

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA920000024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2012
NAME OF PROVIDER OR SUPPLIER NORTH VALLEY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7660 WYNGATE ST TUJUNGA, CA 91042		
(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	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: [REDACTED] Associate Governmental Program Analyst.</p> <p>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:</p> <p>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</p> <p>November 8, 2011 through February 4, 2012.</p>	A 000		

Licensing and Certification Division

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

STATE FORM



TITLE Administrator (X6) DATE 9/20/12

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If continuation sheet 1 of 1