

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA140001239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/14/2011
NAME OF PROVIDER OR SUPPLIER RAI - CESAR CHAVEZ - SAN FRANCISCO		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 CESAR CHAVEZ/ARMY ST SUITE A SAN FRANCISCO, CA 94124		
(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 entity-reported event investigation conducted 1/14/11.</p> <p>Representing the California Department of Public Health: Stella Tannehill, Health Facilities Evaluator Nurse.</p> <p>Entity-reported event investigated, CA00254296, regarding quality of care.</p> <p>No violation of State or Federal regulations were identified.</p> <p>The inspection was limited to the specific entity-reported incidents investigated and does not represent the findings of a full inspection of the facility.</p>	L 000		

Licensing and Certification Division

TITLE

(X6) DATE

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