

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306001360

Report Date: 09/23/2025

Date Signed: 09/23/2025 02:40:58 PM

Document Has Been Signed on 09/23/2025 02:40 PM - It Cannot Be Edited

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868 |
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| FACILITY NAME: | BUBBE & ZAYDE'S PLACE III | FACILITY NUMBER: | 306001360 |
| ADMINISTRATOR/DIRECTOR: | BONNIE CURKIN | FACILITY TYPE: | 740 |
| ADDRESS: | 1530 E. 21ST STREET | TELEPHONE: | (714) 543-3939 |
| CITY: | SANTA ANA | STATE: | CA |
| CAPACITY: | 6 | ZIP CODE: | 92705 |
| TYPE OF VISIT: | Required - 1 Year | CENSUS: | 4 |
| | | DATE: | 09/23/2025 |
| | | UNANNOUNCED TIME VISIT/INSPECTION: | 09:30 AM |
| MET WITH: | Supervisor Juana Gonzalez | BEGAN: | |
| | | TIME VISIT/INSPECTION: | 12:30 PM |
| | | COMPLETED: | |

| NARRATIVE | |
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| 1 | On September 23, 2025, Licensing Program Analyst (LPA) Brandon Lopez made an unannounced visit |
| 2 | to the facility to conduct the required annual inspection. LPA was greeted and granted entry into the |
| 3 | facility by care giving staff after explaining the purpose for the visit. Administrator (AD) Shimon Cagan |
| 4 | was notified via telephone but could not arrive to assist with today's inspection. LPA observed that |
| 5 | Shimon Cagan has a valid Administrator certificate which expires on November 21, 2025. |
| 6 | |
| 7 | The facility is a Residential Care Facility for the Elderly (RCFE) licensed for six non-ambulatory |
| 8 | residents and has a hospice waiver for four. The facility is a single story home with four resident |
| 9 | bedrooms, two of which can be shared, two shared resident bathrooms, a living room, a dining room, a |
| 10 | kitchen, a laundry room, and an attached two car garage. LPA, accompanied by a care giving staff, |
| 11 | conducted a tour of the interior portions of the facility. On today's visit, there were four residents in care. |
| 12 | LPA inspected the four resident bedrooms and observed them to be free of any hazards. Resident |
| 13 | bedrooms had the required furnishings of a bed, a chair, a chest of drawers, and a lamp. LPA observed |
| 14 | resident beds to have clean linens and blankets. LPA observed additional linens to be stored in a |
| 15 | hallway closet. LPA inspected the two shared resident bathrooms. Bathrooms were equipped with grab |
| 16 | bars and non-skid floor mats. Faucets and toilets were operational. Hot water temperature measured |
| 17 | between 108.1 and 108.8 degrees Fahrenheit. |
| 18 | |
| 19 | LPA observed the facility has a two day perishable and a seven day non-perishable food supply in the |
| 20 | kitchen. LPA observed kitchen knives and sharps to be stored in a locked kitchen cabinet. LPA observed |
| 21 | kitchen appliances such as the refrigerator, stove, and microwave to be clean and operational. LPA |
| 22 | observed fire extinguishers to be mounted on the wall in the kitchen and in the resident hallway. |
| 23 | CONTINUED ON LIC809-C |
| 24 | |
| 25 | |

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| NAME OF LICENSING PROGRAM MANAGER: Sheila Santos NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez |
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LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 09/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 09/23/2025

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.

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| <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 ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868</p> |
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FACILITY NAME: BUBBE & ZAYDE'S PLACE III

FACILITY NUMBER: 306001360

VISIT DATE: 09/23/2025

| NARRATIVE | |
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| 1 | LPA observed fire extinguishers to be charged and serviced as of May 9, 2025. LPA tested the wired |
| 2 | smoke detectors/carbon monoxide detectors which tested operational. LPA observed the centrally |
| 3 | stored medication to be kept in a locked closet. LPA observed a First Aid Kit to also be kept in the locked |
| 4 | closet and it had all the required components. LPA observed the laundry room to be clear of any |
| 5 | hazards. LPA observed the door leading to the attached two car garage to be kept locked and |
| 6 | inaccessible to resident in care. LPA observed the garage to be used for storage. LPA observed |
| 7 | chemicals and toxins to be kept in the locked garage. LPA observed the facility has a three day |
| 8 | emergency food and water supply stored in the garage. |
| 9 | |
| 10 | LPA, accompanied by a care giving staff, conducted a tour of the exterior portion of the facility. The |
| 11 | exterior was observed to be free of any obstructions of hazards. LPA observed a shaded outdoor |
| 12 | seating area with furniture for resident use. LPA observed a fountain in the backyard which was |
| 13 | adequately fenced for resident safety. LPA observed the exterior gate to be self latching and can be |
| 14 | opened in an evacuation. |
| 15 | |
| 16 | LPA reviewed all four resident files. All the required documentation were present and current in the |
| 17 | resident files reviewed. LPA reviewed residents' medication and medication administration records. LPA |
| 18 | reviewed three staff files. All staff are background cleared and associated to the facility. |
| 19 | |
| 20 | Based on the observations made during today's visit, no deficiencies are being cited per the Title 22 of |
| 21 | the California Code of Regulations. An exit interview was conducted with an authorized facility |
| 22 | representative and a copy of the report was provided. |
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| NAME OF LICENSING PROGRAM MANAGER: Sheila Santos | |
| NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez | |
| LICENSING PROGRAM ANALYST SIGNATURE: | DATE: 09/23/2025 |

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| FACILITY REPRESENTATIVE SIGNATURE: | DATE: 09/23/2025 |
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