

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701433

Report Date: 07/18/2024

Date Signed: 07/18/2024 01:24:40 PM

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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
FACILITY EVALUATION REPORT	
FACILITY NAME: SAFE HAVEN OAKDALE LLC	FACILITY NUMBER: 502701433
ADMINISTRATOR/GRIMESEY, AILEEN POQUIZ DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 2912 WESTPORT CIRCLE	TELEPHONE: (510) 224-6165
CITY: OAKDALE	STATE: CA ZIP CODE: 95361
CAPACITY: 6	CENSUS: 4 DATE: 07/18/2024
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME VISIT/ INSPECTION BEGAN: 01:00 PM
MET WITH: Aileen Grimesey and Eileen Grimesy	TIME VISIT/ INSPECTION COMPLETED: 01:45 PM

NARRATIVE	
1	On 7/18/24 Licensing Program Analyst (LPA) Maja Jensen arrived at 524 E Union St in Modesto
2	announced to continue a pre-licensing inspection related to a change in ownership. LPA Jensen met
3	with current Licensee Maria Acedo and applicant Aileen Grimesey,
4	
5	LPA Jensen received photographic evidence that the doors connecting resident rooms have been
6	equipped with a locking mechanism to allow for passage from room to room. LPA Jensen received an
7	updated copy of the Plan of Operation with all requested revisions made. The applicant has agreed that
8	no surveillance cameras will be used in the interior of the facility unless a waiver is requested and
9	approved by the Department which details a compelling health and safety reason for use.
10	
11	The current owner is sending formal written notification of transfer of the business today and providing a
12	60 day notice. LPA Jensen reviewed the notice and determined it to be compliant. The applicant has
13	passed the pre-licensing inspection and component III was conducted however licensure will require a
14	60 day waiting period so that residents or resident representatives have an adequate period of time for
15	consideration.
16	An exit interview was conducted and a copy of this report was given
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios

NAME OF LICENSING PROGRAM ANALYST: Maja Jensen
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/18/2024

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