DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

August 31, 2026 Certified Mail: 7022 1670 0001 3687 7409

THIS LETTER SENT VIA BOTH MAIL AND EMAIL.

Dana Jones
Executive Director
Renew Path Recovery LLC.
6300 Canoga Avenue, Suite 1320
Woodland Hills, California 91367

TRANSMITTAL OF INITIAL LICENSE – 330256AP

Dear Mr. Jones:

This letter transmits the initial license of compliance with California Code of Regulations, (CCR), Title 9 for which you applied.

We are pleased to inform you that Renew Path Recovery LLC, located at 25538 Maier Circle, Menifee, California 92585, is granted a one-year provisional license from September 1, 2026 through August 31, 2027. A licensee deemed to be in compliance with applicable statutes and regulations may continue to operate beyond the one-year provisional date until the expiration date of August 31, 2028.

The enclosed license shall remain in effect for the period indicated if the licensee complies with the following:

1. Operates in compliance with all statutes and regulations.
2. Has no change of ownership.
3. Remains at the same DHCS licensed and certified location with no substantial modifications in the physical facility.
4. Continues substantially the same program structure and modality of service(s).
5. Retains the same program administrator or director.
6. Pays all applicable licensing and certification fees and/or civil penalties.

IT IS THE RESPONSIBILITY OF THE PROGRAM TO NOTIFY THE DEPARTMENT OF HEALTH CARE SERVICES IF ANY CHANGE OCCURS IN ITEMS 1 THROUGH 5.

DHCS may revoke, suspend or terminate a license if the licensee fails to comply with the provisions of licensure. The license shall automatically terminate if any change occurs in Item 2. If the licensee anticipates a change in Items 3 or 4, the licensee shall complete and submit a Supplemental Application (DHCS 5255) along with the supporting documentation

and required fee(s) to the Department to request approval to make the designated change(s). If a change occurs in Item 5, the licensee shall notify the Department by submitting the Administrator/Director Information (DHCS 5082) form.

We would like to thank you and your staff for the cooperation extended to us during the review of your initial application and compliance review. If you have any questions or concerns, please contact Pheej Cheng, Analyst II, at (916) 345-8918, or by email at Pheej.Cheng@dhcs.ca.gov.

Additionally, if you would like to become a Medi-Cal provider, you can now submit your application through the PAVE provider portal. For more information on Medi-Cal enrollment, please visit: https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx.

Sincerely,

VINCENT FONG
Supervisor
Substance Use Disorder Licensing and Certification Section

State of California

Department of Health Care Services

License

Provisional License until August 31, 2027

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Care Services (DHCS) hereby licenses:

RENEW PATH RECOVERY LLC.

to operate and maintain a non-medical adult residential alcohol and/or drug program using the following name and location:

RENEW PATH RECOVERY LLC.
25538 MAIER CIRCLE
MENIFEE, CALIFORNIA 92585

This license extends to the following services:

DETOXIFICATION, INCIDENTAL MEDICAL SERVICES, RECOVERY AND TREATMENT SERVICES

DHCS Provisional Level of Care Designation(s)
3.1 Clinically Managed Low-Intensity Residential Services
3.2 Clinically Managed Residential Withdrawal Management
3.3 Clinically Managed Population-Specific High-Intensity Residential Services
3.5 Clinically Managed High-Intensity Residential Services

Limitations or conditions are listed as follows:
Treatment/Recovery Capacity: ***6***
Total Occupancy for location is limited to: ***6***

MALES AND FEMALES

License Number: 330256AP

Effective Date: ***09/01/2026***
Expiration Date: ***08/31/2028***

JANELLE ITO-ORILLE, Division Chief

Complaints regarding services provided in this facility should be directed to:
Licensing and Certification Division
Complaint Coordinator – Complaints Section, MS 2601
Post Office Box 997413, Sacramento, California 95899-7413
PHONE: (877) 685-8333 / (916) 322-2911 – FAX: (916) 440-5094 – E-mail: SUDComplaints@dhcs.ca.gov

Post in a prominent location. This License is not transferable.

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