Department of Health Care Services
Licensing and Certification Division
MS 2600
PO Box 997413
Sacramento, CA 95899-7413

CONFIDENTIAL

CONFIDENTIAL NAMES

Statutes and regulations require that the names of residents/participants not be specified on the public documents. The following is a list of residents/participants referenced in the Detail Supportive Information form and/or the Program Investigative Report identified below.

PROGRAM/FACILITY NAME:	COMPLAINT INVESTIGATION NUMBER:
PROGRAM/FACILITY LOCATION:	PROGRAM/FACILITY IDENTIFICATION NUMBER:
ANALYST(S) NAME:	DATE(S) OF VISIT:

REFERENCE NUMBER	NAME OF RESIDENT/PARTICIPANT	DATE OF BIRTH	LOCATION/COMMENTS