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Department of

SOCIAL SERVICES


Community Care Licensing


FACILITY EVALUATION REPORT

Facility Number: 306003949
Report Date: 07/18/2024
Date Signed: 07/18/2024 03:45:17 PM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: BUBBE & ZAYDE'S PLACE V		FACILITY NUMBER:	306003949
ADMINISTRATOR/SHIMON CAGAN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1534 21ST STREET	TELEPHONE:	(714) 542-0382
CITY:	SANTA ANA	STATE: CA	ZIP CODE: 92705
CAPACITY: 6		CENSUS: 5	DATE: 07/18/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	12:10 PM
MET WITH: Shimon Cagan-Licensee/Administrator		BEGAN: TIME VISIT/INSPECTION	04:10 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Jessica Cho arrived at the facility unannounced for the purpose of		
2	conducting the Required 1-Year annual inspection using the CARE Inspection Tool. LPA met with		
3	Licensee/Administrator Shimon Cagan and explained the reason for the visit.		
4			
5	The facility is a two story structure located in a residential neighborhood. Facility is licensed to operate		
6	for six (6) non-ambulatory and maintains a hospice waiver for four (4). There are five residents in care		
7	during today's visit with two caregivers on duty.		
8			
9	LPA observed the facility to be clean and sanitary. There are five resident bedrooms and two resident		
10	bathrooms. All common areas were inspected including the attached two car garage and the sun room		
11	which doubled as a laundry room. The residents' bedrooms were appropriately furnished. Beds and		
12	bedding supplies were in good condition, adequate lighting was provided, sufficient storage space for		
13	each residents' personal belongings were observed. Bathrooms were found to be in compliance, clean,		
14	and operational. The water temperature measured at 113.3 and 109.2 degrees Fahrenheit. Toxins,		
15	disinfectants, sharps, and medications were secured and inaccessible. LPA observed sufficient two-day		
16	supply of perishables and seven-day supply of non-perishable food available. LPA toured the exterior		
17	portion of the facility. LPA observed the outdoor passageway free of obstructions. The exit gate was self-		
18	closing and self-latching. LPA observed sufficient seating and shading. Facility maintains two fire		
19	extinguishers. Both were mounted, charged, and serviced on March 12, 2024. The auditory devices and		
20	dual-functioning smoke/carbon monoxide detectors were tested and operational. LPA observed the		
21	emergency disaster supplies including food/water in the garage. Emergency evacuation drills are being		
22	conducted quarterly. The first aid kit contains all necessary elements. A working facility telephone		
23	number, 714-542-0382, remains available.		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya			

NAME OF LICENSING PROGRAM ANALYST: Jessica Cho	
LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 07/18/2024

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 07/18/2024

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

LIC809 (FAS) - (06/04)	Page: 1 of 2
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
	ORANGE, CA 92868

FACILITY NAME: BUBBE & ZAYDE'S PLACE V	FACILITY NUMBER: 306003949
	VISIT DATE: 07/18/2024

NARRATIVE	
1	LPA observed the required 'See Something, Say Something' (PUB475) poster in the correct size posted
2	in the entry way. The Administrator's Certificate for Shimon Cagan expires on November 21, 2025,
3	August 21, 2024 for Administrator Seth Curkin, and October 11, 2024 for Bonnie Curkin.
4	
5	LPA conducted an audit of five residents' files and two personnel files. No discrepancies were noted.
6	Staff and resident interviews were conducted. Medications were audited for five residents. No
7	discrepancies noted.
8	
9	Based on the observations made during today's visit, no deficiency is being cited today. An exit interview
10	was conducted with Licensee/Administrator Shimon Cagan, and a copy of this report was provided at
11	the end of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya	
NAME OF LICENSING PROGRAM ANALYST: Jessica Cho	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/18/2024
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/18/2024