

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202922
Report Date: 04/10/2024
Date Signed: 04/10/2024 02:15:30 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: SAFE HAVEN CARE HOMES LLC	FACILITY NUMBER: 435202922
ADMINISTRATOR/GRIMSEY, RICHARD	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 859 S WOLFE RD	TELEPHONE: (408) 813-1025
CITY: SUNNYVALE	STATE: CA
CAPACITY: 6	ZIP CODE: 94086
TYPE OF VISIT: Office	CENSUS: 04/10/2024
	ANNOUNCED
	TIME VISIT/INSPECTION
	BEGAN: 02:00 PM
	TIME VISIT/INSPECTION
	COMPLETED: 02:15 PM

NARRATIVE	
1	COMP II by CAB successfully completed
2	
3	
4	Facility Type: RCFE
5	Application Type: Initial
6	Capacity: 6
7	
8	Census (if any clients in care): 0
9	Method: Telephone call with CAB
10	COMP II Participants: Richard Grimesey, Administrator; Aliene Poquiz, Owner;
11	Shannon Betker, analyst.
12	
13	Applicant/administrator participated in COMP II at CAB via telephone call with
14	analyst at CAB. Identification of the applicant and administrator was verified by
15	confirming driver's license number. During COMP II, applicant and administrator
16	confirmed the understanding of Title 22. Component II was successfully completed.
17	
18	Applicant and administrator were advised to email/fax signed LIC 809 with copy of
19	photo ID to CAB.
20	
21	
22	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
23	following areas:
24	1. Facility operation: License type, client/resident populations, and program
25	2. Admission Policies
	3. Staffing requirements & Training

- 4. Restrictive/Prohibited Health Conditions
- 5. General provisions
- 6. Emergency Preparedness
- 7. Complaints & Reporting
- 8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Shannon Betker

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/10/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/10/2024

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