



California Department of Public Health
Center for Healthcare Quality
Licensing & Certification Program

HFCIS DATA DISCREPANCY NOTIFICATION FORM

Use this form to report any incorrect HFCIS information and submit to the Facility's L&C District Office. Please indicate what information is incorrect and provide the correction. Please type. Use additional sheets if necessary.

Section 1:
Facility
Information

HFCIS Field	Incorrect information	Correct Information is:
Name		
Other Previous Name(s)		
Address		

Section 2:
License
Information

HFCIS Field	Incorrect information	Correct Information is:
Licensee Name		
Licensee Address		
License Number		
License Status		
License Category		
Initial License Date		
License Effective Date:		
Expiration Date		
Total License Capacity		
Bed Classification/Services		
Other Approved Services		

Section 3:
Certification
Information

HFCIS Field	Incorrect information	Correct Information is:
Provider Category		
Last Certification Inspection Status		
Certification Status		
Approval Date		

Section 4:
Complaints

HFCIS Field	Incorrect information	Correct Information is:
Complaint or Entity Reported Incident:		
Intake Received Date		
Intake ID		
Allegation Category		
Investigation Finding		
Number of Deficiencies		

**Section 4:
Complaints,
con't.**

Citations:		
Issue Date		
Category		
Class Assessed		
Violation Date		
Violation Code		
Associated Complaint		
Total Amount Due		
Total Balance Due		
Appealed		
Federal Deficiencies:		
Visit Type		
Survey Date		
Visit Number / Survey ID		
Deficiencies		
Remarks		

**Section 5:
Ownership
Information**

HFCIS Field	Incorrect information	Correct Information is:
Owner Name		
Facility Name		
Date of Ownership		
Type of Ownership		
Relationship to Facility		
Percent of Ownership		

**Contact
Information**
for person
completing
this form.

Name:	
Title:	
Facility Name / Address:	
Phone Number:	
Email Address:	
Fax Number:	

SIGNATURE: _____

DATE: _____

**FOR CDPH
USE ONLY**

Date Received:	
Data Verified	
Facility Notified:	

If facility-specific profile information or information regarding health facility officers, directors, partners, managers or administrators is incorrect because the information has changed and the facility did not notify Licensing & Certification, please complete either a new Licensing & Certification Application form (HS 200) or a new Applicant Individual Information form (HS 215A).