| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 051172 | 08/22/2019 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Clinicas Del Camino Real Inc. El Rio | 2600 East Vineyard Avenue, Oxnard, 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**<br>(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 a complaint.<br><br>Complaint number: CA00648012- Substantiated<br><br>Representing the Department:<br><br>40469- HFEN<br><br>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. |