DOCKETED

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TN #:	201620-61
Document Title:	AEC AFC Appendix 5.9A EDR Sensitive Receptor Report
Description:	Previously TN# 201494-2
Filer:	Tiffani Winter
Organization:	CH2M Hill
Submitter Role:	Applicant Consultant
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Appendix 5.9A
Sensitive Receptors Report

Alamitos Energy Center
690 North Studebaker Road
Long Beach, CA 90803

Inquiry Number: 3668921.1s
July 18, 2013

EDR Offsite Receptor Report

EDR® Environmental Data Resources Inc

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Milford, CT 06461
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Thank you for your business
Please contact EDR at 1-800-352-0050
with any questions or comments.

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EXECUTIVE SUMMARY

A search of available records was conducted by Environmental Data Resources, Inc. (EDR). The EDR Offsite Receptor Report provides information which may be used to comply with the Clean Air Act Risk Management Program 112-R. *"The rule requires that you estimate in the RMP residential populations within the circle defined by the endpoint for your worst-case and alternative release scenarios (i.e., the center of the circle is the point of release and the radius is the distance to the endpoint). In addition, you must report in the RMP whether certain types of public receptors and environmental receptors are within the circles."*

The address of the subject property, for which the search was intended, is:

ALAMITOS ENERGY CENTER
690 NORTH STUDEBAKER ROAD
LONG BEACH, CA 90803

Distance Searched: 6.000 miles from subject property

RECEPTOR SUMMARY
An X indicates the presence of the receptor within the search radius.

Residential Population
Estimated population within search radius: 585495 persons.

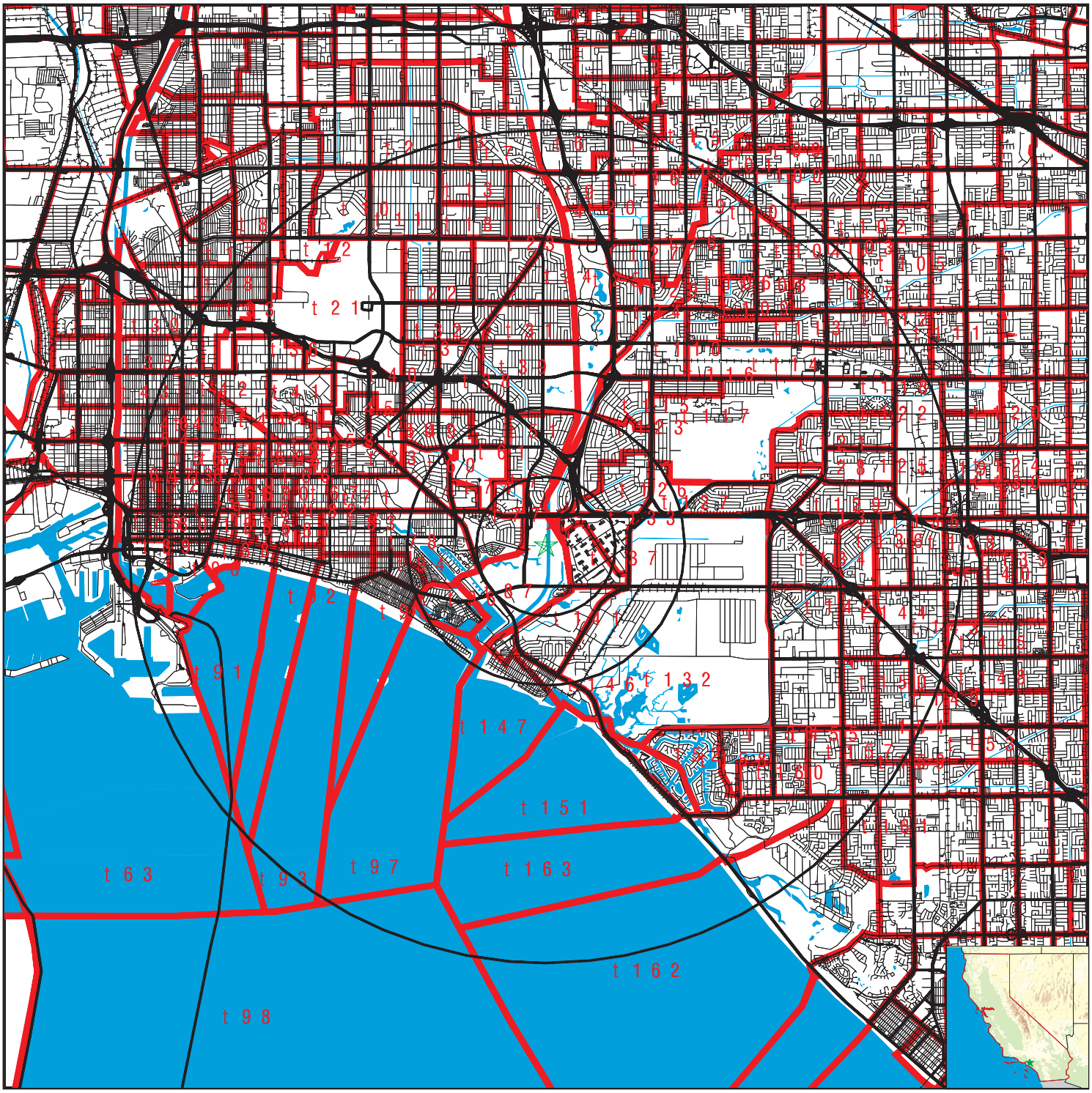
Other Public Receptors

Type	Within Search Radius	Sites Total
Day Care Centers:	X	644
Medical Centers:		
Nursing Homes:	X	23
Schools:	X	172
Hospitals:	X	751
Colleges:	X	8
Arena:	X	1
Prison:	X	2

Environmental Receptors

Type	Within Search Radius	Sites Total
Federal Land:	X	8

CENSUS MAP - 3668921.1s



★ Target Property
Roads
Waterways
Census Tracts

TARGET PROPERTY:	Alamitos Energy Center	CUSTOMER:	CH2M Hill, Inc.
ADDRESS:	690 North Studebaker Road	CONTACT:	Beth Smoker
CITY/STATE/ZIP:	Long Beach CA 90803	INQUIRY #:	3668921.1s
LAT/LONG:	33.7679 / 118.0984	DATE:	July 18, 2013 10:16 am

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CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq.mi.)
T1	5545.16	4524	1299.0	0.56	0.16
T2	5708.00	5464	949.2	0.92	0.16
T3	5709.02	3446	1551.1	0.41	0.18
T4	5545.15	3669	2110.0	0.46	0.27
T5	5545.19	3649	382.1	0.67	0.07
T6	5545.22	5413	3571.8	0.84	0.55
T7	5709.01	5669	3681.0	0.72	0.46
T8	5715.01	7882	185.1	0.94	0.02
T9	5550.01	5587	5587.0	0.50	0.50
T10	5713.00	4268	3284.8	0.81	0.62
T11	5712.00	7778	7754.6	1.02	1.01
T12	5714.00	4649	2850.8	0.82	0.50
T13	5711.01	4472	4472.0	0.52	0.52
T14	5710.00	5609	5609.0	0.69	0.69
T15	5551.03	4850	4850.0	0.40	0.40
T16	5551.02	6625	6625.0	0.57	0.57
T17	5719.00	5299	1063.4	0.76	0.15
T18	5711.02	3732	3732.0	0.50	0.50
T19	5551.04	4263	4263.0	0.33	0.33
T20	5550.02	3497	3497.0	0.33	0.33
T21	5735.00	1	1.0	3.33	3.33
T22	5736.00	5955	5955.0	0.93	0.93
T23	5737.00	4449	4449.0	0.69	0.69
T24	5738.00	4240	4240.0	0.59	0.59
T25	5739.01	0	0.0	1.33	1.33
T26	5552.12	4464	4464.0	0.28	0.28
T27	5552.11	6377	6377.0	0.32	0.32
T28	5720.01	5082	3317.0	0.55	0.36
T29	5552.02	3338	3338.0	0.42	0.42
T30	5722.01	6457	367.0	0.60	0.03
T31	5740.00	5129	5129.0	0.70	0.70
T32	5741.00	4896	4896.0	0.72	0.72
T33	5734.01	1407	1366.9	0.41	0.39
T34	5739.02	2242	2242.0	0.28	0.28
T35	5722.02	3713	1047.2	0.59	0.17
T36	5734.02	6216	6216.0	1.16	1.16
T37	5742.01	3000	3000.0	0.50	0.50
T38	5743.00	5598	5598.0	0.96	0.96
T39	5744.00	5106	5106.0	1.32	1.32
T40	5742.02	2103	2103.0	0.53	0.53
T41	5734.03	1715	1715.0	0.68	0.68
T42	5732.01	5056	5056.0	0.24	0.24
T43	5731.00	7291	2365.8	0.46	0.15
T44	5733.00	4255	4255.0	0.29	0.29
T45	5750.01	3092	3092.0	0.36	0.36
T46	5730.01	7108	2394.5	0.34	0.11
T47	5732.02	5697	5697.0	0.25	0.25
T48	5730.02	4180	4180.0	0.12	0.12
T49	5749.01	3538	3538.0	0.52	0.52
T50	5749.02	4730	4730.0	0.31	0.31
T51	5745.00	6331	6331.0	0.99	0.99
T52	5751.01	5196	5196.0	0.17	0.17
T53	5750.02	4548	4548.0	0.37	0.37
T54	5754.01	5476	2881.4	0.35	0.18
T55	5753.00	4981	4981.0	0.25	0.25
T56	5754.02	3758	3758.0	0.12	0.12
T57	5752.01	5085	5085.0	0.22	0.22
T58	5751.03	5480	5480.0	0.19	0.19

