

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA110001190</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/30/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHICO DIALYSIS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>530 COHASSET LANE CHICO, CA 95926</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	
L 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during an investigation of an entity reported incident.</p> <p>Entity Reported Incident: 263995</p> <p>The inspection was limited to the specific entity reported incident investigated and does not represent a full inspection of the facility.</p> <p>Representing the Department: 27519</p> <p>No deficiencies were issued for entity reported incident 263995.</p>	L 000			

Licensing and Certification Division

TITLE

(X6) DATE

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