

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 410508727

Report Date: 11/05/2025

Date Signed: 11/05/2025 01:27:18 PM

### COMPREHENSIVE INSPECTION

Document Has Been Signed on 11/05/2025 01:27 PM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: B & B RESIDENTIAL FACILITIES, INC.	FACILITY NUMBER: 410508727
ADMINISTRATOR/SLAVA AND ANTE BULJAN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 15 W. 38TH AVENUE	TELEPHONE: (650) 345-6580
CITY: SAN MATEO	STATE: CA
CAPACITY: 7	ZIP CODE: 94403
TYPE OF VISIT: Required - 1 Year	CENSUS: 7
	DATE: 11/05/2025
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 09:30 AM
MET WITH: Administrator - Ante Buljan	TIME VISIT/INSPECTION COMPLETED: 02:00 PM

### NARRATIVE

1 On 11/05/2025, Licensing Program Analyst (LPA) Vado Jaime Vado conducted an unannounced  
2 required - 1 year inspection visit. LPA met with administrator/licensee Ante Buljan and explained the  
3 purpose of today's visit. There are currently 7 residents in care and 4 staff present.  
4

5 This is a multi level facility. The second floor is where the licensee resides. licensed for residents age  
6 range of 60 years and over all of which may be non-ambulatory. License is approved for 5 hospice  
7 residents. Room 4 is the only cleared bedridden room. There are 2 hospice residents as of today's  
8 inspection visit. The physical plant was toured inside and outside of the facility to ensure the safety of  
9 the residents. There are no video cameras on site per the caregivers. LPA observed the facility kitchen  
10 which is clean and observed appliances that are in good repair. Knives are stored and locked in a  
11 drawer next to the sink. Perishable and non-perishable food items are observed as being in place  
12 meeting both the 2 day fresh food supply and 7 day emergency food supply requirement. There is an  
13 additional refrigerator/freezer in the garage area which carries additional food supplies for resident use.  
14 PPE and incontinence supplies are also stored in the garage area as in place. First aid kits are observed  
15 as complete with required items stored in the kitchen of the facility. Medications are observed to be  
16 locked in the kitchen in a kitchen cabinet. LPA observed at least two fire extinguishers in place which are  
17 currently within operating range, hard wired smoke detector, carbon monoxide detectors are observed in  
18 place through out the facility, and central heating/air conditioning. LPA also observed two fire pull  
19 stations in the rear and front of the facility.  
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21 Continued on next...  
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25

NAME OF LICENSING PROGRAM MANAGER: April Cowan

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 11/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 11/05/2025

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

**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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
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**FACILITY NAME:** B & B RESIDENTIAL FACILITIES, INC.

**FACILITY NUMBER:** 410508727

**VISIT DATE:** 11/05/2025

NARRATIVE	
1	Page 2
2	
3	Emergency exit routes are observed inside and outside to be free and clear of obstructions. Emergency
4	disaster drill last conducted on 10/06/2025. Water temperature was measured at 120F in the kitchen
5	and in a resident room in the back of the facility. Cleaning supplies are observed to be locked in the
6	kitchen below the sink, garage, and laundry room. LPA observed the laundry room, and both laundry
7	and dryer are operational. LPA observed all resident rooms as clean, free of odors, and contained all the
8	required furniture per regulatory recommendations. Resident bathrooms are observed as clean and in
9	good worker order. All resident room have their own full bathroom with showers. Shower floors are
10	equipped with non-skid mats or flooring. Facility has two fire extinguisher present. Both are charged and
11	ready for use with inspection dates on 10/02/2025. Medications and logs are observed today as current.
12	During today's inspection LPA reviewed 7 resident file and 4 staff files, which are all current.
13	Administrator certificate for Ante Buljan is observed as expired on 01/10/2027.
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15	The following updated forms are requested to be submitted to CCLD by <u>11/12/2025</u> :
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17	• Copy of updated Administrator Certificates
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20	There are no citations issued on this day. Report is reviewed with the licensee Ante Buljan and a copy is
21	provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> April Cowan	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Jaime Vado	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 11/05/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/05/2025
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