Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 051117	**(X3) Date Survey Completed** 12/26/2023
Name of Provider or Supplier County Of Stanislaus	**Street Address, City, State** 401 East Paradise Road, Ste E, Modesto, 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	***AMENDED on 1/16/2024, to change J0150 to J0152*** The following reflects the findings of the California Department of Public Health, during the investigation of Complaint: CA00853753 Representing the California Department of Public Health: 48713 RN, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for Complaint: CA00853753