

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CH240001797	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2009
NAME OF PROVIDER OR SUPPLIER ALMOND-WOOD DIALYSIS		STREET ADDRESS, CITY, STATE, ZIP CODE 501 E ALMOND AVENUE MADERA, CA 93637		
(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>Surveyor: 23046 The following reflects the findings of the California Department Public Health during an LICENSING visit.</p> <p>Representing the Department: Octavio E. Relopez, HFEN Lourdes Singh, HFEN</p> <p>Findings:</p> <p>Facility relocated to new address at 501 E. Almond Avenue, Madera. Recommend approval for increase in stations from 10 stations to 22 stations.</p> <p>All regulations met for licensure. Recommend approval effective January 15, 2009.</p>	L 000		

Licensing and Certification Division

TITLE

(X6) DATE

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