

California Department of Public Health

4-9-2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA030000008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/23/2012
NAME OF PROVIDER OR SUPPLIER COTTONWOOD HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 625 COTTONWOOD STREET WOODLAND, CA 95695		
(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 the investigation of complaint #CA00302468</p> <p>Representing the Department of Public Health: HFEN, 2311/27966</p> <p>The inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.</p> <p>The Department was unable to substantiate a violation of regulations.</p>	A 000			

Licensing and Certification Division

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

TITLE

(X6) DATE

ADMINISTRATOR

4/2/12