

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 079200989

Report Date: 10/21/2025

Date Signed: 10/21/2025 05:26:21 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/16/2025** and conducted by Evaluator Daisy Panlilio

	COMPLAINT CONTROL NUMBER: 15-AS-20251016181905
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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	ZIP CODE: 94531
CAPACITY: 6	DATE: 10/21/2025
MET WITH: Navdeep Kaur, Administrator	UNANNOUNCED TIME BEGAN: 04:00 PM
	TIME COMPLETED: 06:30 PM

ALLEGATION(S):

1	Staff are utilizing an object to lock facility door from inside.
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INVESTIGATION FINDINGS:

1	On 10/21/25 at 4PM, Licensing Program Analyst (LPA) D Panlilio conducted a complaint visit, gathered information and delivered investigation finding to administrator (ADM). LPA explained the purpose of the visit with ADM.
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5	Allegation: Staff are utilizing an object to lock facility door from inside
6	Finding: Substantiated
7	During investigation, LPA interviewed reporting party (RP), facility staff (S1) and toured the facility. On
8	10/21/25 at 4:10PM, LPA observed S1 securing the front door bolt and handle with a plastic insert lock
9	stopper. S1 stated they have a resident who always wants to leave the facility, so they use the plastic
10	insert lock stopper to prevent her from exiting the facility.
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12	Continued on next page, LIC9099-C
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Daisy Panlilio
LICENSING EVALUATOR SIGNATURE: _____
DATE: 10/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 10/21/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 15-AS-20251016181905

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
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ZANNAT BOARDING CARE, INC **FACILITY NUMBER:** 079200989
VISIT DATE: 10/21/2025

NARRATIVE	
1	Based on interviews and observations which were conducted, the preponderance of evidence standard has been met and the above allegation(s) that staff are utilizing an object to lock facility door from the inside is substantiated.
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5	Deficiency is cited per Title 22 California Code of Regulations and listed on LIC9099D. Failure to submit proof of correction (POC) by plan of correction due date and/or any repeat deficiencies within a 12-month period may result in civil penalties.
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9	Exit interview conducted. Appeal rights and a copy of this report provided.
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SUPERVISORS NAME: Bennett Fong
LICENSING EVALUATOR NAME: Daisy Panlilio
LICENSING EVALUATOR SIGNATURE: _____
DATE: 10/21/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 10/21/2025

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 15-AS-20251016181905

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE.
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

310
OAKLAND, CA 94612

FACILITY NAME: ZANNAT BOARDING CARE, INC
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 079200989
VISIT DATE: 10/21/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/07/2025 Section Cited CCR 87468.1(a)(6)	1 To leave or depart the facility at any 2 time and to not be locked into any 3 room, building, or on facility premises 4 by day or night... 5 6 7	1 By POC due date, ADM agrees to 2 complete and submit to CCLD in- 3 service staff retraining on residents' 4 personal rights in compliance with 5 Section 87468.1(a)(6). 6 7
	8 This requirement was not met as 9 evidenced by staff using a plastic lock 10 over the front door bolt and handle to 11 prevent residents from leaving the 12 facility which pose a potential health & 13 safety risk to residents in care. 14	8 9 10 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.

SUPERVISORS NAME: Bennett Fong	
LICENSING EVALUATOR NAME: Daisy Panlilio	
LICENSING EVALUATOR SIGNATURE:	DATE: 10/21/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/21/2025