

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 392701639

Report Date: 07/30/2025

Date Signed: 08/01/2025 10:40:43 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SAFE HAVEN MANTECA LLC	FACILITY NUMBER: 392701639
ADMINISTRATOR/ALEJO, RYAN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 603 TORESANO AVENUE	TELEPHONE: (408) 604-5283
CITY: MANTECA	STATE: CA
CAPACITY: 6	ZIP CODE: 95337
TYPE OF VISIT: Prelicensing	CENSUS: 0
	DATE: 07/30/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 01:00 PM
MET WITH: Caitlin Robinson and Aileen Grimesey	TIME VISIT/INSPECTION
	COMPLETED: 04:00 PM

NARRATIVE	
1	Announced Prelicensing visit made out to this facility on 07/30/2025 by Licensing Program Analysts
2	(LPAs) Charlie Yang and Noel Peterson who were met by the facility representatives, Caitlin Robinson
3	and Aileen Grimesey, at this time. A brief interview was conducted with the facility representatives at this
4	time.
5	It was learned that this facility was seeking licensure to accept and retain up to 6 non ambulatory
6	residents at any given time. This facility does have an approved hospice waiver for (4) residents along
7	with a dementia care program that has been submitted at this time.
8	Current census was 0 residents.
9	Tour of this facility was conducted.
10	A tour of the facility kitchen area was conducted. Drawers and cabinets were opened and the items
11	enclosed were reviewed at this time. Drawers housing knives and sharps were observed to be locked
12	and made inaccessible to the residents at this time.
13	Cleaning agents, bleach, and other supplies were observed to be locked and made inaccessible to the
14	residents at this time.
15	A review of the facility food supply was conducted. A review of the facility's 2-day perishable foods and
16	7-day nonperishable foods was conducted to make sure that there were sufficient quantities on hand at
17	all times.
18	Medication cabinet, located in the living room hallway closet, was reviewed. Policies and procedures
19	involving handling, dispensing, and documentation of the resident medications were discussed with the
20	facility designated representatives at this time.
21	A review of the facility Medication Administration Record and dispensing log was conducted.
22	Medication cabinet was observed to be locked and made inaccessible to the residents at this time.
23	Living room, dining area, and all other areas intended for resident use were observed to furnished and
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Liza King

**NAME OF LICENSING PROGRAM ANALYST:** Charlie Yang

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/30/2025

**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 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.

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>  <b>FACILITY EVALUATION REPORT (Cont)</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b> <b>SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100</b> <b>SACRAMENTO, CA 95827</b>
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**FACILITY NAME:** SAFE HAVEN MANTECA LLC

**FACILITY NUMBER:** 392701639

**VISIT DATE:** 07/30/2025

<b>NARRATIVE</b>	
1	maintained in compliance at this time and able to meet the needs of the residents.
2	A tour of the resident bedrooms was conducted. Furniture and furnishings were observed to be sufficient
3	and able to meet the needs of the residents at this time.
4	Facility resident restrooms were toured. Grab bars and non skid mats were observed to be present and
5	in good repair at this time.
6	Hot water temperatures were taken to make sure that they were within the allowed range of 105-120
7	degrees.
8	Laundry room was toured at this time. Bleach, detergent, and all other cleaning supplies were observed
9	to be locked and made inaccessible to the residents at this time.
10	Administrator certificate, # 6068452740 for Ryan Alejo was observed to have an expiration date of
11	12/02/2025 and in compliance at this time.
12	Forms and documents were being updated in order to renew this Administrator certificate at a later time.
13	First aid kit, located in the medication cabinet, was reviewed. This LPA observed that it did contain all of
14	the required components at this time.
15	Fire extinguishers were observed to have been annually inspected by the local fire extinguisher
16	company, BNC Fire Extinguisher Company, on 03/13/2025 and found to be in compliance at this time.
17	Garage area was toured at this time. It was learned that this area would not be utilized by the residents
18	at this time.
19	A tour of the facility exterior grounds was conducted. A review of the facility perimeter fence, side gates,
20	and all other exits was conducted.
21	
22	A review of the sample facility resident files was conducted.
23	A review of the sample facility personnel files was conducted.
24	
25	This facility was observed to be in compliance at this time.
26	
27	Exit Interview
28	
29	
30	
31	
32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Liza King <b>NAME OF LICENSING PROGRAM ANALYST:</b> Charlie Yang <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 07/30/2025
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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> 07/30/2025
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