

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600657

Report Date: 07/07/2025

Date Signed: 07/07/2025 11:35:51 AM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 07/07/2025 11:35 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME: B & B RESIDENTIAL FACILITIES, INC.	FACILITY NUMBER: 415600657
ADMINISTRATOR/BULJAN, ANTE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3824 BERESFORD STREET	TELEPHONE: (650) 345-4095
CITY: SAN MATEO	STATE: CA
CAPACITY: 6	ZIP CODE: 94403
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
	DATE: 07/07/2025
	UNANNOUNCED TIME VISIT/INSPECTION: 09:00 AM
	BEGAN:
MET WITH: Administrator - Noralee Reyes	TIME VISIT/INSPECTION: 12:00 PM
	COMPLETED:

NARRATIVE	
1	On 07/07/2024, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced annual
2	inspection visit. LPA met with administrator Noralee Reyes and explained the purpose of today's visit.
3	There are 2 staff present and 6 residents in care at time of visit.
4	
5	This facility is licensed for ages 60 years and over. All may be non-ambulatory. Hospice wavier on file.
6	There is currently 1 resident on hospice at time of this inspection. LPA was allowed entry into the facility.
7	This is a multilevel facility but the residents only reside on the main floor where the front door is located
8	on the ground floor. The upper floor are rented out to private renters. Renters do not have access to the
9	residents in the facility. Annual fees are current. The physical plant was toured inside and outside to
10	ensure the safety of the residents. LPA observed the facility kitchen which is clean and observed
11	appliances are in good repair. Knives are stored and locked in the kitchen in a drawer adjacent to the
12	stove top. Medications are also locked in a cabinet in the main living room area. Perishable and non-
13	perishable food items are observed as in place. LPA advised that more canned goods to be in place.
14	There are additional refrigerator/freezer in the garage areas which also carry additional food supplies.
15	Laundry area is located in the garage and is in working condition during time of inspection. First aid kit is
16	observed as complete with required items. LPA observed fire extinguisher in place and charged within
17	operable range, smoke detector/carbon monoxide detectors are observed in place through out the
18	facility, and central heating/cooling system. PPE and additional food supplies are observed as in place.
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20	Continued on next page.
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NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Jaime Vado LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 07/07/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 07/07/2025
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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 Ill, 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 SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066</p>
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FACILITY NAME: B & B RESIDENTIAL FACILITIES, INC.

FACILITY NUMBER: 415600657

VISIT DATE: 07/07/2025

NARRATIVE	
1	Page 2
2	
3	Emergency exit routes are observed inside and outside to be free and clear of obstructions. Last
4	emergency/disaster drill was conducted on 06/15/2025. Water temperature was measured at 110F. All
5	resident rooms contain a half bath. Shower floor have non-skid mats when shower is in use in the
6	common bathroom located in the main hallway. LPA observed rooms at random and all appeared clean,
7	free of odors, and contained all the required furniture per regulatory recommendations. Resident linen
8	supplies are observed as in place stored in a closet that is locked with cleaning supplies.
9	
10	LPA reviewed 4 resident files and also reviewed 3 staff files on this day. Per resident files reviewed they
11	are current. Per staff files reviewed all files were current with training and CPR/First Aid. Client
12	medications are inspected and are current including facility medication administration records.
13	Administrator certificate is observed as current expiring on 09/24/2025.
14	
15	The following updated forms are requested to be submitted to CCLD by <u>07/14/2025</u> :
16	
17	• Copy of updated Administrator Certificates
18	• LIC308 Designation of responsible staff person
19	• LIC610E Emergency Disaster Plan
20	• LIC500 Staff Schedule
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23	No citations issued on this day. Report is reviewed with Noralee and a copy is provided.
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<p>NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Jaime Vado LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 07/07/2025</p>
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