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Department of

SOCIAL SERVICES

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/GRIMSEY, AILEEN POQUIZ		FACILITY TYPE:	740
DIRECTOR:			
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		UNANNOUNCEDTIME VISIT/INSPECTION	01:00 PM
MET WITH: Aileen Grimesey and Eileen Grimesey		BEGAN: TIME VISIT/INSPECTION	01:45 PM
		COMPLETED:	
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.