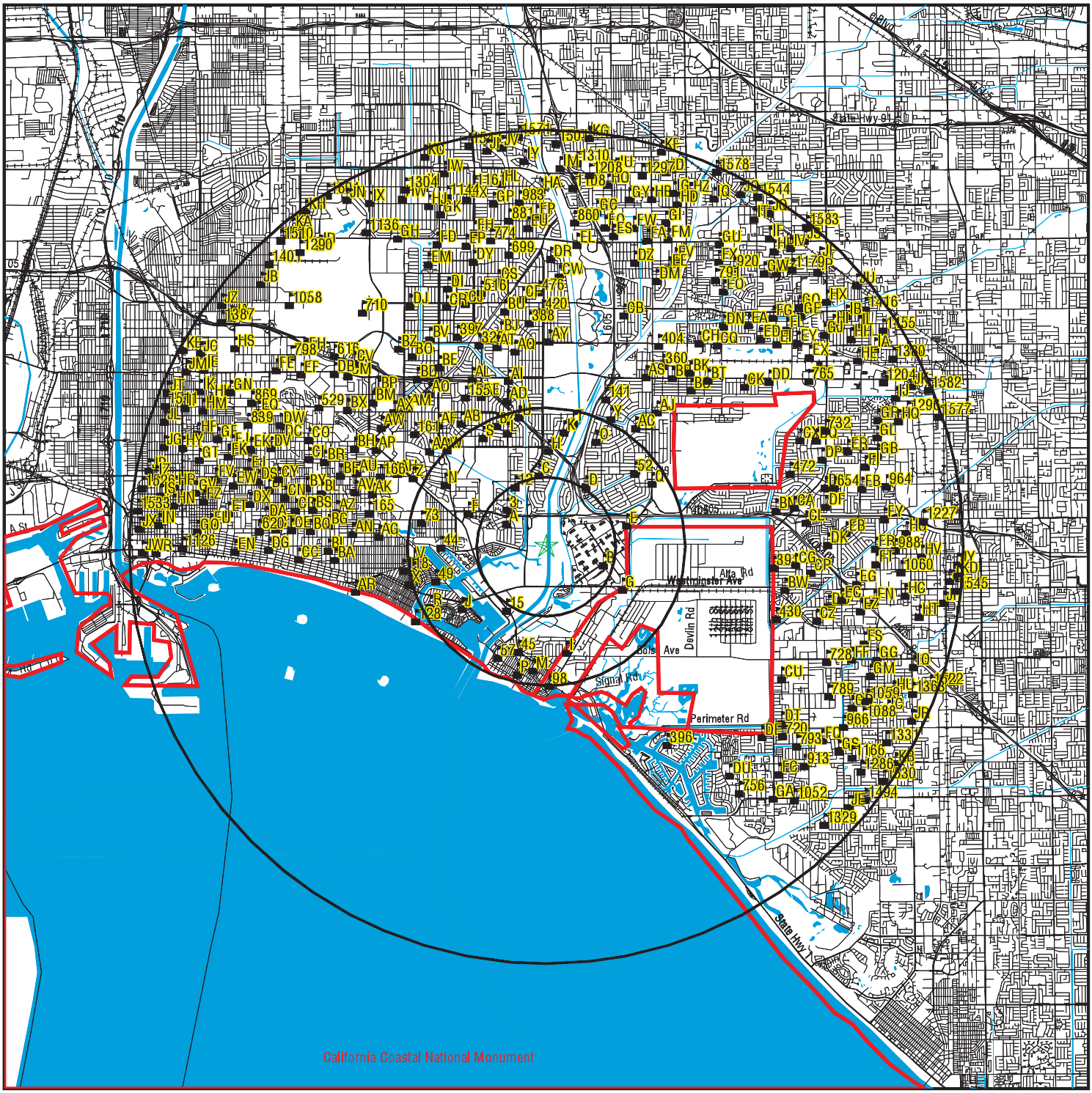
CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T59	5752.02	5347	5347.0	0.16	0.16
T60	5748.00	2865	2865.0	0.43	0.43
T61	5746.01	1714	1714.0	0.52	0.52
T62	5751.02	4810	4810.0	0.16	0.16
T63	5756.00	46	3.9	18.20	1.56
T64	5758.01	2721	1015.1	0.17	0.06
T65	5763.00	8912	8912.0	0.34	0.34
T66	5769.01	6379	6379.0	0.17	0.17
T67	5769.02	7877	7877.0	0.27	0.27
T68	5764.01	5066	5066.0	0.13	0.13
T69	5764.02	5575	5575.0	0.13	0.13
T70	5764.03	6082	6082.0	0.13	0.13
T71	5770.00	7054	7054.0	0.72	0.72
T72	5758.02	5433	5433.0	0.12	0.12
T73	5758.03	2968	2968.0	0.08	0.08
T74	5747.00	422	422.0	0.15	0.15
T75	5746.02	1223	1223.0	0.23	0.23
T76	5759.01	3825	2098.0	0.18	0.10
T77	5776.02	3390	3390.0	0.55	0.55
T78	5776.03	7791	7791.0	1.15	1.15
T79	5762.00	5652	5652.0	0.27	0.27
T80	5759.02	5108	5108.0	0.14	0.14
T81	5768.01	4682	4682.0	0.20	0.20
T82	5768.02	4162	4162.0	0.18	0.18
T83	5771.00	6521	6521.0	0.47	0.47
T84	5765.03	4723	4723.0	0.12	0.12
T85	5765.01	3669	3669.0	0.11	0.11
T86	5765.02	5092	5092.0	0.12	0.12
T87	5776.01	1201	1201.0	1.60	1.60
T88	5766.01	4395	4395.0	0.19	0.19
T89	5760.00	445	356.9	0.62	0.50
T90	5761.00	2669	2669.0	0.61	0.61
T91	5766.02	3874	3874.0	2.46	2.46
T92	5767.00	3851	3819.9	2.06	2.04
T93	5772.00	5447	4816.3	4.34	3.84
T94	5774.00	3092	3092.0	0.25	0.25
T95	5773.00	5497	5497.0	1.65	1.65
T96	5775.01	3379	3379.0	0.48	0.48
T97	5775.02	1506	1501.7	5.65	5.63
T98	5991.00	671	0.9	740.13	0.99
T99	1101.16	4848	6.2	0.47	0.00
T100	1101.02	5606	3199.5	0.59	0.34
T101	1101.11	5265	5265.0	0.84	0.84
T102	1102.01	7006	2.4	0.76	0.00
T103	1101.10	5704	3840.0	0.76	0.51
T104	1101.04	5765	5765.0	0.70	0.70
T105	1102.02	7757	1561.9	0.51	0.10
T106	1101.17	5721	5721.0	0.51	0.51
T107	1101.09	4680	4680.0	0.50	0.50
T108	1101.18	2791	2791.0	0.25	0.25
T109	1101.06	3611	3611.0	0.30	0.30
T110	1101.08	2766	2766.0	0.80	0.80
T111	0878.01	4890	1833.2	0.51	0.19

CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T112	1102.03	5453	5332.9	0.50	0.49
T113	1101.14	4837	4837.0	0.60	0.60
T114	1101.13	2437	2437.0	1.47	1.47
T115	1100.06	2898	2898.0	0.52	0.52
T116	1100.14	4673	4673.0	0.25	0.25
T117	1100.15	3536	3536.0	2.78	2.78
T118	1100.11	2748	2748.0	0.51	0.51
T119	0881.01	2167	2063.2	1.36	1.30
T120	0879.02	5983	219.3	0.43	0.02
T121	1100.01	4546	4546.0	0.47	0.47
T122	1100.10	4594	4594.0	0.51	0.51
T123	1100.07	4727	4727.0	0.98	0.98
T124	0881.04	4613	818.8	0.42	0.07
T125	1100.03	3175	3175.0	0.50	0.50
T126	1100.08	4304	4304.0	0.70	0.70
T127	1100.12	4876	4876.0	0.88	0.88
T128	1100.05	3159	3159.0	0.39	0.39
T129	1100.04	4661	4661.0	0.65	0.65
T130	0881.06	4450	1151.8	0.43	0.11
T131	0999.05	3272	3272.0	0.41	0.41
T132	0995.02	656	656.0	7.61	7.61
T133	0995.09	3689	3689.0	0.46	0.46
T134	0999.06	4788	4788.0	0.68	0.68
T135	0999.03	5608	5608.0	0.53	0.53
T136	0999.02	4638	4638.0	0.53	0.53
T137	0995.10	4217	4217.0	0.52	0.52
T138	0999.04	6801	6801.0	0.51	0.51
T139	0998.01	5564	1758.1	0.57	0.18
T140	0998.02	4057	1468.6	0.37	0.13
T141	0995.04	2511	2511.0	0.91	0.91
T142	0996.03	6253	6253.0	2.05	2.05
T143	0996.01	7336	7143.4	1.25	1.22
T144	0996.02	3211	3211.0	0.51	0.51
T145	0997.01	5836	255.2	0.76	0.03
T146	0995.12	2766	2766.0	0.48	0.48
T147	0995.11	3416	3416.0	2.19	2.19
T148	0997.02	8206	1.7	0.75	0.00
T149	0996.05	3723	3063.6	0.75	0.62
T150	0996.04	3735	3735.0	0.50	0.50
T151	0995.06	1267	1267.0	3.48	3.48
T152	0995.13	2341	2341.0	0.44	0.44
T153	0994.10	4234	105.0	0.51	0.01
T154	0994.06	4435	4267.2	0.50	0.48
T155	0994.08	3184	3184.0	0.51	0.51
T156	0995.08	4661	4661.0	0.47	0.47
T157	0994.07	2491	2491.0	0.49	0.49
T158	0995.14	5821	5821.0	0.93	0.93
T159	0994.05	4427	2961.6	0.50	0.33
T160	0994.16	4592	4592.0	0.25	0.25
T161	0994.04	4723	1280.3	0.55	0.15
T162	0994.15	5494	1463.9	15.83	4.22
T163	0994.17	3959	3959.0	4.94	4.94

RECEPTOR MAP - 3668921.1s



- Target Property
- Roads
- Waterways
- Environmental or Public Receptor
- Federal Lands Linear Features
- Federal Lands Area

0 2 4 8 Miles

N

TARGET PROPERTY:	Alamitos Energy Center	CUSTOMER:	CH2M Hill, Inc.
ADDRESS:	690 North Studebaker Road	CONTACT:	Beth Smoker
CITY/STATE/ZIP:	Long Beach CA 90803	INQUIRY #:	3668921.1s
LAT/LONG:	33.7679 / 118.0984	DATE:	July 18, 2013 10:18 am

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MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

A1
NW
1/2-1 mi
3003
Higher

SRPU20071014021
Public Schools

Ncessch:	062250002730
Schname05:	KETTERING ELEMENTARY
Mstreet05:	550 SILVERA AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90803
Mzip405:	2127
Member05:	360
Phone05:	(562) 598-9486
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014021

