

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2011
NAME OF PROVIDER OR SUPPLIER DESERT MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 8815 CHOLLA AVE YUCCA VALLEY, CA 92284		
(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 The following reflects the findings of the California Department of Public Health (CDPH) during the investigation of complaint reported: CA00281411 Representing the California Department of Public Health: ID # 28626, HFEN This inspection was limited to a specific complaint investigated and does not represent the findings of a full inspection of the facility. No deficiencies were written as a result of the complaint reported for CA00281411.	A 000		

STATE OF CALIFORNIA
11 NOV -2 PM 1:55
LIC & CERT COUNTY
SAN BERNARDINO COUNTY

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

STATE FORM

001100

HSGP11

If continuation sheet 1 of 1