

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202922
Report Date: 05/12/2025
Date Signed: 05/12/2025 03:00:05 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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: Required - 1 Year	CENSUS: 6
	DATE: 05/12/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 11:20 AM
MET WITH: Jesley Quirimit	TIME VISIT/ INSPECTION
	COMPLETED: 03:15 PM

NARRATIVE	
1	On May 12, 2025, at 11:20 AM, the Licensing Program Analyst (LPA) Kiran Jain arrived unannounced at
2	the facility to conduct a Required 1-Year Annual inspection. The LPA met with the caregiver, Jesley
3	Quirimit, and disclosed the purpose of the inspection. The caregiver informed the LPA that the facility
4	had (6) residents in care and (2) staff members present at the time.
5	
6	At 11:34 AM, the LPA initiated a walk-through of the facility, accompanied by the caregiver.
7	
8	LPA inspected the kitchen and found it clean, with lunch food preparation and cooking in progress at the
9	time. The appliances were checked and observed to be in working order. The LPA inspected a locked
10	cabinet containing knives and sharp objects, and a locked cabinet under the sink with detergents and
11	cleaning supplies. The refrigerator and pantry cabinets were inspected, and sufficient supplies of fresh
12	perishable food for (2) days and nonperishable staples for (7) days were observed. No expired food or
13	stored medications were noted.
14	
15	LPA inspected the dining area adjacent to the kitchen and found it clean. The dining table and chairs
16	were observed to accommodate the residents, and all the furniture was in good repair.
17	
18	LPA inspected the family room and observed it clean, with all furniture in good repair. There were sofa
19	sets, chairs, recliners, tables, and a television in the living room. One (1) resident was observed sitting
20	on the recliners watching the television.
21	
22	There were (5) bedrooms and (3) bathrooms designated for residents' use. One (1) resident room was
23	shared occupancy and other four (4) resident rooms were single occupancy.
24	
25	Continued on LIC809-C

NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Kiran Jain LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 05/12/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 05/12/2025
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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 CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: SAFE HAVEN CARE HOMES LLC

FACILITY NUMBER: 435202922

VISIT DATE: 05/12/2025

NARRATIVE	
1	LPA inspected all resident rooms and found them clean, well-lit, and equipped with the required
2	furniture. LPA inspected two (2) private bathrooms and one (1) common bathroom in the hallway and
3	found them clean, sanitary, and in good working condition. The bathrooms contained soap, grab bars,
4	paper towels, a trash can, a shower chair, and non-slip flooring/mats. The hot water temperature at the
5	sink faucet in all (3) bathrooms was measured between that range of 118.4°F to 119.2°F.
6	
7	LPA inspected the fire extinguisher mounted on the wall next to the dining table and found it fully
8	charged, with the last service tag dated 09/07/2024. The caregiver tested the smoke and carbon
9	monoxide detector located in one of the resident's rooms in the LPA's presence, and it was found to be
10	functional. Additional smoke and carbon monoxide detectors were observed in all bedrooms and
11	common areas of the facility during the visit.
12	
13	LPA inspected the garage and found it clean. The access door to the garage was locked and
14	inaccessible to residents in care. A washer, a dryer, a refrigerator and a freezer containing additional
15	food supplies, and a staff break area were observed inside the garage.
16	
17	LPA toured the backyard and found ramps and passageways in good condition, clear of obstructions,
18	with no blocking or tripping hazards. The backyard had a table, chairs, and shaded areas for resident
19	use. No bodies of water were noted.
20	
21	LPA reviewed (5) staff personnel records and (5) resident records. The LPA observed that 5 of 5
22	residents had an Admission Agreement, Physician's Report, and CSDMR. At 1:10 PM, LPA observed
23	that 3 of 5 residents did not have Appraisal Needs and Services Plan records. LPA observed that 5 of 5
24	staff members had LIC 508 Criminal Record Statements and LIC 503 Health Screening and confirmed
25	that 5 of 5 staff members were associated with the facility.
26	
27	At 1:42 PM, LPA observed a locked centrally stored medication cabinet in the hallway next to kitchen
28	pantry cabinet. Medications were organized in separate bins for each resident. Centrally Stored
29	Medication Records were reviewed and found that 2 of 5 resident's medication prescription names,
30	prescription numbers, and date filled were not entered correctly in the Centrally Stored Medication
31	Records.
32	
	LPA inspected the first aid kit and found it fully stocked. Emergency Drill Logs were reviewed, and it was
	observed that Emergency Disaster Drills were conducted quarterly.
	Continued on LIC809-C

NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Kiran Jain LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/12/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 05/12/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: SAFE HAVEN CARE HOMES LLC

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VISIT DATE: 05/12/2025

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	<p>The following updated forms are requested to be submitted to CCLD by 05/19/2025:</p> <ul style="list-style-type: none">• LIC 500: Personnel Report• LIC 308: Designation of Facility Responsibility• LIC 400: Cash Resources Affidavit• Certificate of Liability Insurance• Administrator Certificate(s) <p>The deficiencies are being cited based on LPA observations, records reviewed, and interviews conducted in accordance with the California Code of Regulations, Title 22, see LIC809D.</p> <p>An exit interview was conducted, and Plans of Correction were reviewed and developed with the caregiver. A copy of this report and appeal rights were discussed and provided to the caregiver, Jesley Quirimit, whose signature on this form confirms receipt of these documents.</p>
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NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Kiran Jain LICENSING PROGRAM ANALYST SIGNATURE: DATE: 05/12/2025

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Created By: Kiran Jain On 05/12/2025 at 02:32 PM

Link to Parent Document Below:

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/12/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.695(e)(2)	
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Other Provisions

(e) A facility shall have all of the following information readily available to facility staff during an emergency:
 (2) An appraisal of resident needs and services plan for each resident.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not ensure 3 of 6 residents (R3 - R5) had an appraisal of needs and services plan, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 05/19/2025
	Plan of Correction
1 2 3 4	The licensee will submit the plan of correction to CCLD by 05/19/2025.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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:	April Cowan
NAME OF LICENSING PROGRAM ANALYST:	Kiran Jain
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/12/2025
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VISIT DATE: 05/12/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(h)(6)(D)
87465 Incidental Medical and Dental Care (h) The following requirements shall apply to medications which are centrally stored: (6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes: (D) The date filled.				
This requirement is not met as evidenced by:				
Deficient Practice Statement				
1	Based on observation and record review, the Administrator did not ensure that for 3 of 5 resident's			
2	medication prescription names, prescription numbers, and date filled were entered correctly in the			
3	Centrally Stored Medication Records, which poses/posed a potential health, safety or personal rights			
4	risk to persons in care.			
POC Due Date: 05/19/2025				
Plan of Correction				
1	The licensee will submit the plan of correction to CCLD by 05/19/2025.			
2				
3				
4				

	Section Cited
Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
1	
2	
3	
4	

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	April Cowan
MANAGER:	
NAME OF LICENSING PROGRAM	Kiran Jain
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/12/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
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