A2
WNW
1/2-1 mi
4149
Higher

SRDCCA200704820
Daycare

EDR ID:	SRDCCA200704820
Facility number:	191607228
Facility name:	JAVADINOVIN FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6235 PARIMA STREET
City:	LONG BEACH
State:	CA
Zip:	90803
Alt. address:	6235 PARIMA STREET
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	"JAVADINOVIN, SHAHLA & ABBAS "
Licensee type:	A
License effective date:	941112
License expiration date:	Not Reported
License issue date:	911112
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	911015
Facility closed date:	Not Reported
Mailing address:	6235 PARIMA STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90803
Contact person:	"JAVADINOVIN, SHAHLA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625984757

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
3			SRHO20070131677
NW	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4241	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	EDGAR R PALAREA MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921218	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0555041	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	6390 ROCHELLE LANE	
	Phone num:	5625960003	
	Termination reason:	01	
	Term Date:	19960801	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90815	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131677	

B4			SRHO20070152491
ESE	Hospital type:	01	AHA Hospitals
1/2-1 mi	Num of times COO:	00	
4502	Owner date:	Not Reported	
Higher	City:	SEAL BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	LEISURE WORLD HEALTH CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980612
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0947323
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1661 GOLDEN RAIN ROAD
Phone num:	5624939581
Termination reason:	00
Term Date:	20080611
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152491

B5
ESE
1/2-1 mi
4502
Higher

SRHO20070151157
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARY B SHERMAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956082
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1661 GOLDEN RAID RD
Phone num:	5624939581
Termination reason:	08
Term Date:	19990119
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151157

B6 SRHO20070150886
ESE AHA Hospitals
1/2-1 mi
4502
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	THOMAS DENMARK MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956075
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1661 GOLDEN RAIN RD
Phone num:	5624939581
Termination reason:	12
Term Date:	20000118
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06

Fips cnty:	059	
SSA MSA:	033	
SSA MSA size code:	B	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070150886	

B7 SRHO20070151156
ESE AHA Hospitals
1/2-1 mi
4502
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BONNI FRANKEL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956081
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1661 GOLDEN RAIN RD
Phone num:	5624939581
Termination reason:	08
Term Date:	19990119
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151156

B8 SRHO20070158810
ESE Hospital type: 01 AHA Hospitals
1/2-1 mi Num of times COO: 00
4502 Owner date: Not Reported
Higher City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CALIFORNIA DERMATOLOGY CTR A MED CORP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20040927
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1031262
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1661 GOLDEN RAIN RD
Phone num: 9098607600
Termination reason: 01
Term Date: 20040928
Purpose of action: Not Reported
Provider control: 04
Zip: 90740
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070158810

B9 SRHO20070150887
ESE Hospital type: 01 AHA Hospitals
1/2-1 mi Num of times COO: 00
4502 Owner date: Not Reported
Higher City: SEAL BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 000
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	PRAKASH NARAIN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956077
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1661 GOLDEN RAIN RD
Phone num:	5624939581
Termination reason:	08
Term Date:	20010118
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	001
SSA MSA:	418
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150887

B10
ESE
1/2-1 mi
4502
Higher

SRHO20070150888
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HOWARD CAPLAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956080
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1661 GOLDEN RAIN RD
Phone num:	5624939581
Termination reason:	08
Term Date:	20010118
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150888

B11 SRHO20070151158
ESE AHA Hospitals
1/2-1 mi
4502
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RUDOLF HAIDER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0956083
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1661 GOLDEN RAIN RD
Phone num:	5624939581
Termination reason:	08
Term Date:	19990119
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151158	
12 NNW 1/2-1 mi 5269 Higher			SRPU20071014013 Public Schools
	Ncessch:	062250002722	
	Schname05:	HILL MIDDLE	
	Mstreet05:	1100 IROQUOIS AVE.	
	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90815	
	Mzip405:	4649	
	Member05:	1117	
	Phone05:	(562) 598-7611	
	Locale05:	1	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071014013	
C13 North 1-2 mi 5285 Higher			SRDCCA200716750 Daycare
	EDR ID:	SRDCCA200716750	
	Facility number:	198007024	
	Facility name:	JACOBS FAMILY CHILD CARE	
	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6934 MANTOVA STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	6934 MANTOVA STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	CHARMAINE JACOBS	
	Licensee type:	A	
	License effective date:	11130	
	License expiration date:	Not Reported	
	License issue date:	011130	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	010925	

Facility closed date:	Not Reported	
Mailing address:	6934 MANTOVA STREET	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90815	
Contact person:	"JACOBS,CHARMAINE "	
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5624306871	

D14 SRPU20071014279
NE
1-2 mi
5537
Higher

Ncessch:	062259007301
Schname05:	FRANCIS HOPKINSON ELEMENTARY
Mstreet05:	12582 KENSINGTON RD.
Mcity05:	LOS ALAMITOS
Mstate05:	CA
Mzip05:	90720
Mzip405:	4749
Member05:	613
Phone05:	(562) 799-4500
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014279

Public Schools

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15 SRHO20070131373
SSW
1-2 mi
5546
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KAKKIS MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554838
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6553 EAST PACIFIC COAST HIGHWAY BLDG H
Phone num:	3107991176

AHA Hospitals

Termination reason:	00
Term Date:	20081025
Purpose of action:	Not Reported
Provider control:	04
Zip:	90803
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131373

D16 SRDCCA200712204
NNE Daycare
1-2 mi
5646
Higher

EDR ID:	SRDCCA200712204
Facility number:	304205597
Facility name:	"LENZINI, JEANETTE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	12511 MARTHA ANN DR.
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	12511 MARTHA ANN DRIVE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"LENZINI, JEANETTE "
Licensee type:	A
License effective date:	803
License expiration date:	Not Reported
License issue date:	000803
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	000609
Facility closed date:	Not Reported
Mailing address:	12511 MARTHA ANN DRIVE
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"LENZINI, JEANETTE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625940247

C17 SRDCCA200705503
North Daycare
1-2 mi
5735
Higher

EDR ID:	SRDCCA200705503
Facility number:	198000925
Facility name:	"WELLS, ARLIN FAMILY DAY CARE "
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6737 E. MANTOVA
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6737 E. MANTOVA
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"WELLS, ARLIN "
Licensee type:	A
License effective date:	950217
License expiration date:	Not Reported
License issue date:	950217
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950105
Facility closed date:	Not Reported
Mailing address:	6737 E. MANTOVA
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	WELLS. ARLIN
Facility capacity:	12
Type of clients served:	960
Facility phone:	5624935614

C18 SRDCCA200725857
North Daycare
1-2 mi
5738
Higher

EDR ID:	SRDCCA200725857
Facility number:	198010763
Facility name:	BONILLA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6809 E. DE LEON STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6809 E. DE LEON STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"BONILLA, DOLORES "

Licensee type:	A	
License effective date:	40830	
License expiration date:	Not Reported	
License issue date:	040830	
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
Original app. received date:	040713	
Facility closed date:	Not Reported	
Mailing address:	6809 E. DE LEON STREET	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90815	
Contact person:	"BONILLA, DOLORES "	
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5624316518	

NA
SE
1-2 mi
5809
NA

CUSA143790
FED_LAND

Name:	Seal Beach Naval Weapons Station
Feature:	Navy DOD
URL:	Not Reported
Bureau:	DOD
State:	CA
Is DOD?:	Yes

C19
North
1-2 mi
5912
Higher

SRDCCA200714014
Daycare

EDR ID:	SRDCCA200714014
Facility number:	198006711
Facility name:	HENRIQUEZ FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6722 E. DE LEON STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6722 E. DE LEON STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	LILIAN ARACELY HENRIQUEZ
Licensee type:	A
License effective date:	10604
License expiration date:	Not Reported
License issue date:	010604
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010419
Facility closed date:	Not Reported
Mailing address:	6722 E. DE LEON STREET

Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"HENRIQUEZ,LILIAN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625948651

E20 SRHO20070011598
ENE AHA Hospitals
1-2 mi
6238
Higher

Hospital type:	03
Num of times COO:	01
Owner date:	20031001
City:	SEAL BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20061108
Medicare/Medicaid:	1
Facility name:	COUNTRY VILLA SEAL BEACH HEALTHCARE CENTER
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	19711231
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	056010
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	3000 BEVERLY MANOR RD
Phone num:	5625982477
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0198
Num cert beds:	0198
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011598

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
E21 ENE 1-2 mi 6238 Higher			SRHO20070012024 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	SEAL BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19850319	
	Medicare/Medicaid:	1	
	Facility name:	BEVERLY HOME HLTH CARE AGENCY	
	Intermediary/Carrier:	51051	
	Medicaid number:	Not Reported	
	Partcipation date:	19830810	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	057554	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	3000 BEVERLY MANOR RD	
	Phone num:	2135982477	
	Termination reason:	01	
	Term Date:	19860613	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90740	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070012024	
E22 ENE 1-2 mi 6238 Higher			SRHO20070131198 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	SEAL BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	AG SEAL BEACH DBA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553694
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3000 BEVERLY MANOR ROAD
Phone num:	5625982477
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	03
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131198

E23
ENE
1-2 mi
6238
Higher

SRNH20060901013
Nursing Homes

Provnum:	056010
Nursinghomename:	COUNTRY VILLA SEAL BEACH HEALTHCARE CENTER
Street:	3000 BEVERLY MANOR RD
City:	SEAL BEACH
State:	CA
Zipcode:	90740
Phonenumber:	5625982477
Dateoflastinspection:	20050914
Certifiednumberofbeds:	198
Totalnumberofresidents:	171
Percofoccupiedbeds:	86
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060901013

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
F24 WNW 1-2 mi 6505 Higher			SRDCCA200746915 Daycare
	EDR ID:	SRDCCA200746915	
	Facility number:	191671479	
	Facility name:	SEASIDE CHILD DEVELOPMENT CENTER	
	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	5901 E. 7TH ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90822	
	Alt. address:	5901 E. 7TH ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90822	
	Facility investor:	SEASIDE CHILD DEVELOPMENT CENTER	
	Licensee type:	C	
	License effective date:	940506	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"COMBINATION CENTER: PRESCHOOL WITH TODDLER OPTION. TODDLER OPTION (12) AGES 18 MOS TO 36 MOS. PRESCHOOL (13) AGES YRS. UNTIL ENTRY INTO 1ST GRADE, ALSO INFANT (12) AGES 0-12 YRS. "#191603778. WAIVER ON FILE.	3
	Original app. received date:	850228	
	Facility closed date:	Not Reported	
	Mailing address:	5901 E. 7TH STREET	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90822	
	Contact person:	MELINDA PETTERSEN	
	Facility capacity:	25	
	Type of clients served:	960	
	Facility phone:	5625973592	
F25 WNW 1-2 mi 6505 Higher			SRDCCA200742232 Daycare
	EDR ID:	SRDCCA200742232	
	Facility number:	191603778	
	Facility name:	SEASIDE INFANT CENTER	
	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	5901 E. 7TH ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90822	
	Alt. address:	5901 E. 7TH ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90822	
	Facility investor:	SEASIDE CHILD DEVELOPMENT CENTER	

