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

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MAKE OF PROVIDER OR BUPPLIER GOLDEN LIVING CENTER - HY-PANA (A) STATEMENT OF DEFICIENCES STOCKTON, CA 95207 (A) DESCRIPTION MUST BE PRECEDED BY PULL RECOVERING MUST BE PRECEDED BY PULL RECOVER BY AND PRECEDED BY AND PRE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055201	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 12/15/2015	
GOLDEN LIVING CENTER - HY-PANA STOCKTON, CA 95207 SUMMARY STATEMENT OF DEFICIENCIES FROM DEPOCHMENT OR USE DISTRIPTING INFORMATION) FROM INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of entity reported incident number CA00465275. Representing the Department of Public Health the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. The Department was unable to substantiate a violation of regulations.	Company of the compan						15/2015
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of entity reported incident number CA00463275. Representing the Department of Public Health HFEN, 14362 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. The Department was unable to substantiate a violation of regulations.					4545 SHELLEY COURT STOCKTON, CA 95207		
The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of entity reported incident number CA00463275. Representing the Department of Public Health: HFEN, 14362 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. The Department was unable to substantiate a violation of regulations.	(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
	F 000	The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of entity reported incident number CA00463275. Representing the Department of Public Health: HFEN, 14362 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. The Department was unable to substantiate a		F 000			
	LABORATOR	Y OIRECTOR'S OR PR	OVIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	12/27/2015		(XB) 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.