

SECTION 1424 NOTICE

CITATION NUMBER: 15-1284-0009314-S

Date: Time: _____

YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE FEDERAL STATUTES AND REGULATIONS

Type of Visit :
Incident/Complaint No.(s) : CA00290249

Licensee Name: State of CA Dept of Developmental Services
 Address: 1600 9TH STREET, RM 340 SACRAMENTO, CA 95814
 License Number: 150000089 Type of Ownership: State Agency

Facility Name: SONOMA DEVELOPMENTAL CENTER D/P ICFDD
 Address: 15000 Arnold Drive Glen Ellen, CA 95442
 Telephone:
 Facility Type: Intermediate Care Facility/Developmentally Disabled Capacity: 753
 Facility ID: 150000230

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS	PENALTY ASSESSMENT \$10,000.00	DEADLINE FOR COMPLIANCE
76301(e)	<p>CLASS A CITATION -- PATIENT CARE T22DIV5CH8ART3 76301e Required Services</p> <p>(e) Client care provided by all team members shall be safe and considerate as ordered or indicated by the needs of the client and in accordance with acceptable standards of practice.</p> <p>The facility violated the above regulation when it failed to provide [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		

Name of Evaluator: Linda Lucey HFEN Evaluator Signature : _____	Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE Signature : _____ Name : _____ Title : _____
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NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFETY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

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SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	[REDACTED]

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	<p>These failures presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result.</p>

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