Licensee type:	C
License effective date:	940506
License expiration date:	Not Reported
License issue date:	890420
Program type:	COMBINATION CENTER: INFANT (12) AGES 0 TO 2 YEARS; PRESCHOOL (25) AGES 2 TO 4.9 YEARS (X 191671479)
Original app. received date:	890419
Facility closed date:	Not Reported
Mailing address:	5901 E. 7TH ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90822
Contact person:	MELINDA PETTERSEN
Facility capacity:	12
Type of clients served:	955
Facility phone:	5625973592

F26 SRHO20070009986
WNW AHA Hospitals
1-2 mi
6505
Higher

Hospital type:	Not Reported
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VA HOSP
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	Not Reported
Prior COO date:	Not Reported
Prior carrier:	00452
Provider ID:	05027F
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	Not Reported
street address:	5901 E 7TH ST
Phone num:	5628268000
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	Not Reported
Zip:	90822
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	0	
Num beds:	1544	
Num cert beds:	1544	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070009986	

F27 SRHO20070154070
WNW AHA Hospitals
1-2 mi
6505
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VA LONG BEACH HCS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010622
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0988227
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5901 E 7TH ST
Phone num:	5624942611
Termination reason:	00
Term Date:	20100504
Purpose of action:	Not Reported
Provider control:	08
Zip:	90822
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154070

F28 SRHO20070147840
WNW AHA Hospitals
1-2 mi
6505
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH VA HOSPITAL DONOR CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961213
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0923047
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5901 E 7TH STREET
Phone num:	7144565733
Termination reason:	01
Term Date:	20010801
Purpose of action:	Not Reported
Provider control:	07
Zip:	90822
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147840

E29
ENE
1-2 mi
6567
Higher

SRHO20070146035
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PAUL S GREENBERG MD A MEDICAL CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
	Partcipation date:	19950427	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0900466	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	13001 SEAL BEACH BLVD SUITE 300	
	Phone num:	3104936533	
	Termination reason:	00	
	Term Date:	20071214	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90740	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146035	
E30			SRHO20070011750
ENE	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	03	
6567	Owner date:	Not Reported	
Higher	City:	SEAL BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19960509	
	Medicare/Medicaid:	2	
	Facility name:	PACIFIC COAST HOME HEALTH	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19830531	
	Prior COO date:	19950901	
	Prior carrier:	Not Reported	
	Provider ID:	057530	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	13001 SEAL BEACH BLVD SUITE 333	

Phone num:	3104939581
Termination reason:	05
Term Date:	19961220
Purpose of action:	3
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011750

E31 SRHO20070144516
ENE AHA Hospitals
1-2 mi
6567
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PACIFIC COAST HM HLTH-DPT LAKEWOOD REG
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950609
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0902034
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13001 SEAL BEACH BLVD
Phone num:	3105985335
Termination reason:	01
Term Date:	19970327
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported

Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070144516	

E32 SRHO20070138728
ENE AHA Hospitals
1-2 mi
6567
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960823
Medicare/Medicaid:	1
Facility name:	DRS AHEARN RIGHTMIER SANDELL & SLEEP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0694822
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	13001 SEAL BEACH BOULEVARD SUITE 100
Phone num:	3104919939
Termination reason:	08
Term Date:	19980917
Purpose of action:	1
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138728

G33 SRHO20070010731
ESE AHA Hospitals
1-2 mi
6567
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040224
Medicare/Medicaid:	1
Facility name:	AGENCY REHABILITATION SERVICE
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19951115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056768
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	2920 WESTMINSTER AVENUE
Phone num:	7145348394
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010731

G34
ESE
1-2 mi
6567
Higher

SRHO20070011105
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950830
Medicare/Medicaid:	1
Facility name:	BEACH PHYSICAL THERAPY INC
Intermediary/Carrier:	00040

Medicaid number:	Not Reported
Partcipation date:	19950830
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056750
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L2
street address:	2920 WESTMINSTER AVENUE
Phone num:	3105948600
Termination reason:	01
Term Date:	19960503
Purpose of action:	1
Provider control:	06
Zip:	90740
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011105

H35
North
1-2 mi
7087
Higher

SRDCCA200715896
Daycare

EDR ID:	SRDCCA200715896
Facility number:	198007291
Facility name:	MEYERS FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	7020 EL CEDRAL STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	7020 EL CEDRAL STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	ALMA MEYERS
Licensee type:	A
License effective date:	20420
License expiration date:	Not Reported
License issue date:	020420
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date:	020205
Facility closed date:	Not Reported
Mailing address:	7020 EL CEDRAL STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"MEYERS, ALMA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625987208

H36 SRPU20071014052
North Public Schools
1-2 mi
7143
Higher

Ncessch:	062250002762
Schname05:	TINCHER ELEMENTARY
Mstreet05:	1701 PETALUMA AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90815
Mzip405:	4855
Member05:	1143
Phone05:	(562) 493-2636
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	08
Edr id:	SRPU20071014052

H37 SRDCCA200707446
North Daycare
1-2 mi
7389
Higher

EDR ID:	SRDCCA200707446
Facility number:	198003302
Facility name:	BEHNING FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6903 E. EL CEDRAL ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6903 E. EL CEDRAL ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"BEHNING, VERONICA "
Licensee type:	A
License effective date:	970909
License expiration date:	Not Reported
License issue date:	970909
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	970729

Facility closed date:	Not Reported
Mailing address:	6903 E. EL CEDRAL ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"BEHNING, VERONICA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624305473

I38 SRDCCA200703282
SSE Daycare
1-2 mi
7576
Higher

EDR ID:	SRDCCA200703282
Facility number:	300609028
Facility name:	"WACKERMAN, BARBARA & CHARLES "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	1729 BAYOU WAY
City:	SEAL BEACH
State:	CA
Zip:	90740
Alt. address:	1729 BAYOU WAY
City:	SEAL BEACH
State:	CA
Zip:	90740
Facility investor:	"WACKERMAN, BARBARA & CHARLES "
Licensee type:	A
License effective date:	950717
License expiration date:	Not Reported
License issue date:	890717
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	1729 BAYOU WAY
Mailing city:	SEAL BEACH
Mailing state:	CA
Mailing zip:	90740
Contact person:	"WACKERMAN, BARBARA "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5625985333

J39 SRHO20070143201
SW AHA Hospitals
1-2 mi
7824
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ARTHUR J LUNSK MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940401
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0884486
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5865 EAST NAPLES PLAZA
Phone num:	3105978833
Termination reason:	00
Term Date:	20070716
Purpose of action:	Not Reported
Provider control:	04
Zip:	90803
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143201

J40
SW
1-2 mi
7824
Higher

SRHO20070156737
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS, A MEDICAL GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011214
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0994467
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5865 E NAPLES PLAZA
Phone num:	5624344481
Termination reason:	00
Term Date:	20071213
Purpose of action:	Not Reported
Provider control:	04
Zip:	90803
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156737

J41
SW
1-2 mi
7824
Higher

SRHO20070143893
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MULLIKIN MEDICAL CENTER-NAPLES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930806
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0874423
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5865 E NAPLES PLAZA
Phone num:	3104344481
Termination reason:	08
Term Date:	20001231

Purpose of action:	Not Reported
Provider control:	04
Zip:	90803
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143893

H42
North
1-2 mi
7849
Higher

SRDCCA200716250
Daycare

EDR ID:	SRDCCA200716250
Facility number:	198007112
Facility name:	TERRY FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1819 SHIPWAY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	1819 SHIPWAY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	JUDY DARLENE TERRY
Licensee type:	A
License effective date:	20215
License expiration date:	Not Reported
License issue date:	020215
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	011115
Facility closed date:	Not Reported
Mailing address:	1819 SHIPWAY AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"TERRY, JUDY DARLENE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624317471

H43
North
1-2 mi
7996
Higher

SRDCCA200711215
Daycare

EDR ID:	SRDCCA200711215
Facility number:	198005535

Facility name:	JEFFERS FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1844 LEES AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	1844 LEES AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"JEFFERS, LINDA DARLINE "
Licensee type:	A
License effective date:	991123
License expiration date:	Not Reported
License issue date:	991123
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	990910
Facility closed date:	Not Reported
Mailing address:	1844 LEES AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"JEFFERS, LINDA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5626269149

44
West
1-2 mi
7996
Higher

SRHO20070152839
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	IGOR PERSIDSKY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19991029
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0966982
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5435 HERON BAY
Phone num:	5629850619
Termination reason:	08
Term Date:	20051028
Purpose of action:	Not Reported
Provider control:	04
Zip:	90803
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152839

45
SSW
1-2 mi
8065
Higher

SRHO20070139067
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060822
Medicare/Medicaid:	1
Facility name:	STEVEN E GAMMER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0685858
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	500 PACIFIC COAST HWY #212
Phone num:	5624318554
Termination reason:	00
Term Date:	20070220
Purpose of action:	2
Provider control:	04
Zip:	90740
Fips state:	06

Fips cnty:	059	
SSA MSA:	033	
SSA MSA size code:	B	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070139067	

NA
SE
1-2 mi
8386
NA

CUSA143833
FED_LAND

Name:	Seal Beach National Wildlife Refuge
Feature:	National Wildlife Refuge FWS
URL:	http://refuges.fws.gov/profiles/index.cfm?id=11683
Bureau:	FWS
State:	CA
Is DOD?:	No

K46
North
1-2 mi
8429
Higher

SRDCCA200707533
Daycare

EDR ID:	SRDCCA200707533
Facility number:	198003080
Facility name:	WANG FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1951 STEVELY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	1951 STEVELY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"WANG, DONNA "
Licensee type:	A
License effective date:	970626
License expiration date:	Not Reported
License issue date:	970626
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP. 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	970428
Facility closed date:	Not Reported
Mailing address:	1951 STEVELY AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"WANG, DONNA "
Facility capacity:	8
Type of clients served:	960

