01/2026 Section Cited CCR 87555(b)(18)	1 87555(b)(18) – General Food Service 2 Requirements (18) Sufficient food 3 service personnel shall be employed, 4 trained and their working hours 5 scheduled to meet the needs of 6 residents. 7 This requirement was not met, as evidenced by:	1 The licensee shall ensure all food 2 service staff receive training through an 3 approved CCLD training vendor 4 covering proper dish sanitizing 5 procedures, food safety practices, 6 vermin identification, and kitchen 7 sanitation requirements.
	8 The licensee did not ensure food 9 service personnel were adequately 10 trained to meet the needs of 5 of 5 11 residents (R1–R5), which poses a 12 potential health and safety risk to 13 residents in care (R1-R5) 14	8 The licensee shall submit 9 documentation of completed vendor 10 provided training, including certificates 11 and proof of completion, to LPA by POC 12 Date 13 14
Type B 10/01/2026 Section Cited CCR87465(h)(1)	1 The following requirements shall apply 2 to medications which are centrally 3 stored: (5) Each resident's medication 4 shall be stored in its originally received 5 container. No medications shall be 6 transferred between containers.. 7 This requirement was not met, as evidenced by: This requirement is not met as evidenced by:	1 The licensee shall ensure all staff 2 responsible for medication assistance 3 receive training through an approved 4 CCLD training vendor covering proper 5 medication handling, administration 6 from original pharmacy containers, and 7
	8 Based on observation and interview, 9 the licensee did not comply with the 10 section cited above in 5 of 5 persons 11 which poses a potential health and 12 safety risk to residents in care (R1-R5) 13 14	8 prohibitions against pre-pouring 9 medications. The licensee shall submit 10 documentation of completed vendor- 11 provided training, including certificates 12 and proof of completion, to LPA by POC 13 Date. 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

Simon Jacob

NAME OF LICENSING PROGRAM
MANAGER:
NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

Amy Rodgers



DATE: 08/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/30/2026

Created By: Amy Rodgers On 08/30/2026 at 12:17 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: ELDERLY HAVEN

FACILITY NUMBER: 374604586

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/30/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/01/2026 Section Cited CCR 87470(a)(2)(A)	1 (A) Surfaces such as floors, chairs, 2 toilets.... These surfaces shall also be 3 disinfected when these surfaces are 4 contaminated and visibly soiled with 5 blood or body fluids or other potentially 6 infectious material. 7 This requirement was not met, as evidenced by:	1 The licensee shall immediately stop the 2 practice of rinsing and draping soiled 3 linen outside. The licensee agrees to 4 obtain infection control training from an 5 approved outside/CCLD vendor. All 6 staff shall be re-trained on safe 7 practices for handling of
	8 Based on observation and interview, 9 the licensee did not ensure infection 10 control practices were maintained. Staff 11 were observed rinsing soiled linens 12 outside and draping them over bushes, 13 which poses an immediate health and 14 safety risk to 5 of 5 residents (R1–R5).	8 changing, transporting, and laundering 9 contaminated resident items, including 10 linens, clothing, and personal materials. 11 The licensee shall submit schedule of 12 vendor-provided training to LPA by 13 POC date and Provide proof of training 14 10-1-2026
Type A 09/01/2026 Section Cited CCR87307	1 87307Living accommodations and 2 grounds shall be related to the facility's 3 function. The facility shall be large 4 enough to provide comfortable living 5 accommodations and privacy for the 6 residents, staff, and others who may 7 reside in the facility. This requirement was not met, as evidenced by:	1 Licensee shall immediately stop the 2 practice of staff sleeping in the garage. 3 All staff shall sleep only in areas 4 approved under the facility's fire 5 clearance. Licensee shall submit 6 photos showing the garage is used as 7 store room and office only by POC.
	8 Based on observation, the licensee did 9 not ensure living accommodations 10 matched the approved facility function. 11 Staff were observed using the garage 12 as a sleeping area, although the garage 13 is not approved for habitation under the 14 facility's fire clearance. This poses a potential health and safety risk for 5 of 5 residents	8

NAME OF LICENSING PROGRAM MANAGER:	Simon Jacob
NAME OF LICENSING PROGRAM ANALYST:	Amy Rodgers
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/30/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/30/2026

Created By: Amy Rodgers On 08/30/2026 at 12:42 PM
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FACILITY EVALUATION REPORT (Cont)	

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FACILITY NUMBER: 374604586

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/30/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/01/2026 Section Cited CCR 87468.1(a)(1)	1 87468.1(a)(1) – Personal Rights of 2 Residents in All Facilities (1) To be 3 accorded dignity in their personal 4 relationships with staff, residents, and 5 other persons. 6 This requirement was not met, as 7 evidenced by:	1 The licensee shall immediately stop the 2 practice of using cut shirts and ensure 3 all residents are offered dressing in 4 appropriate, intact clothing that protects 5 dignity. All staff will receive personal- 6 rights training through an approved 7 CCLD vendor.
	8 Based on observation and interview, 9 the licensee did not ensure residents 10 were accorded dignity. Residents were 11 observed either partially undressed, in 12 briefs only, or wearing altered clothing 13 cut up the back, which poses an 14 immediate personal rights risk for 3 of 5 residents (R1–R3).	8 Proof of training and confirmation that 9 residents are properly dressed will be 10 submitted to LPA by POC date 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

NAME OF LICENSING PROGRAM MANAGER:	Simon Jacob
NAME OF LICENSING PROGRAM ANALYST:	Amy Rodgers
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/30/2026
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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/30/2026

NARRATIVE	
1	(continued from Lic809)
2	
3	Staff interviewed reported adequate staffing and access to needed supplies. Staff demonstrated general
4	knowledge of daily care routines; however, gaps were noted in medication procedures. Confidential
5	resident and staff records were reviewed and were stored in locked areas. During the required annual
6	visit, LPA reviewed resident records, medication storage, and staff training.
7	
8	LPA observed five (5) pre-poured medication in locked medication closet for residents #1- Resident #5
9	(R1–R5), Staff #1 confirmed during interview that staff pre-pour medications before administration.
10	Further inspection of kitchen revealed that dishes were washed using soap and water only, with no
11	sanitizing step. Rodent droppings as well as dead cockroaches were observed inside storage cabinets.
12	During the inspection, LPA also observed staff rinsing contaminated linens outdoors using a garden
13	hose. This practice does not meet infection control requirements for safe handling of soiled materials
14	and poses an immediate health and safety risk. LPA observations further revealed the garage showed a
15	bed, dresser, clothing, and personal belongings. Staff interviews did not confirm sleeping in the garage.
16	However, the garage is not an approved living area under the facility’s fire clearance. Personal rights
17	concerns were observed for residents R1–R3. Residents were observed partially undressed, wearing
18	only briefs, or wearing shirts cut up the back. Care plans contained no documentation supporting the
19	practice.
20	
21	Based on observations, interviews, and record review, deficiencies are cited today per California Code
22	of Regulations, Title 22. Deficiencies are documented on the attached LIC 809-D pages. Plans of
23	Correction (POCs) were jointly developed with the Administrator.
24	
25	An exit interview was conducted with Administrator Mohammad Rahman, to whom a copy of this report,
26	the LIC 811 Confidential Names List, and the Licensee/Appeal Rights (LIC 9058 03/22) were provided.
27	
28	
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NAME OF LICENSING PROGRAM MANAGER:	Simon Jacob
NAME OF LICENSING PROGRAM ANALYST:	Amy Rodgers
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	

