

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/14/2011
NAME OF PROVIDER OR SUPPLIER SPRINGS ROAD HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1527 SPRINGS ROAD VALLEJO, CA 94591		
(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 an investigation of the Entity Reported Incident # CA00273326 & CA00271784.</p> <p>Representing the California Department of Public Health was Health Facilities Evaluator Nurse, 2534.</p> <p>The investigation was limited to the specific ERI and does not represent the findings of a full inspection of the facility.</p> <p>NO DEFICIENCIES were issued for the Entity Reported Incident # CA00273326 & CA00271784.</p>	A 000		

Licensing and Certification Division

TITLE

(X6) DATE

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

STATE FORM

6899

MDCV11

If continuation sheet 1 of 1

@ 2/10/12