	Facility phone:	5625982956

I47 — SRPU20071014285 — Public Schools
South — 1-2 mi — 8460 — Higher

Ncessch:	062259008885
Schname05:	J. H. MCGAUGH ELEMENTARY
Mstreet05:	1698 BOLSA AVE.
Mcity05:	SEAL BEACH
Mstate05:	CA
Mzip05:	90740
Mzip405:	6212
Member05:	745
Phone05:	(562) 799-4560
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014285

K48 — SRDCCA200739299 — Daycare
North — 1-2 mi — 8533 — Higher

EDR ID:	SRDCCA200739299
Facility number:	198013247
Facility name:	ZAVAHIR FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1939 SHIPWAY AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	1939 SHIPWAY AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	BEEVI HAFEEL JAMALA ZAVAHIR
Licensee type:	A
License effective date:	70403
License expiration date:	Not Reported
License issue date:	070403
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070207
Facility closed date:	Not Reported
Mailing address:	1939 SHIPWAY AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"ZAVAHIR,BEEVI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629360186

49 SRDCCA200706633
WSW Daycare
1-2 mi
8741
Higher

EDR ID:	SRDCCA200706633
Facility number:	198000369
Facility name:	BAFFERT FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	337 CLAREMONT AVE
City:	LONG BEACH
State:	CA
Zip:	90803
Alt. address:	337 CLAREMONT AVE
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	"BAFFERT, SHELLEY "
Licensee type:	A
License effective date:	941230
License expiration date:	Not Reported
License issue date:	941230
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	940527
Facility closed date:	Not Reported
Mailing address:	337 CLAREMONT AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90803
Contact person:	"BAFFERT, SHELLEY "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624349860

L50 SRDCCA200752844
NNW Daycare
1-2 mi
8836
Higher

EDR ID:	SRDCCA200752844
Facility number:	198009061
Facility name:	MONTESSORI CHILDREN'S HOUSE -1
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1901 PALO VERDE AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5550 ATHERTON ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"MONTESSORI CHILDREN'S HOUSE LONG BEACH, INC. "

Licensee type:	D
License effective date:	40301
License expiration date:	Not Reported
License issue date:	040301
Program type:	LICENSEE SERVES 24 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	030502
Facility closed date:	Not Reported
Mailing address:	5550 ATHERTON ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	MALKI MOONESINGHE
Facility capacity:	24
Type of clients served:	950
Facility phone:	5625944011

L51
NNW
1-2 mi
8836
Higher

SRDCCA200744380
Daycare

EDR ID:	SRDCCA200744380
Facility number:	198010039
Facility name:	MONTESSORI CHILDREN'S HOUSE -1
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	1901 PALO VERDE AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5550 ATHERTON ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	MONTESSORI CHILDREN'S HOUSE -1
Licensee type:	D
License effective date:	40301
License expiration date:	Not Reported
License issue date:	040301
Program type:	LICENSEE SERVES INFANTS AGES 0 TO 2 YEARS OF AGE.
Original app. received date:	031210
Facility closed date:	Not Reported
Mailing address:	5550 ATHERTON ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"MOONESINGHE, MALKI "
Facility capacity:	20
Type of clients served:	955
Facility phone:	5625946911

52
NE
1-2 mi
8865
Higher

SRDCCA200747308
Daycare

EDR ID:	SRDCCA200747308
Facility number:	300606748

Facility name:	LI'L COTTONWOOD PLAYGROUP
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	12341 MONTECITO RD.
City:	ROSSMOOR
State:	CA
Zip:	90720
Alt. address:	P.O. BOX 324
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	LI'L COTTONWOOD PLAYGROUP INC.
Licensee type:	C
License effective date:	950909
License expiration date:	Not Reported
License issue date:	880915
Program type:	ONE NON-AMBULATORY. AGES 2.9 - 5 YRS OLD. MON-FRI. 8:30 AM TO 11:30 AM
Original app. received date:	880427
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 324
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	VICKIE DONAHUE
Facility capacity:	23
Type of clients served:	950
Facility phone:	5624317761

M53
South
1-2 mi
8996
Higher

SRHO20070141721
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SEAL BEACH FAMILY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0680423
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA

ssa state:	05
state region cd:	LAB
street address:	1198 PACIFIC COAST HWY I
Phone num:	3107997071
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141721

N54 ARE1427
NW Name: DIABLO STADIUM Arenas
1-2 mi Company: CALIFORNIA STATE UNIVERSITY
8999 Street: 5855 E STATE UNIVERSITY DR
Higher City: LONG BEACH
Telephone: 3109854949

O55 SRDCCA200751827
NNE EDR ID: SRDCCA200751827 Daycare
1-2 mi Facility number: 304270168
9009 Facility name: LOS ALAMITOS CHILD DEVELOPMENT CENTER-WEAVER SITE
Higher Facility eval. code: 1207

Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	11872 WEMBLEY ROAD
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	11872 WEMBLEY ROAD
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	LOS ALAMITOS UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	950811
License expiration date:	Not Reported
License issue date:	950811
Program type:	"ONE NON-AMBULATORY CHILD, REMAINING CHILDREN-AMBULATORY. AGES 3-5 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. ROOMS 3 AND 5. WAIVER FOR PRESCHOOL TO SHARE OUTDOOR ACTIVITY SPACE "WITH ELEMENTARY SCHOOL.

Original app. received date:	950728
Facility closed date:	Not Reported
Mailing address:	10293 BLOOMFIELD
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"HALVORSEN, BARBARA "
Facility capacity:	48
Type of clients served:	950
Facility phone:	5627994585

O56 SRPU20071014278
NNE 1-2 mi 9009 Higher — Public Schools

Ncessch:	062259006163
Schname05:	JACK L. WEAVER ELEMENTARY
Mstreet05:	11872 WEMBLEY RD.
Mcity05:	LOS ALAMITOS
Mstate05:	CA
Mzip05:	90720
Mzip405:	2200
Member05:	580
Phone05:	(562) 799-4580
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014278

57 SRDCCA200749786
SSW 1-2 mi 9036 Higher — Daycare

EDR ID:	SRDCCA200749786
Facility number:	300600878
Facility name:	"SEAL BEACH PLAYGROUP, INC "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	151 MARINA DRIVE
City:	SEAL BEACH
State:	CA
Zip:	90740
Alt. address:	P.O. BOX 442
City:	SEAL BEACH
State:	CA
Zip:	90740
Facility investor:	"SEAL BEACH PLAYGROUP, INC. "
Licensee type:	C
License effective date:	930629
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY CHILDREN. AGES 2.9 THROUGH 6 YEARS OLD. MONDAY 09:00 A.M. TO 1:00 P.M. TUESDAY THROUGH FRIDAY 09:00 A.M. TO 12:00 P.M. CLOSED DURING SUMMER. PROGRAMOPERATES MID SEPT. THROUGH MID JUNE.

Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 442
Mailing city:	SEAL BEACH
Mailing state:	CA
Mailing zip:	90740
Contact person:	CHRISTINE STEVENSON
Facility capacity:	21
Type of clients served:	950
Facility phone:	5625940066

K58 SRDCCA200703965
North Daycare
1-2 mi
9086
Higher

EDR ID:	SRDCCA200703965
Facility number:	191609266
Facility name:	EGGERTSEN FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2021 ROXANNE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2021 ROXANNE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"EGGERTSEN, CHRISTINE L. "
Licensee type:	A
License effective date:	930623
License expiration date:	Not Reported
License issue date:	930623
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	930405
Facility closed date:	Not Reported
Mailing address:	2021 ROXANNE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"EGGERTSEN, CHRISTINE L. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625946250

L59 SRHO20070148848
NNW AHA Hospitals
1-2 mi
9145
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EXCEPTIONAL HOME HEALTH CARE OF
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19951120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0908962
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1945 PALO VERDE AVE STE 210
Phone num:	5627991234
Termination reason:	00
Term Date:	20071119
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148848

L60
NNW
1-2 mi
9145
Higher

SRHO20070006557
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051107
Medicare/Medicaid:	1
Facility name:	EXCEPTIONAL HOME HEALTH CARE OF SO CALIF INC
Intermediary/Carrier:	Not Reported
Medicaid number:	HHA57653G
Partcipation date:	19960122
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05K083
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1945 PALO VERDE #210
Phone num:	5627991234
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006557

N61
WNW
1-2 mi
9232
Higher

SRDCCA200717862
Daycare

EDR ID:	SRDCCA200717862
Facility number:	198007903
Facility name:	HOSSEINZADEN FAMILY DAY CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1180 BRYANT ROAD
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	1180 BRYANT ROAD
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	KHADIJEH HOSSEINZADEH
Licensee type:	A
License effective date:	20924
License expiration date:	Not Reported
License issue date:	020924
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020802
Facility closed date:	Not Reported
Mailing address:	1180 BRYANT ROAD

Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"HOSSEINZADEH, KHADIJEH "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625977212

M62 SRHO20070159258
South AHA Hospitals
1-2 mi
9310
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CORNER DRUG STORE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030924
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1017418
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	302 MAIN STREET
Phone num:	5624311421
Termination reason:	00
Term Date:	20070923
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159258

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

K63 SRDCCA200710136
NNE EDR ID: SRDCCA200710136 Daycare
1-2 mi Facility number: 198003839
9314 Facility name: COOK FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2044 STEVELY AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2044 STEVELY AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "COOK, SHARON & COOK, ANNE "
Licensee type: A
License effective date: 980323
License expiration date: Not Reported
License issue date: 980323
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 980209
Facility closed date: Not Reported
Mailing address: 2044 STEVELY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "COOK, SHARON & ANNE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624313256

P64 SRDCCA200754934
SSW EDR ID: SRDCCA200754934 Daycare
1-2 mi Facility number: 304370324
9320 Facility name: "SUN N FUN CREATIVE PLAYGROUP, INC. "
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 247 7TH STREET
City: SEAL BEACH
State: CA
Zip: 90740
Alt. address: P.O. BOX 364
City: SEAL BEACH
State: CA
Zip: 90740
Facility investor: "SUN N FUN CREATIVE PLAYGROUP, INC. "

Licensee type:	C
License effective date:	70110
License expiration date:	Not Reported
License issue date:	070110
Program type:	AMBULATORY AGES: 2 YEARS TO 6 YEARS OLD. MONDAY THRU FRIDAY. HOURS: 9:00AM - 12:15PM.
Original app. received date:	061204
Facility closed date:	Not Reported
Mailing address:	343 12TH STREET
Mailing city:	SEAL BEACH
Mailing state:	CA
Mailing zip:	90740
Contact person:	"SAMUELSON, MICHELLE "
Facility capacity:	15
Type of clients served:	950
Facility phone:	5624933031

