

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 015601083  
Report Date: 07/17/2025  
Date Signed: 07/17/2025 01:04:59 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/11/2025** and conducted by Evaluator Daisy Panlilio

	<b>COMPLAINT CONTROL NUMBER: 15-AS-20250711145942</b>
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<b>FACILITY NAME:</b> MARYMOUNT VILLA RETIREMENT CENTER	<b>FACILITY NUMBER:</b> 015601083
<b>ADMINISTRATOR:</b> DOLLY RIZVI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 345 DAVIS STREET	<b>TELEPHONE:</b> (510) 895-5007
<b>CITY:</b> SAN LEANDRO	<b>STATE:</b> CA
<b>CAPACITY:</b> 99	<b>ZIP CODE:</b> 94577
	<b>CENSUS:</b> 93
	<b>DATE:</b> 07/17/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 11:30 AM
<b>MET WITH:</b> Dolly Rizvi, Executive Director/Administrator	<b>TIME COMPLETED:</b> 02:00 PM

**ALLEGATION(S):**

1	Facility staff blocks an exit doors presenting a hazard to residents
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**INVESTIGATION FINDINGS:**

1	On 07/17/25 at 11:30AM, Licensing Program Analysts (LPA) D Panlilio and Y Brown conducted an
2	unannounced complaint visit, met with Executive Director/Administrator (ED/ADM). LPAs explained the
3	purpose of the visit with ADM. LPAs conducted interviews & record reviews and delivered investigation
4	findings to ADM.
5	
6	Allegation: Facility staff block exit doors presenting a hazard to residents
7	Investigation Finding: Substantiated
8	During investigation, LPAs interviewed staff (ED/ADM) and reporting party (RP) who confirmed that on
9	07/07/25 and 07/11/25 the emergency exit doors on the 3rd, 4th and 5th floors were still blocked with a
10	bench and a potted plant to prevent dementia residents from seeking an exit. ED/ADM stated that they
11	conducted a fire safety in-service training with all staff on 07/11/25, 07/14/25 and 07/15/25.
12	
13	Continued on next page, LIC 9099-C

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong  
**NAME OF LICENSING PROGRAM ANALYST:** Daisy Panlilio  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/17/2025

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

LIC9099 (FAS) - (06/04)

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**Control Number** 15-AS-20250711145942

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, STE. 310  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** MARYMOUNT VILLA RETIREMENT CENTER

**FACILITY NUMBER:** 015601083

**VISIT DATE:** 07/17/2025

### NARRATIVE

- 1 Based on LPA's interviews and record reviews which were conducted, the preponderance of evidence
- 2 standard has been met, therefore the above allegation(s) that facility staff block emergency exit doors
- 3 presenting a hazard to residents was found to be substantiated. This is a repeat violation of Title 22
- 4 Section 87203 Fire Safety which was issued on 02/21/25. An immediate civil penalty of \$500 is being
- 5 assessed due to fire clearance violation.
- 6
- 7 Deficiency is cited per Title 22 California Code of Regulations and listed on LIC9099D.
- 8
- 9 Failure to submit proof of correction (POC) by plan of correction due date and/or any repeat deficiencies
- 10 within a 12-month period may result in civil penalties.
- 11
- 12 Exit interview conducted. Appeal Rights and a copy of this report provided.
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**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong  
**NAME OF LICENSING PROGRAM ANALYST:** Daisy Panlilio  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/17/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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**FACILITY NAME:** MARYMOUNT VILLA RETIREMENT CENTER  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 015601083  
**VISIT DATE:** 07/17/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/17/2025 <b>Section Cited</b> CCR 87203	1 All facilities shall be maintained in 2 conformity with the regulations adopted 3 by the State Fire Marshal for the 4 protection of life and property against 5 fire and panic. 6 7	1 Deficiency cleared during visit on 2 07/17/25. 3 4 ED/ADM completed n-service staff re- 5 trainings on fire safety in compliance 6 with Section 87203 on 07/11/25, 7 07/14/25 and 07/15/25.
	8 This requirement was not met as 9 evidenced by staff failing to keep 10 emergency exit doors unobstructed 11 which posed an immediate health and 12 safety risk to residents in care. 13 14	8 An immediate civil penalty of \$500 is 9 being assessed due to fire clearance 10 violation. 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Bennett Fong <b>NAME OF LICENSING PROGRAM ANALYST:</b> Daisy Panlilio <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>		<b>DATE:</b> 07/17/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>		
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b> 07/17/2025