

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

4.20

Printed: 07/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2015
NAME OF PROVIDER OR SUPPLIER VISTA KNOLL SPECIALIZED CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 WESTWOOD ROAD VISTA, CA 92083		
(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) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.</p> <p>ERI/Complaint # CA00439456</p> <p>The investigation was limited to the specific complaint/entity reported event and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health:Health Facilities Evaluator Nurse 22383</p> <p>No deficiencies were identified from this investigation</p>	F 000	<p>RECEIVED CA DEPT OF PUBLIC HEALTH</p> <p>JUL 27 2015</p> <p>LICENSING & REGULATION SAN DIEGO COUNTY HEALTH CARE DISTRICT OFFICE</p>	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.