

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200989
Report Date: 07/22/2025
Date Signed: 07/22/2025 03:34:15 PM

Document Has Been Signed on 07/22/2025 03:34 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
DIRECTOR:	
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
	DATE: 07/22/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 01:00 PM
MET WITH: Navdeep Kaur, Administrator	TIME VISIT/ INSPECTION
Fe Valdez, Staff S1)	COMPLETED: 05:30 PM

NARRATIVE	
1	On 07/22/25 at 1PM, Licensing Program Analyst (LPA) D Panlilio arrived unannounced to conduct an
2	annual required inspection. LPA met with staff (S1) and spoke to administrator (ADM) on the phone who
3	authorized S1 to act on her behalf and sign the reports. LPA explained the purpose of the visit with ADM
4	and S1. LPA observed ADM has a current administrator certificate# 7017893740 which expires
5	12/13/2026.
6	
7	LPA toured the facility including but not limited to the front entrance, screening station, kitchen,
8	bathrooms, bedrooms and common areas. There is one central entry point for universal screening for
9	staff, clients and visitors. A sign-in policy, visitor's logs, no touch thermometer, additional face masks and
10	hand sanitizer were observed at the screening station. Emergency Disaster Plan, Complaint poster,
11	Personal rights, Cough/sneeze etiquette, proper hand-washing signs were observed posted in common
12	areas. Facility has a sufficient 2-day perishable and 7-day non-perishable food supply. Facility has a 30-
13	day supply of PPEs, paper, medications locked in cabinets. Comfortable temperature is maintained at
14	77 deg F. Facility has a mitigation plan in place and the infection control leader is the administrator.
15	Inside and outside pathways were free of obstruction and fire hazards. Smoke and Carbon monoxide
16	detectors were operational. Fire extinguisher was observed fully charged and purchased on 04/09/25.
17	
18	Updated copies of the following documents were obtained from administrator:
19	<input type="checkbox"/> LIC500 - Personnel Report
20	<input type="checkbox"/> LIC9020 - Resident Roster
21	<input type="checkbox"/> LIC308 - Designation of Facility Responsibility
22	<input type="checkbox"/> LIC610E - Emergency/Disaster Plan including infection control plans
23	<input type="checkbox"/> Evidence of Liability Insurance
24	
25	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong	
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/22/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/22/2025

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.

<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 CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
---	---

FACILITY NAME: ZANNAT BOARDING CARE, INC

FACILITY NUMBER: 079200989

VISIT DATE: 07/22/2025

NARRATIVE	
1	Deficiency is cited per Title 22 California Code of Regulations and listed on LIC809D. Failure to submit
2	proof of correction (POC) by plan of correction due date and/or any repeat deficiencies within a 12-
3	month period may result in civil penalties.
4	
5	Updated copies of the following documents were obtained for facility files:
6	
7	
8	<input type="checkbox"/> LIC500- Personnel Report
9	<input type="checkbox"/> Client Roster
10	<input type="checkbox"/> LIC 308- Designation of Facility Responsibility
11	<input type="checkbox"/> LIC610E- Emergency/Disaster Plan including infection control plans
12	<input type="checkbox"/> Evidence of Surety Bond
13	
14	
15	Exit interview conducted, appeal rights and a copy of this report provided.
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

<p>NAME OF LICENSING PROGRAM MANAGER: Bennett Fong</p> <p>NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio</p> <p>LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 07/22/2025</p>
--	--------------------------------

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

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 07/22/2025</p>
--	--------------------------------