Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 051931	**(X3) Date Survey Completed** 01/15/2026
Name of Provider or Supplier Salud Para La Gente	**Street Address, City, State** 204e Beach St, Watsonville, 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 the investigation of Complaint CA00983989 regarding Pharmaceutical Services. Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the complaint number: CA00983989 (Refer to Jtag 0125).