Q65
ENE
1-2 mi
9445
Higher

SRHO20070158936
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAVE ON DRUG #9551
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1035676
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	12490 SEAL BEACH BLVD
Phone num:	5625964533
Termination reason:	00
Term Date:	20070106
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070158936	

Q66 SRHO20070154335
ENE AHA Hospitals
1-2 mi
9482
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RALPHS PHARMACY STORE 604
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020516
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0999604
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	12470 SEAL BEACH BLVD
Phone num:	3108842923
Termination reason:	00
Term Date:	20080515
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154335

L67 SRHO20070107491
NNW AHA Hospitals
1-2 mi
9508
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19951027
Medicare/Medicaid:	1
Facility name:	GRACE HOME HEALTH CARE
Intermediary/Carrier:	00040
Medicaid number:	HHA57613F
Partcipation date:	19951107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557613
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2017 PALO VERDE AVE STE 202
Phone num:	5626268371
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	2
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107491

L68
NNW
1-2 mi
9508
Higher

SRHO20070107243
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20031121
Medicare/Medicaid:	1
Facility name:	LONG BEACH SPORTS & PHYSICAL THERAPY
Intermediary/Carrier:	00454
Medicaid number:	Not Reported

Partcipation date:	19991021
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	556520
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L3
street address:	2017 PALO VERDE AVENUE SUITE 101
Phone num:	5624935501
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107243

L69
NNW
1-2 mi
9508
Higher

SRHO20070148372
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GRACE HOME HEALTH CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970327
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926649
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2017 PALO VERDE AVE, STE 202

Phone num:	5626268371
Termination reason:	00
Term Date:	20070326
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148372

M70
South
1-2 mi
9523
Higher

SRDCCA200750743
Daycare

EDR ID:	SRDCCA200750743
Facility number:	300600936
Facility name:	"SUN 'N FUN CREATIVE PLAY GROUP, INC "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	343 12TH STREET
City:	SEAL BEACH
State:	CA
Zip:	90740
Alt. address:	PO BOX 364
City:	SEAL BEACH
State:	CA
Zip:	90740
Facility investor:	"SUN 'N FUN CREATIVE PLAY GROUP, INC "
Licensee type:	C
License effective date:	940526
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY. AGES: 2.9 THROUGH 5 YEARS. HOURS: 9:00 AM TO 1:00 PM, MONDAY THROUGH FRIDAY. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 364
Mailing city:	SEAL BEACH
Mailing state:	CA
Mailing zip:	90740
Contact person:	"THOMPSON, JEANETTE "
Facility capacity:	20
Type of clients served:	950
Facility phone:	5624933127

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
R71			SRHO20070149466
WSW	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
9540	Owner date:	Not Reported	
Higher	City:	BELMONT SHORE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	OCEAN VIEW INTERNAL MEDICINE INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970911	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0933362	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	5470 EAST 2ND STREET, SUITE A	
	Phone num:	5624346634	
	Termination reason:	00	
	Term Date:	20070910	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90803	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149466	

K72			SRDCCA200740479
North	EDR ID:	SRDCCA200740479	Daycare
1-2 mi	Facility number:	198013196	
9613	Facility name:	REDMON FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2114 PATTIZ AVENUE	
	City:	LONG BEACH	

State:	CA
Zip:	90815
Alt. address:	2114 PATTIZ AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"REDMON, BRYON CHRISTOPHER "
Licensee type:	A
License effective date:	70124
License expiration date:	Not Reported
License issue date:	070124
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070111
Facility closed date:	Not Reported
Mailing address:	2114 PATTIZ AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"REDMON, BRYON "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624305208

73
WNW
1-2 mi
9688
Higher

SRHO20070149916
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LIONS DISTRICT MD 4/4L2
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970908
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0933194
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5300 E 6TH STREET
Phone num:	5625978229
Termination reason:	00
Term Date:	20070907

Purpose of action:	Not Reported
Provider control:	02
Zip:	90814
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149916

S74 SRDCCA200702669
NNW Daycare
1-2 mi
9694
Higher

EDR ID:	SRDCCA200702669
Facility number:	191604212
Facility name:	ABRAHAMS FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6060 MARITA STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6060 MARITA STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"ABRAHAMS, MICHAEL & LESLIE "
Licensee type:	A
License effective date:	950820
License expiration date:	Not Reported
License issue date:	891002
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS WHEN IN TH HOME, NO MORE THAN 4 INFANTS. "
Original app. received date:	890817
Facility closed date:	Not Reported
Mailing address:	6060 MARITA STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"ABRAHAMS, LESLIE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5625962421

L75 SRDCCA200703616
NNW Daycare
1-2 mi
9713
Higher

EDR ID:	SRDCCA200703616
Facility number:	191608454

Facility name:	"WOOD, MARY FAMILY DAY CARE "
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2032 CONQUISTA
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2032 CONQUISTA
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"WOOD, MARY "
Licensee type:	A
License effective date:	950302
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	811128
Facility closed date:	Not Reported
Mailing address:	2032 CONQUISTA
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"WOOD, MARY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624312341

P76
SSW
1-2 mi
9738
Higher

SRHO20070131199
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SEAL BEACH MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553703
Record Status:	A
Region code:	09

Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	803 CENTRAL AVE
Phone num:	3105982421
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131199

S77
NNW
1-2 mi
9770
Higher

SRDCCA200704878
Daycare

EDR ID:	SRDCCA200704878
Facility number:	191606884
Facility name:	WILLIAMS FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1910 SENASAC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	1910 SENASAC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"WILLIAMS, DIANNE "
Licensee type:	A
License effective date:	941001
License expiration date:	Not Reported
License issue date:	911001
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	910806
Facility closed date:	Not Reported
Mailing address:	1910 SENASAC AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815

Contact person:	"WILLIAMS, DIANNE "	
Facility capacity:	12	
Type of clients served:	960	
Facility phone:	5624309715	

T78 SRDCCA200702640
NNE EDR ID: SRDCCA200702640 Daycare
1-2 mi Facility number: 191604902
9772 Facility name: GRAVLEY FAMILY DAY CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2109 STEVELY
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2109 STEVELY
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "GRAVLEY, RENEE & JAMES "
Licensee type: A
License effective date: 930411
License expiration date: Not Reported
License issue date: 900411
Program type: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN FROM BIRTH TO 12 YEARS OF AGE.
Original app. received date: 900302
Facility closed date: Not Reported
Mailing address: 2109 STEVELY
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "GRAVLEY, RENEE C. "
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624314163

T79 SRDCCA200703506
NNE EDR ID: SRDCCA200703506 Daycare
1-2 mi Facility number: 191600210
9785 Facility name: "ELLIOTT, VICKIE FAMILY DAY CARE "
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2114 STEVELY AVE.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2114 STEVELY AVE.

City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "ELLIOTT, VICKIE & WILLIAM "
Licensee type: A
License effective date: 950331
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 860501
Facility closed date: Not Reported
Mailing address: 2114 STEVELY AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "ELLIOTT, VICKIE "
Facility capacity: 12
Type of clients served: 960
Facility phone: 5624319439

U80
NNW
1-2 mi
9979
Higher

SRDCCA200738930
Daycare

EDR ID: SRDCCA200738930
Facility number: 198012833
Facility name: WIMALARATNE FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6437 E. EL PASEO STREET
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6437 E. EL PASEO STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: JAYANTHI & KAPILA WIMALARATNE
Licensee type: A
License effective date: 61005
License expiration date: Not Reported
License issue date: 061005
Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6
Original app. received date: 060814
Facility closed date: Not Reported
Mailing address: 6437 E. EL PASEO STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "WIMALARATNE, JAYANTHI & KA"

Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5625987190	

V81 SRPU20071014045
West Public Schools

Ncessch:	062250002755
Schname05:	ROGERS MIDDLE
Mstreet05:	365 MONROVIA AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90803
Mzip405:	1934
Member05:	880
Phone05:	(562) 434-7411
Locale05:	1
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071014045

V82 SRDCCA200704302
West Daycare

EDR ID:	SRDCCA200704302
Facility number:	191608122
Facility name:	SCOTT FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	310 MONROVIA AVE
City:	LONG BEACH
State:	CA
Zip:	90803
Alt. address:	310 MONROVIA AVE
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	"SCOTT, BARBARA M. "
Licensee type:	A
License effective date:	950810
License expiration date:	Not Reported
License issue date:	920810
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	920528
Facility closed date:	Not Reported
Mailing address:	310 MONROVIA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90803
Contact person:	BARBARA SCOTT

Facility capacity:	12	
Type of clients served:	960	
Facility phone:	3104337643	

R83 SRDCCA200742878
WSW Daycare
1-2 mi
10016
Higher

EDR ID:	SRDCCA200742878
Facility number:	191607806
Facility name:	YMCA GLB LOS ALTOS BRANCH - NAPLES ELEMENTARY
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	5537 THE TOLEDO
City:	LONG BEACH
State:	CA
Zip:	90803
Alt. address:	1720 BELLFLOWER BLVD.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	YMCA OF GREATER LONG BEACH
Licensee type:	C
License effective date:	930415
License expiration date:	Not Reported
License issue date:	930415
Program type:	SCHOOL-AGE PROGRAM. AGES 6 - 11 YEARS.
Original app. received date:	920316
Facility closed date:	Not Reported
Mailing address:	4949 ATLANTIC AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	SARAH KOURY
Facility capacity:	35
Type of clients served:	950
Facility phone:	5624384307

R84 SRPU20071014039
WSW Public Schools
1-2 mi
10016
Higher

Ncessch:	062250002748
Schname05:	NAPLES ELEMENTARY
Mstreet05:	5537 THE TOLEDO
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90803
Mzip405:	3935
Member05:	273
Phone05:	(562) 433-0489
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014039

V85 SRDCCA200704303
West EDR ID: SRDCCA200704303 Daycare
1-2 mi Facility number: 191608120
10021 Facility name: GWINN FAMILY DAY CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 300 MONROVIA AVE
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: 300 MONROVIA AVE
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: "GWINN, JUDITH ANN "
Licensee type: A
License effective date: 950903
License expiration date: Not Reported
License issue date: 920903
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 920528
Facility closed date: Not Reported
Mailing address: 300 MONROVIA AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: JUDITH ANN GWINN
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624337587

