

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

PRINTED: 05/07/2019
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055693 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/01/2019 |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

HEALTHCARE CENTER OF BELLA VISTA

STREET ADDRESS, CITY, STATE, ZIP CODE

933 EAST DEODAR STREET

ONTARIO, CA 91764

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|--------------------------|--|---------------------|--|----------------------------|
| (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) COMPLETION DATE |
|--------------------------|--|---------------------|--|----------------------------|

F 000 INITIAL COMMENTS

The following reflects the findings of the California Department of Public Health during an abbreviated standard survey to investigate a complaint.

Complaint number: CA00619349

Representing the California Department of Public Health:

Surveyor: 37427

The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.

No deficiencies were issued for complaint number: CA00619349

F 000

6/19/19
S. Augustin
Administrator

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

TITLE

(X6) DATE

Dennis Pottroff

Administrator

5-9-19

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.