

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	92705
CAPACITY:	6	CENSUS: 5	DATE: 07/18/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	12:10 PM
		INSPECTION BEGAN:	
MET WITH:	Shimon Cagan-Licensee/Administrator	TIME VISIT/	04:10 PM
		INSPECTION	
		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)

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CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE
7100
ORANGE, CA 92868

FACILITY EVALUATION REPORT (Cont)

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.
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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