

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201409

Report Date: 11/13/2025

Date Signed: 11/13/2025 04:34:58 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	SAFE HAVEN OAKLEY LLC	FACILITY NUMBER:	079201409
ADMINISTRATOR/ALEJO, RYAN Q DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	228 GOLDEN STATE PARKWAY	TELEPHONE:	(408) 772-0256
CITY:	OAKLEY	STATE: CA	ZIP CODE: 94561
CAPACITY: 6		CENSUS: 6	DATE: 11/13/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 11:30 AM
MET WITH:	Flory Mae Muertequi, Caregiver	TIME VISIT/ INSPECTION	COMPLETED: 04:46 PM

NARRATIVE

1 On 11/13/2025 at 11:30AM, Licensing Program Analyst (LPA) T. Syess-Gibson arrived unannounced to
2 conduct Required 1 Year Annual inspection. LPA met with Flory Mae Muertequi, Caregiver and
3 explained the purpose of the visit. The facility has a fire clearance for two (2) ambulatory and four (4)
4 non-ambulatory residents. A hospice waiver for four (4) residents.

5
6 LPA toured facility with Flory Mae Muertequi, Caregiver including but not limited to bedrooms,
7 bathrooms, kitchen, common area and backyard. The facility consists of four (4) total bedrooms, and
8 three (3) bathrooms. All outdoor and indoor passageways are kept free of obstruction. There are no
9 bodies of water observed. A comfortable temperature is maintained at 70 degrees Fahrenheit. LPA
10 observed lighting in all rooms is adequate for the comfort and safety of the residents. The hot water
11 temperature in the resident's shared bathroom was measured at 109.6 degrees Fahrenheit. Residents'
12 bathrooms are equipped with grab bars and non-skid mats. There is a minimum of 7-day supply of
13 nonperishable and 2 days of perishable foods.

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15 Continues on LIC809C.....
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: Tonica Syess-Gibson

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 11/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 11/13/2025

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 OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: SAFE HAVEN OAKLEY LLC **FACILITY NUMBER:** 079201409
VISIT DATE: 11/13/2025

NARRATIVE	
1	Continued from LIC809.
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3	Smoke detectors and carbon monoxide detectors were in operating condition during visit. Fire
4	extinguisher was last serviced on 10/10/2025. First aid kit was observed to be complete. Fire drill last
5	conducted on 09/01/2025. Emergency disaster plan reviewed on 05/30/2025.
6	
7	Four (4) staff records were reviewed; all four (4) staff were associated and has FirstAid. LPA reviewed
8	six (6) resident records during visit.
9	
10	LPA requested the following documents to be submitted to CCLD by 11/20/2025 .
11	
12	<ul style="list-style-type: none"> • LIC 308 Designation of Administrative Responsibility
13	<ul style="list-style-type: none"> • LIC 309 Administrative Organization
14	<ul style="list-style-type: none"> • LIC 500 Personnel Report
15	<ul style="list-style-type: none"> • LIC 610E Emergency Disaster Plan (last page)
16	<ul style="list-style-type: none"> • Liability Insurance
17	<ul style="list-style-type: none"> • Updated Facility Sketch
18	
19	
20	LPA observed the following deficiencies during visit:
21	
22	<ul style="list-style-type: none"> • At 12:22PM, LPA observed Insulin, Sorbitol Solution, Geri-Tussin, Docusate Sodium Liquid and
23	<ul style="list-style-type: none"> Milk of Magnesia in resident's shared kitchen refrigerator.
24	
25	
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27	
28	Continues on LIC809C.....
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal NAME OF LICENSING PROGRAM ANALYST: Tonica Syess-Gibson LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/13/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/13/2025
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: SAFE HAVEN OAKLEY LLC **FACILITY NUMBER:** 079201409
VISIT DATE: 11/13/2025

NARRATIVE

1 Continued from LIC809C
 2
 3
 4
 5
 6 • At 1:42PM, LPA observed during file review, three (3) out of four (4) staff members are missing
 7 annual training records.
 8
 9
 10
 11 • At 1:56PM, LPA observed during file review, R1, R2, R3, R4, and R5 are non-ambulatory. R4 and
 12 R5 are in bedroom #4 that is approved for ambulatory only residents per fire clearance.
 13
 14
 15
 16 **Deficiencies are cited per Title 22 California Code of Regulations and listed on LIC809D. Failure**
 17 **to submit proof of corrections (POC) by plan of correction due date and/or any repeat**
 18 **deficiencies within a 12-month period may result in civil penalties.**
 19
 20 Exit interview conducted. Appeal rights and a copy of this report were provided to Flory Mae Muertequi.
 21
 22
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: Tonica Syess-Gibson
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 11/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 11/13/2025

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Created By: Tonica Syess-Gibson On 11/13/2025 at 03:30 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SAFE HAVEN OAKLEY LLC **FACILITY NUMBER:** 079201409
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/13/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87202(a)(1)	
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(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department, or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency(1)
 Nonambulatory persons.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation and record review, the licensee did not comply with the section cited above in
 2 having two (2) non ambulatory residents in an ambulatory only room#4 which poses an immediate
 3 health, safety or personal rights risk to persons in care.
 4

POC Due Date: 11/14/2025

Plan of Correction

1 Administrator agreed to obtain a new fire clearance, submit an updated facility sketch, residents roster
 2 and LIC200 to CCLD by POC date.
 3
 4

	Type A	Section Cited	CCR	87465(h)(2)	
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(h) The following requirements shall apply to medications which are centrally stored:
 (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
 This requirement is not met as evidenced by:

Deficient Practice Statement

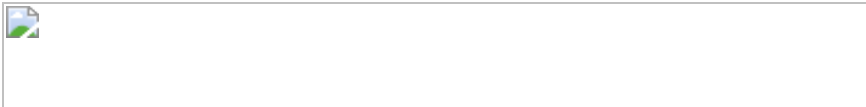
1 Based on observation, the licensee did not comply with the section cited above in having unlocked
 2 medications Insulin, in the residents shared refrigerator which poses an immediate health, safety or
 3 personal rights risk to persons in care.
 4

POC Due Date: 11/14/2025


Plan of Correction

1 Administrator agreed to place medicatios in a locked box or purchase a mini refrigerator for refrigerated
 2 medications and send CCLD an photo email by POC date.
 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:	Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST:	Tonica Syess-Gibson
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 11/13/2025

Created By: Tonica Syess-Gibson On 11/13/2025 at 04:13 PM
Link to Parent Document Below:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.696(a)	

Other Provisions

(a) All residential care facilities for the elderly shall provide training to direct care staff on postural supports, restricted conditions or health services, and hospice care as a component of the training requirements specified in Section 1569.625. The training shall include all of the following:


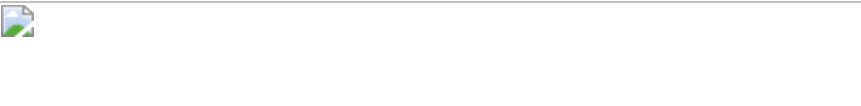
This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above in not having three (3) out of four(4) staff trainings in files which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 11/20/2025	
Plan of Correction	
1	Administrator agreed to provide training to all direct staff and submit training transcripts and certificates with topics and date of completion to CCLD by POC date.
2	
3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
1	
2	
3	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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