California Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | CA920000076 | A. BUILDING _____ B. WING _____ | 05/29/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VALLEY MANOR CONV HOSP | 6120 N. VINELAND AVE NORTH HOLLYWOOD, CA 91606 |

| (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 |
|---|---|---|---|---|
| A 000 | Initial Comments<br><br>The following reflects the findings of the California Department of Public Health during a staffing visit:<br><br>Representing the Department:<br><br>[redacted] Associate Governmental Program Analyst.<br><br>Welfare and Institutions Code Section 14126.022 is attached hereto and incorporated herein as 'Attachment A.' The statute was met as evidenced by the following findings:<br><br>Based on record review and interview, the above nursing facility was found in compliance with Health and Safety Code 1276.5, the requirement for a minimum of 3.2 nursing hours per patient day, for 24 randomly selected days from<br><br>February 20, 2012 through May 6, 2012. | A 000 | | |

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/27/12