

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA230000024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/16/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - REDDING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1836 GOLD STREET REDDING, CA 96001</b>		
(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 during the investigation of an entity reported incident.  Entity reported incident: 279433  The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.  Representing the Department: 22709, HFEN  No deficiencies were issued for entity reported incident 279433.	A 000			

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Licensing and Certification Division

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

STATE FORM

6899

TVI911

TITLE

10/3/11

(X6) DATE

If continuation sheet 1 of 1