U86 SRDCCA200712053
NNW EDR ID: SRDCCA200712053 Daycare
1-2 mi Facility number: 198005019
10042 Facility name: ZIMMERMAN FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6418 EL PASEO STREET
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 6418 EL PASEO STREET
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "ZIMMERMAN, KELLILEE C. "
Licensee type: A

License effective date: 990323
License expiration date: Not Reported
License issue date: 990323
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990309
Facility closed date: Not Reported
Mailing address: 6418 EL PASEO STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "ZIMMERMAN, KELLILEE C. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624938116

NA
SW
1-2 mi
10086
NA

CUSA112474
FED_LAND

Name: California Coastal National Monument
Feature: National Monument BLM
URL: http://www.ca.blm.gov/hollister/coastal_monument.html
Bureau: BLM
State: CA
Is DOD?: No

87
NNW
1-2 mi
10110
Higher

SRDCCA200710358
Daycare

EDR ID: SRDCCA200710358
Facility number: 198003595
Facility name: FULLERTON FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2070 TEVIS AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2070 TEVIS AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "FULLERTON, DEBRA MARIE "
Licensee type: A
License effective date: 971118
License expiration date: Not Reported
License issue date: 971118
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 971024
Facility closed date: Not Reported
Mailing address: 2070 TEVIS AVENUE

Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"FULLERTON, DEBRA MARIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629360286

U88 SRDCCA200747516
North Daycare
1-2 mi
10197
Higher

EDR ID:	SRDCCA200747516
Facility number:	191602052
Facility name:	LOS ALTOS BRETHREN CHURCH
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	6565 STEARNS ST
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6565 STEARNS ST
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	LOS ALTOS BRETHREN CHURCH
Licensee type:	C
License effective date:	940915
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 6 YEARS. "
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	6565 STEARNS ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"WILLIE, BARBARA "
Facility capacity:	84
Type of clients served:	950
Facility phone:	5624306813

U89 SRPR20051022651
North Private Schools
1-2 mi
10197
Higher

Pss school id:	01898474
Pss inst:	LOS ALTOS GRACE BRETHREN SCHOO
Lograde:	K
Higrade:	6
Pss address:	6565 E STEARNS STREET
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA

Pss fips:	06
Pss zip5:	90815
Pss phone:	5624306983
Pss sch days:	176
Pss stu day hrs:	6.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	28
Pss enroll 1:	24
Pss enroll 2:	17
Pss enroll 3:	23
Pss enroll 4:	18
Pss enroll 5:	18
Pss enroll 6:	16
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	144
Pss enroll tk12:	144
Pss race ai:	0
Pss race as:	12
Pss race h:	8
Pss race b:	2
Pss race w:	122
Pss fte teach:	10.1
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	8.33
Pss hisp pct:	5.56
Pss black pct:	1.39
Pss white pct:	84.72
Pss stdtch rt:	14.26
Pss orient:	6
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022651

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

W90 SRDCCA200746886
NW Daycare
1-2 mi
10213
Higher

EDR ID:	SRDCCA200746886
Facility number:	191670760
Facility name:	ISABEL PATTERSON CHILD DEVELOPMENT CENTER
Facility eval. code:	8070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5700 ATHERTON ST
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5700 ATHERTON ST
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH
Licensee type:	C
License effective date:	940509
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LAUP FACILITY COMBINATION CENTER: PRE-SCHOOL (100)AGES 2-5 YEARS SCHOOL-AGE (30) AGES KTHRU 14 YEARS (191602930)
Original app. received date:	831020
Facility closed date:	Not Reported
Mailing address:	1212 BELLFLOWER BLVD
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"MARIKOS, RHONDA "
Facility capacity:	100
Type of clients served:	950
Facility phone:	5629855333

W91 SRDCCA200741842
NW Daycare
1-2 mi
10213
Higher

EDR ID:	SRDCCA200741842
Facility number:	198000499
Facility name:	ISABEL PATTERSON CHILD DEVELOPMENT CENTER
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	5700 ATHERTON ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	1212 BELLFLOWER BLVD.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH
Licensee type:	C

License effective date: 960509
License expiration date: Not Reported
License issue date: 951107
Program type: "LICENSEE PREFERS TO SERVE INFANT AGES 0 TO 2 YRS. OLD, INFANT CAP. 12;TODDLER AGES 18 THRU 30 MONTHS, TODDLER CAPACITY 16.
"
Original app. received date: 940713
Facility closed date: Not Reported
Mailing address: 1212 BELLFLOWERBLVD.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MARIKOS, RHONDA "
Facility capacity: 30
Type of clients served: 960
Facility phone: 5629857325

W92 SRDCCA200744139
NW EDR ID: SRDCCA200744139 Daycare
1-2 mi Facility number: 191602930
10213 Facility name: ISABEL PATTERSON CDC
Higher Facility eval. code: 8070
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 5700 ATHERTON ST
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5700 ATHERTON ST
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH
Licensee type: C
License effective date: 940509
License expiration date: Not Reported
License issue date: 890105
Program type: COMBINATION CENTER: SCHOOL AGE (30) AGES K-14 YEARS OLD. PRE-SCHOOL (100) AGES 2 THRU 5 YEARS (191670760).
Original app. received date: 880531
Facility closed date: Not Reported
Mailing address: 1212 BELLFLOWER BLVD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "MARIKOS, RHONDA "
Facility capacity: 40
Type of clients served: 950
Facility phone: 5629855333

U93 SRDCCA200741808
NNW Daycare
1-2 mi
10217
Higher

EDR ID:	SRDCCA200741808
Facility number:	198001757
Facility name:	CHRIST LUTHERAN INFANT CENTER
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	6500 STEARNS ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6500 STEARNS ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	CHRIST LUTHERAN CHURCH
Licensee type:	C
License effective date:	960712
License expiration date:	Not Reported
License issue date:	960112
Program type:	"LICENSEE PREFERS TO SERVE INFANTS AGE 0 TO 2 YEARS OLD - MONDAY - FRIDAY, 6 AM TO 6 PM. "
Original app. received date:	951120
Facility closed date:	Not Reported
Mailing address:	6500 STEARNS ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"DELANEY-STOLO, JENNIFER "
Facility capacity:	4
Type of clients served:	955
Facility phone:	5625946117

U94 SRDCCA200747504
NNW Daycare
1-2 mi
10217
Higher

EDR ID:	SRDCCA200747504
Facility number:	191601750
Facility name:	CHRIST LUTHERAN PRE-SCHOOL
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	6500 STEARNS
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6500 STEARNS
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	CHRIST LUTHERAN CHURCH
Licensee type:	C

License effective date:	930714
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	PRE-SCHOOL CHILDREN AGES 2 THRU 6 YEARS OLD. FACILITY OPERATES MON- FRI 6:30 A.M. TO 6 P.M.
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	6500 STEARNS
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"DELANEY-STOLO, JENNIFER "
Facility capacity:	59
Type of clients served:	950
Facility phone:	5625946117

P95 SRHO20070140380
SSW AHA Hospitals
1-2 mi
10239
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SEAL BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HARRIMAN JONES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921230
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0707454
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	119 MAIN STREET
Phone num:	3109887000
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90740
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070140380	

W96 SRPU20071014006
NW Public Schools
1-2 mi
10245
Higher

Ncessch:	062250002715
Schname05:	GANT ELEMENTARY
Mstreet05:	1854 BRITTON DR.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90815
Mzip405:	3231
Member05:	705
Phone05:	(562) 430-3384
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014006

V97 SRPU20071014030
West Public Schools
1-2 mi
10324
Higher

Ncessch:	062250002739
Schname05:	LOWELL ELEMENTARY
Mstreet05:	5201 EAST BROADWAY
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90803
Mzip405:	1803
Member05:	665
Phone05:	(562) 433-6757
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014030

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98 SRDCCA200733397
South Daycare
1-2 mi
10396
Higher

EDR ID:	SRDCCA200733397
Facility number:	304310393
Facility name:	"FREGOSO, MARY "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	254 17TH STREET
City:	SEAL BEACH
State:	CA
Zip:	90740
Alt. address:	254 17TH STREET

City: SEAL BEACH
State: CA
Zip: 90740
Facility investor: "FREGOSO, MARY "
Licensee type: A
License effective date: 70221
License expiration date: Not Reported
License issue date: 070221
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
"
Original app. received date: 060106
Facility closed date: Not Reported
Mailing address: 254 17TH STREET
Mailing city: SEAL BEACH
Mailing state: CA
Mailing zip: 90740
Contact person: "FREGOSO, MARY "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624931093

W99
NW
2-4 mi
10640
Higher

SRDCCA200747569
Daycare

EDR ID: SRDCCA200747569
Facility number: 191602055
Facility name: LOS ALTOS UNITED CHURCH NURSERY (CONGREGATIONAL)
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5550 ATHERTON ST
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5550 ATHERTON ST
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "LOS ALTOS UNITED CHURCH OF CHRIST, INC. "
Licensee type: C
License effective date: 930603
License expiration date: Not Reported
License issue date: Not Reported
Program type: "FACILITY OPERATES A 1/2 DAY PROGRAM- MONDAY TO FRIDAY, HOURS FROM 9:00AM - 1:00PM. LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS 9 MONTHS THRU 5 YEARS. "
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 5550 ATHERTON ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "BOYNTON, JAN "

Facility capacity:	38	
Type of clients served:	950	
Facility phone:	5625966718	

W100 SRPR20051021871
NW Private Schools
2-4 mi
10640
Higher

Pss school id:	02006565
Pss inst:	MONTESSORI CHILDRENS HOUSE
Lograde:	PK
Higrade:	6
Pss address:	5550 E ATHERTON STREET
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90815
Pss phone:	5624318880
Pss sch days:	181
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	56
Pss enroll k:	17
Pss enroll 1:	6
Pss enroll 2:	2
Pss enroll 3:	2
Pss enroll 4:	3
Pss enroll 5:	3
Pss enroll 6:	1
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	90
Pss enroll tk12:	34
Pss race ai:	0
Pss race as:	10
Pss race h:	5
Pss race b:	2
Pss race w:	17
Pss fte teach:	2
Pss locale:	1
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	29.41
Pss hisp pct:	14.71
Pss black pct:	5.88
Pss white pct:	50
Pss stdtch rt:	17

