

PRINTED: 02/08/2012
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA030000560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/17/2011
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER <i>Horizon West-Sierra Hills</i>			STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY ROSEVILLE, CA 95661		
(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 complaint number CA00226891. Representing the Department of Public Health: HFEN, 2450/29328 HFEN, 27789 The inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility. The Department was unable to substantiate a violation of regulations.	A 000			

Licensing and Certification Division

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

STATE FORM

0099

VHCX 1

TITLE

Administrator

(X8) DATE

2/14/12

If continuation sheet 1 of 1