

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 054009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2008
NAME OF PROVIDER OR SUPPLIER RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA		STREET ADDRESS, CITY, STATE, ZIP CODE 760 WESTWOOD PLAZA LOS ANGELES, CA 90024		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments Surveyor: 17116 The following reflects the findings of the Department of Public Health during a complaint investigation. Complaint Number CA00143934 Inspection was limited to the specific complaints investigated, and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health: [REDACTED], Health Facilities Evaluator, Nursing	F 000		
F 476	T22 DIV5 CH2 ART6-71507(a)(9) Patients' Rights (9) All other rights as provided by law or regulation. [REDACTED] [REDACTED] [REDACTED]	[REDACTED]		

Licensing and Certification Division

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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F 476	Continued From page 1 [REDACTED]	[REDACTED]		

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F 476	Continued From page 2 [REDACTED]	[REDACTED]			
F 533	T22 DIV5 CH2 ART6-71535(a) Reporting (a) Reportable Diseases or Unusual Occurrences. All cases of reportable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 1, Chapter 4, Title 17, California Administrative Code. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors shall be reported as soon as reasonably practical, either by telephone or by telegraph, to the local health officer and to the Department. The hospital shall furnish such other pertinent information related to such occurrences as the local health officer of the Department may require. [REDACTED]	[REDACTED]			

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F 533	Continued From page 3 [REDACTED]	F 533		