Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 051010	**(X3) Date Survey Completed** 03/12/2025
Name of Provider or Supplier Mountain Valleys Health Centers, Inc	**Street Address, City, State** 37491 Enterprise Drive, Burney, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	The following reflects the findings of the California Department of Public Health during an investigation of one facility reported incident. Facility Reported Incident: CA950285. The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was written for Facility Reported Incident CA00950285 at J 151.