

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0643967	(X3) Date Survey Completed 03/02/2018
Name of Provider or Supplier Santa Clara County Public Health Department	Street Address, City, State 2220 Moorpark Ave, 2nd Flr, San Jose, 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
No Tags	No deficiency details available.