PRINTED: 05/05/2016

		HAND HUMAN SERVICES E & MEDICAID SERVICES			FORM	: 05/05/2016 APPROVED : 0938-0391	
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056410	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY GOMPLETED C		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CO		05/05/2016 ODE	
WHITNEY OAKS CARE CENTER				3529 WALNUT AVENUE CARMICHAEL, GA 95606		CZ5-18:16	
(X4) ID PRIEFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE	
FF T T T T T T T T T T T T T T T T T T	The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of entity reported incident #CA00481173. Representing the Department of Public Health: HFEN 29421 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. The Department was unable to substantiate a violation of regulations.		FO	TITLE			

by deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that either safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings etated above are disclosable 90 days allowing 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 rogram participation.