

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601083

Report Date: 01/28/2026

Date Signed: 01/28/2026 12:47:59 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:	MARYMOUNT VILLA RETIREMENT CENTER	FACILITY NUMBER:	015601083
ADMINISTRATOR/DOLLY RIZVI		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(510) 895-5007
ADDRESS:	345 DAVIS STREET	ZIP CODE:	94577
CITY:	SAN LEANDRO	STATE: CA	
CAPACITY:	99	CENSUS: 94	DATE: 01/28/2026
TYPE OF VISIT:	Case Management - Health Checks	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 11:00 AM
MET WITH:	Dolly Rizvi, Administrator	TIME VISIT/INSPECTION	COMPLETED: 01:10 PM

NARRATIVE

1 On 1/28/2026, at 11:00 AM, Licensing Program Analysts (LPAs), Y. Brown and P.
2 Manalo arrived unannounced conduct a case management health and safety check.
3 LPAs met with Dolly Rizvi, Administrator.
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5
6 LPAs toured the facility with the care staff including but not limited to residents' apartments, bathrooms,
7 multiple activity rooms, kitchen, common area and courtyard. There are no bodies of water observed.
8 LPAs observed lighting in all rooms are adequate for the comfort and safety of the residents.
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10 Residents' bathrooms are equipped with grab bars and non-skid mats. There is a minimum of one week
11 supply of nonperishable and 2-day of perishable foods.
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15 Continue on LIC809C.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: Yasamin Brown

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/28/2026

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Yasamin Brown On 01/28/2026 at 11:27 AM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
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FACILITY NAME: MARYMOUNT VILLA RETIREMENT CENTER


FACILITY NUMBER: 015601083

DEFICIENCY INFORMATION FOR THIS PAGE:


VISIT DATE: 01/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
<p>Type A 01/29/2026 Section Cited CCR 87309(a)</p>	<p>1 87309 Storage Space and Access (a) Except as specified in subsection (b), the licensee shall ensure that 2 disinfectants, cleaning solutions, 3 poisonous substances, knives, 4 matches, tools, sharp objects, and 5 other similar items which could pose a 6 danger to residents are in locked 7 storage and are not left unattended if outside the locked storage.</p> <p>This requirement is not met as evidenced by:</p>	<p>1 By POC date, the administrator agrees to remove the disinfectants and 2 cleaners like Lysol sprays, Petroleum 3 Jelly, Razor, and A+D Ointment and 4 send photo proof to CCLD. 5 6 7</p>	
	<p>8 Based on observation, the licensee did 9 not comply with the section cited above 10 in that disinfectants and cleaners like 11 Lysol sprays, Petroleum Jelly, Razor, 12 and A+D Ointment, were in an unlocked 13 cabinet in the common area where 14 residents have access which poses an immediate safety risk to persons in care.</p>		
	<p>Type B 02/04/2026 Section Cited CCR87309</p>	<p>1 87303 Maintenance and Operation (a) The facility shall be clean, safe, 2 sanitary and in good repair at all times. 3 Maintenance shall include provision of 4 maintenance services and procedures 5 for the safety and well-being of 6 residents, employees and visitors. 7 This requirement is not met as evidenced by:</p>	<p>1 By POC date, the administrator agrees to repair the missing handle cabinet 2 and the dresser and floor and send 3 photo proof to CCLD. 4 5 6 7</p>
		<p>8 Based on observation, the licensee did 9 not comply with the section cited above 10 in that the cabinet in the common area 11 on level 3 is missing a handle, dresser 12 and floor in room 315 is in disrepair, 13 which poses a potential safety risk to 14 persons in care.</p>	

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:	Yasamin Brown
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/28/2026

Created By: Yasamin Brown On 01/28/2026 at 11:50 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: MARYMOUNT VILLA RETIREMENT CENTER **FACILITY NUMBER:** 015601083
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 01/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 02/04/2026 Section Cited CCR 87303(e)(2)	1 (e) Water supplies and plumbing 2 fixtures shall be maintained as follows: 3 (2)Faucets used by residents for 4 personal care such... attain a 5 temperature of not less than 105 6 degree F (41 degree C) and not more 7 than 120 degree F (49 degree C). This requirement is not met as evidence by:	1 2 3 4 5 6 7	By POC date, the administrator agrees to adjust the water temperature and send photo proof to CCLD.
	8 Based on observation, the licensee did 9 not comply with the section cited above 10 in that the water temperature was 11 measured at 95.7 degrees Fahrenheit 12 in a random sample of residents shared 13 bathrooms 14 which poses a potential health and safety risk to persons in care.	8 9 10 11 12 13 14	
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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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	OAKLAND ASC, 1515 CLAY STREET, STE. 310
	OAKLAND, CA 94612

FACILITY NAME: MARYMOUNT VILLA RETIREMENT CENTER

FACILITY NUMBER: 015601083

VISIT DATE: 01/28/2026

NARRATIVE

1	Continued from LIC809.
2	
3	<u>The Following Deficiencies were observed during visit:</u>
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5	• At 10:41 am, LPAs observed that the cabinet in the common area on level 3 is missing a handle,
6	dresser and floor in room 315 is in disrepair.
7	
8	• At 10:51 am, LPAs observed that there were disinfectants and cleaners like Lysol sprays,
9	Petroleum Jelly, Razor, and A+D Ointment, in an unlocked cabinet in the common area.
10	• At 10:55 am, the water temperature was measured at 95.7 degrees Fahrenheit in a random
11	sample of residents shared bathrooms
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14	Deficiencies are cited per Title 22 California Code of Regulations and listed on LIC809D. Failure to
15	submit proof of corrections (POC) by plan of correction due date and/or any repeat deficiencies within a
16	12-month period may result in civil penalties.
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18	Exit interview conducted with Dolly Rizvi and a copy of the appeal rights and this report provided.
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NAME OF LICENSING PROGRAM ANALYST: Yasamin Brown

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