Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	051824	10/30/2018
Name of Provider or Supplier	**Street Address, City, State**	
Camarena Health	344e 6th St, Madera, 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-Licensing and Certification during the investigation of Complaint CA00605167. Representing the California Department of Public Health-Licensing and Certification: 31505, Registered Nurse, Health Facility Evaluator Nurse. 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 written for complaint CA00605167.