

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201513

Report Date: 03/17/2025

Date Signed: 03/17/2025 11:24:31 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRALIZED APP UNIT, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: SAFE HAVEN ROSE GARDEN LLC	FACILITY NUMBER: 079201513
ADMINISTRATOR/GRIMESEY,RICHARD	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2967 HONOR WAY	TELEPHONE: (510) 224-7357
CITY: BRENTWOOD	STATE: CA
CAPACITY: 6	ZIP CODE: 94513
TYPE OF VISIT: Office	CENSUS: ANNOUNCED
	DATE: 03/17/2025
	TIME VISIT/INSPECTION BEGAN: 11:00 AM
MET WITH: RICHARD GRIMESEY, KEVIN PARKER	TIME VISIT/INSPECTION COMPLETED: 11:20 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Initial
3	Capacity: 6
4	Census (if any clients in care): 0
5	COMP II Participants: RICHARD GRIMESEY, KEVIN PARKER
6	Interview Method: Telephone interview
7	
8	
9	
10	On March 17, 2025, applicant/administrator participated in COMP II. Identification of
11	the applicant and administrator was verified through interview questions based on
12	photo ID and other identifying personal information. During COMP II, applicant and
13	administrator confirmed the understanding of the California Code Title 22
14	Regulations. Signed LIC 809 with copy of photo ID have been obtained.
15	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
16	following areas:
17	
18	1. Facility operation: License type, client/resident populations, and program
19	2. Admission Policies
20	3. Staffing requirements & Training
21	4. Restricted/Prohibited Health Conditions
22	5. General provisions
23	6. Emergency Preparedness
24	7. Complaints & Reporting
25	8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Biridiana Cisneros
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 03/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 03/17/2025

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