

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 502701433
Report Date: 05/21/2026
Date Signed: 05/26/2026 01:27:13 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 01/23/2026 and conducted by Evaluator Jason Lund

	COMPLAINT CONTROL NUMBER: 27-AS-20260123122247
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FACILITY NAME:	SAFE HAVEN OAKDALE LLC	FACILITY NUMBER:	502701433
ADMINISTRATOR:	GRIMESEY, AILEEN POQUIZ	FACILITY TYPE:	740
ADDRESS:	2912 WESTPORT CIRCLE	TELEPHONE:	(510) 224-6165
CITY:	OAKDALE	ZIP CODE:	95361
CAPACITY:	6	DATE:	05/21/2026
	STATE: CA	TIME BEGAN:	02:30 PM
	CENSUS: 5	TIME	03:30 PM
	UNANNOUNCED	COMPLETED:	
MET WITH:	Caregiver Emilie Carnicar		

ALLEGATION(S):

1	Facility did not ensure staff assisted resident with ADLs
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jason Lund arrived unannounced to complete a complaint
2	investigation. LPA Lund met with Caregiver Emilie Carnicar and explained the reason for the visit. LPA
3	Lund spoke with Facility Manager Ryan Alejo who gave permission for Caregiver Emilie Carnicar to sign
4	required paperwork. Census: 5
5	
6	Facility did not ensure staff assisted resident with ADLs - Based on records reviewed, Oakdale Police
7	report OP26-00201, interviews with staff, witnesses and residents in care. LPA Lund reviewed
8	Appraisal/Needs and Service plan dated 11/15/2025 for resident (R1) which states R1 has a history
9	intermittent episode of confusion, forgetfulness and difficulty managing day to day tasks. R1 has difficulty
10	in Self-Care and Activities of Daily Living (ADLs). Interviewing witness stated that their residents in care
11	were getting their ADLs met by staff and had no concerns.
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Unsubstantiated	Estimated Days of Completion: 90
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SUPERVISORS NAME: Lisa Rios	
LICENSING EVALUATOR NAME: Jason Lund	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/21/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 27-AS-20260123122247

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SAFE HAVEN OAKDALE LLC	FACILITY NUMBER: 502701433
	VISIT DATE: 05/21/2026

NARRATIVE	
1	. Staff interviewed stated that R1 would refuse to take showers and didn't have much clothing to meet
2	her needs and would have to wash them constantly. Oakdale Police investigated (Neglect) based on
3	statements provide and other residents stating they are taken care of, it was determined no crime had
4	occurred at this time when reviewing report.
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6	Based on records reviewed, Oakdale Police report OP26-00201, interviews with staff, witnesses and
7	residents in care, and staff the information provided, it was unclear if facility did not ensure staff assisted
8	resident with ADLs was deemed UNSUBSTANTIATED.
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10	The Department (CCLD) has found the allegations. Unsubstantiated.
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12	A finding that the complaint allegation(s) are UNSUBSTANTIATED means that although the allegation(s)
13	may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged
14	violation(s) occurred. Exit interview was conducted with and report left.
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