

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496803825
Report Date: 09/28/2021
Date Signed: 09/28/2021 02:00:10 PM

Document Has Been Signed on 09/28/2021 02:00 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: VINE RIDGE AT CLOVERDALE	FACILITY NUMBER: 496803825
ADMINISTRATOR: UBALLEZ, DAVID	FACILITY TYPE: 740
ADDRESS: 247 TREADWAY DRIVE	TELEPHONE: (707) 791-4787
CITY: CLOVERDALE	STATE: CA
CAPACITY: 58	ZIP CODE: 95425
TYPE OF VISIT: POC	CENSUS: 19
MET WITH: David Uballez	DATE: 09/28/2021
	UNANNOUNCED TIME BEGAN: 12:30 PM
	TIME COMPLETED: 02:00 PM

NARRATIVE	
1	Licensing Program Analyst Leibert arrived unannounced for the purpose of following up on citations
2	issued on 9/16/2021. Specifically, training for staff in the area of medical and dental care was agreed
3	upon to clear the deficiency. Administrator stated that all but one staff has completed the training. The
4	staff has been out on an approved leave but will return this week. Administrator will forward proof of
5	completed training for all staff by the end of this week, 10/01/2021.
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7	No deficiencies cited this visit.
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9	Administrator advised that failure to clear deficiency by 10/01/2021 may result in civil penalties.
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NAME OF LICENSING PROGRAM MANAGER: Carla Martinez
NAME OF LICENSING PROGRAM ANALYST: David Leibert

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/28/2021

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