

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 355202348
Report Date: 03/12/2026
Date Signed: 03/13/2026 08:44:56 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: CLEARVIEW CAREHOMES,INC.		FACILITY NUMBER:	355202348
ADMINISTRATOR/FELICIDAD RAMOS KANKELBORG		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3370 CIENEGA ROAD	TELEPHONE:	(831) 637-2139
CITY:	HOLLISTER	STATE: CA	ZIP CODE: 95023
CAPACITY: 6		CENSUS:	DATE: 03/12/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	
		INSPECTION	03:00 PM
		BEGAN:	
MET WITH:		TIME VISIT/	
		INSPECTION	06:00 PM
		COMPLETED:	

NARRATIVE	
1	On 03/12/2026, Licensing Program Analyst(LPA) V Gorban arrived unannounced to conduct a Required
2	Annual Inspection. LPA met with administrator Felicidad Ramos Kankelborg and announced the purpose
3	of the inspection.
4	During the inspection, LPA toured the facility inside and outside. All passageways and exits were clear
5	and free from obstruction. Fires extinguishers were accessible and recently serviced. Smoke and carbon
6	monoxide detectors were present and functioning properly. LPA observed a sufficient supply of
7	foodstuffs which were properly stored and labeled. The outdoor areas were free from hazard and
8	provided adequate seating for all residents in a covered area. Resident medications were centrally
9	stored in a locked cabinet, and medications appeared to be administered properly.
10	
11	Fire extinguisher service date recorded on 12/01/2025. Last disaster drill conducted verbally, AD does
12	not recalls date. Common areas were clean, odor free, and adequately lit. Resident bedrooms and
13	bathrooms were clean, odor free, and provided the minimum required furnishings. Bathrooms were
14	clean and odor free. Non-skid mats and secure grab bars were observed in showers, and all fixtures
15	were functioning properly. Hot water was within required temperature range.
16	
17	At 3:00 PM during record review, AD provided incomplete emergency disaster plan. See attached
18	LIC809D for deficiency cited in accordance with Health and Safety Code, Section 1569.695(a). Facility
19	Administrator agreed to complete an Emergency Disaster Plan LIC610E for review by the department.
20	Appeal rights were provided to the Administrator.
21	Exit interview was conducted and a copy of this report with appeal rights was provided to administrator.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton	
NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2026

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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Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CLEARVIEW CAREHOMES,INC.

FACILITY NUMBER: 355202348

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/12/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87470(c)(1)(D)	
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Infection Control Requirements

(c) An Infection Control Plan shall be developed by the licensee and shall be included in the Plan of Operation required by Section 87208. (1) The Infection Control Plan shall include all of the following: (D) The licensee shall review the use of infection control procedures in the facility at least annually, if local government public health determines an epidemic outbreak has occurred, or if the review is requested by the local licensing agency.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	During annual insopection based on interview and record review, the licensee did not comply with the section cited above regarding Plan of Operations was unavailable / not provied to LPA forreview, which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 03/27/2026
	Plan of Correction
1 2 3 4	Administrator will review and update PPlan of Operations and will provideto LPA by mail/email by POC due date

	Type B	Section Cited	CCR	87311	
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Telephones

All facilities shall have telephone service on the premises. Facilities with a capacity of sixteen (16) or more persons shall be listed in the telephone directory under the name of the facility.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on observation and interview, the licensee did not comply with the section cited above in regarding working facility phone which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 03/20/2026
	Plan of Correction
1 2	Administrator will provide working telephone number for the facility

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Vadim Gorban
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/12/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/12/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87456(a)(3)	
Evaluation of Suitability for Admission					
(a) Prior to accepting a resident for care and in order to evaluate his/her suitability, the facility shall, as specified in this article 8: (3) Obtain and evaluate a recent medical assessment.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and interview and record review, the licensee did not comply with the section				
2	cited above in 1 out of 3 residents missing updated medical evaluation, which poses/posed a potential				
3	health, safety or personal rights risk to persons in care.				
4					
	POC Due Date: 03/19/2026				
	Plan of Correction				
1	Administrator will provide updated medical evaluation for resident Barney Wright				
2					
3					
4					
	Type B	Section Cited	CCR	87463(a)	

Reappraisals

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				

1	Based on interview and record review, the licensee did not comply with the section cited above in one out of three records reviewed, resident RP records missing updated reappraisal which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 03/12/2026	
Plan of Correction	
1	Administrator will follow up with reassessment for Robert Perez and provide to LPA
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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NAME OF LICENSING PROGRAM ANALYST:	Vadim Gorban
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