

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200989
Report Date: 05/18/2021
Date Signed: 05/18/2021 04:26:40 PM

Document Has Been Signed on 05/18/2021 04:26 PM - It Cannot Be Edited

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
FACILITY EVALUATION REPORT	

FACILITY NAME: ZANNAT BOARDING CARE, INC	FACILITY NUMBER: 079200989
ADMINISTRATOR: KAUR, NAVDEEP	FACILITY TYPE: 740
ADDRESS: 5257 MOHICAN WAY	TELEPHONE: (510) 932-6827
CITY: ANTIOCH	STATE: CA
CAPACITY: 6	ZIP CODE: 94531
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Navdeep Kaur, Administrator	DATE: 05/18/2021
	UNANNOUNCED TIME BEGAN: 02:34 PM
	TIME COMPLETED: 04:35 PM

NARRATIVE	
1	On 05/18/21 at 2:40PM, Licensing Program Analyst (LPA) Daisy Panlilio conducted
2	an infection control annual inspection and explained the purpose of the visit with
3	administrator. LPA observed 4 staff wearing face masks during visit with 4 residents
4	watching TV with face masks during visit. Facility has a completed mitigation plan in
5	place dated 04/22/2021 to mitigate the spread of COVID-19. LPA discussed the
6	completed mitigation plan (LIC 808) with administrator as well as COVID-19 infection
7	control practices. LPA inspected the facility inside and outside. LPA observed
8	screening station located near the front entrance with visitor's log, hand sanitizer,
9	gloves, face masks and no touch temperature probe.
10	
11	
12	
13	Routine symptom screening (+/-) temperature and symptom check) is done at entry
14	for all staff, residents and visitors. LPA observed COVID-19 signages posted in
15	common areas to promote hand washing, cough/sneeze etiquette and physical
16	distancing. Facility documents daily temperatures and COVID-19 symptom checks
17	for staff and residents. Pathways were observed to be free of obstruction and fire
18	hazards. Facility has 2 living areas with furnitures spaced six feet apart for social
19	distancing among residents.
20	
21	
22	
23	Continued on next page LIC 809-C
24	
25	

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/18/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/18/2021

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

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ZANNAT BOARDING CARE, INC

FACILITY NUMBER: 079200989

VISIT DATE: 05/18/2021

NARRATIVE

1 A written Emergency/Disaster plan dated 03/19/2021 was posted in a common
2 hallway leading to the living room. Centrally stored medications were locked in
3 kitchen cabinets. Sharp objects were locked in the kitchen drawers. Toxic chemicals
4 were locked in the laundry room. LPA observed PPE cart located outside of isolation
5 room. Facility has conducted staff training on infection prevention, symptoms,
6 transmission and proper donning & doffing of PPE. Trash bins with lid operated with
7 foot pedal were located inside bedrooms, bathrooms and kitchen.
8
9
10
11 Infection control designated leader is the administrator. All staff and residents have
12 been fully vaccinated since January 2021. There was at least 7 days of
13 nonperishable and 2 days of perishable foods. Emergency food supplies were
14 observed stored in the garage. Facility room temperature was maintained at 74
15 degrees Fahrenheit. A certified administrator is on site a minimum of 20 hours a
16 week to oversee proper business operation and compliance with COVID-19 infection
17 control practices. Fire extinguisher was observed fully charged. Smoke and Carbon
18 monoxide detectors were operational.
19
20
21 Updated copies of the following documents were requested for facility file and are to
22 be submitted to CCL on or before 05/20/2021:
23
24 • LIC500- Personnel Report
25 • LIC308- Designation of Facility Responsibility
26 • LIC610E- Emergency/Disaster Plan
27 • Evidence of Liability Insurance
28
29
30 No deficiencies cited during this visit. Exit interview conducted and a copy of this
31 report provided to administrator.
32

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/18/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/18/2021