Pss orient:	29	
Pss county name:	LOS ANGELES	
Pss assoc 1:	Other Montessori association(s)	
Pss assoc 2:	Not Reported	
Pss assoc 3:	Not Reported	
Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051021871	

NA
ENE
2-4 mi
10762
NA

Name:	Los Alamitos Armed Forces Reserve Center	CUSA143754
Feature:	Army DOD	FED_LAND
URL:	Not Reported	
Bureau:	DOD	
State:	CA	
Is DOD?:	Yes	

X101
WSW
2-4 mi
10763
Higher

Hospital type:	01	SRHO20070130550
Num of times COO:	00	AHA Hospitals
Owner date:	Not Reported	
City:	LONG BEACH	
Has plan of corr:	Not Reported	
Compliance status:	Not Reported	
SSA county code:	200	
Cross ref number:	Not Reported	
FMS survey date:	Not Reported	
Current survey date:	Not Reported	
Medicare/Medicaid:	Not Reported	
Facility name:	W L COWDELL MD	
Intermediary/Carrier:	Not Reported	
Medicaid number:	Not Reported	
Partcipation date:	19930310	
Prior COO date:	Not Reported	
Prior carrier:	Not Reported	
Provider ID:	05D0553912	
Record Status:	A	
Region code:	09	
Is Partial Record:	Not Reported	
state abbrev:	CA	
ssa state:	05	
state region cd:	LAB	
street address:	5318 E 2ND ST #800	
Phone num:	3104335795	
Termination reason:	12	
Term Date:	19980831	
Purpose of action:	Not Reported	
Provider control:	02	
Zip:	90803	
Fips state:	06	
Fips cnty:	037	

SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130550

W102 SRDCCA200707616
NW Daycare
2-4 mi
10784
Higher

EDR ID:	SRDCCA200707616
Facility number:	198002402
Facility name:	TINSLEY FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1917 N. BRITTON DRIVE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	1917 N. BRITTON DRIVE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"TINSLEY, MALINDA (MINDY) DIANNE & MARK THOMAS "
Licensee type:	A
License effective date:	960910
License expiration date:	Not Reported
License issue date:	960910
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	960814
Facility closed date:	Not Reported
Mailing address:	1917 N. BRITTON DRIVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	MALINDA 7 MARK TINSLEY
Facility capacity:	12
Type of clients served:	960
Facility phone:	5627990748

W103 SRHO20070159498
NW AHA Hospitals
2-4 mi
10795
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OUR LADY OF REFUGE HOME CARE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030324
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1010811
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1777 BELLFLOWER BLVD SUITE 212
Phone num:	5624943143
Termination reason:	00
Term Date:	20070323
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159498

W104
NW
2-4 mi
10795
Higher

SRHO20070131794
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOHN P HOEHN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930806
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0555059
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1777 BELLFLOWER BLVD 111
Phone num:	3104983328
Termination reason:	08
Term Date:	20020831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131794

W105
NW
2-4 mi
10795
Higher

SRHO20070139688
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GREGORY S RIHACEK MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0706466
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1777 BELLFLOWER BLVD 103
Phone num:	3104947845
Termination reason:	12
Term Date:	19941130

Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139688

W106
NW
2-4 mi
10795
Higher

SRHO20070163654
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DIANA R BRYANT, MD A PROFESSIONAL CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051201
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1048453
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1777 BELLFLOWER BLVD, STE 101
Phone num:	5629619991
Termination reason:	00
Term Date:	20071130
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070163654	

W107 SRHO20070139720
NW AHA Hospitals
2-4 mi
10795
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARIA R GALIT FLICKINGER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930420
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0711641
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1777 BELLFLOWER BLVD #109
Phone num:	3105972497
Termination reason:	15
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139720

W108 SRHO20070158891
NW AHA Hospitals
2-4 mi
10795
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOIDA P CONSTANTINO MD MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040730
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1028718
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1777 BELLFLOWER BLVD STE 211
Phone num:	5624126083
Termination reason:	08
Term Date:	20050201
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158891

W109
NW
2-4 mi
10795
Higher

SRHO20070158926
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OIDA P CONSTANTINO MD MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040720
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D1028070
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1777 BELLFLOWER BLVD STE 211
Phone num:	5624126083
Termination reason:	00
Term Date:	20080719
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158926

W110
NW
2-4 mi
10795
Higher

SRHO20070149496
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19971110
Medicare/Medicaid:	1
Facility name:	AMERICAN HEALTHNET LABORATORIES LLC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19970917
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0933631
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1777 BELLFLOWER BOULEVARD SUITE 207
Phone num:	5629867770
Termination reason:	10

Term Date:	19990714
Purpose of action:	1
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149496

W111
NW
2-4 mi
10795
Higher

SRHO20070157733
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LESLIE M GONZALEZ MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1037433
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1777 BELLFLOWER BLVD SUITE 201
Phone num:	5624944277
Termination reason:	00
Term Date:	20070223
Purpose of action:	Not Reported
Provider control:	02
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070157733	

W112 SRHO20070147156
NW AHA Hospitals
2-4 mi
10795
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LAURINE C MAXELL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970529
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0928873
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1777 BELLFLOWER BOULEVARD SUITE 102
Phone num:	5624980832
Termination reason:	08
Term Date:	20050528
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147156

W113 SRHO20070155028
NW AHA Hospitals
2-4 mi
10795
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHIN MED HEALING CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20001103
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0979889
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1777 BELLFLOWER BLVD STE 210
Phone num:	5624946690
Termination reason:	08
Term Date:	20041102
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155028

W114
NW
2-4 mi
10795
Higher

SRHO20070154992
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020624

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1000821
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1777 BELLFLOWER BLVD SUITE 101
Phone num:	5629619991
Termination reason:	00
Term Date:	20080623
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154992

W115
NW
2-4 mi
10795
Higher

SRHO20070131678
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOSEPH AU MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930114
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0555043
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1777 N BELLFLOWER BLVD
Phone num:	3104981363

Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131678

X116 SRDCCA200708143
WSW
2-4 mi
10799
Higher

EDR ID: SRDCCA200708143
Daycare

Facility number:	198002099
Facility name:	"FELIX, DEBBIE FAMILY DAY CARE "
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	244 CORONA AVE.
City:	LONG BEACH
State:	CA
Zip:	90803
Alt. address:	244 CORONA AVE.
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	"FELIX, DEBBIE "
Licensee type:	A
License effective date:	960726
License expiration date:	Not Reported
License issue date:	960726
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	960424
Facility closed date:	Not Reported
Mailing address:	244 CORONA AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90803
Contact person:	"FELIX, DEBBIE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5629872984

U117 SRDCCA200723704
North EDR ID: SRDCCA200723704 Daycare
2-4 mi Facility number: 198009607
10864 Facility name: SMALL FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2267 KNOXVILLE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2267 KNOXVILLE AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "SMALL, STACY "
Licensee type: A
License effective date: 30824
License expiration date: Not Reported
License issue date: 030824
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030819
Facility closed date: Not Reported
Mailing address: 2267 KNOXVILLE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "SMALL, STACY "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625989469

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118 SRDCCA200749222
West EDR ID: SRDCCA200749222 Daycare
2-4 mi Facility number: 191609822
10981 Facility name: LAGOON PLAYGROUP
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5100 THE TOLEDO
City: LONG BEACH
State: CA
Zip: 90803
Alt. address: P.O. BOX 3882
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: LAGOON PLAYGROUP

Licensee type:	A
License effective date:	930915
License expiration date:	Not Reported
License issue date:	930915
Program type:	PRE-SCHOOL CHILDREN AGES 2 - 5 YEARS. A.M. PROGRAM THAT FOLLOWS THE SCHOOL CALENDAR. PRIMARY CARE IS GIVEN AT THE PLAYYARD AT COLORADO ANDNIETO. IN INCLEMENT WEATHER CARE WILL BE AT THE ABOVE ADDRESS.
Original app. received date:	930804
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 3882
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90803
Contact person:	TISA BROOKHYSER
Facility capacity:	15
Type of clients served:	950
Facility phone:	5624981663

Y119 SRDCCA200753511
NNE EDR ID: SRDCCA200753511 Daycare
2-4 mi Facility number: 304270910
11053 Facility name: LOS ALAMITOS CHILD DEVELOPMENT CENTER-LEE SITE
Higher

Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	11481 FOSTER ROAD
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	11872 WEMBLEY ROAD
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	LOS ALAMITOS UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	20820
License expiration date:	Not Reported
License issue date:	020820
Program type:	AMBULATORY CHILDREN. AGES 3-5 YEARS OLD. MONDAY-FRIDAY. 06:30 AM TO 6:00 PM. PORTABLE A & B. WAIVER FOR P/S TO SHARE OUTDOOR ACTIVITY SPACE WITH THE ELEMENTARY SCHOOL.
Original app. received date:	020531
Facility closed date:	Not Reported
Mailing address:	11481 FOSTER ROAD
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	COLLEEN BATTISTONE
Facility capacity:	48
Type of clients served:	950
Facility phone:	5627994540

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
Y120			SRPU20071014276
NNE	Ncessch:	062259000794	Public Schools
2-4 mi	Schname05:	RICHARD HENRY LEE ELEMENTARY	
11053	Mstreet05:	11481 FOSTER RD.	
Higher	Mcity05:	LOS ALAMITOS	
	Mstate05:	CA	
	Mzip05:	90720	
	Mzip405:	3818	
	Member05:	584	
	Phone05:	(562) 799-4540	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014276	
Z121			SRDCCA200746509
WNW	EDR ID:	SRDCCA200746509	Daycare
2-4 mi	Facility number:	198005764	
11128	Facility name:	"KINDER CARE #1626, BELMONT "	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	840	
	Facility status code:	03	
	Address:	5251 E LAS LOMAS	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	5251 E LAS LOMAS	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	KINDERCARE LEARNING CENTER INC	
	Licensee type:	D	
	License effective date:	417	
	License expiration date:	Not Reported	
	License issue date:	000417	
	Program type:	SCHOOL AGE CHILDREN 5 YEARS AND ABOVE	
	Original app. received date:	000111	
	Facility closed date:	Not Reported	
	Mailing address:	"650 N.E. HOLLADAY ST., #1400 "	
	Mailing city:	PORTLAND	
	Mailing state:	OR	
	Mailing zip:	97232	
	Contact person:	TANEA ROBINSON	
	Facility capacity:	14	
	Type of clients served:	950	
	Facility phone:	5629618882	
Z122			SRDCCA200741055
WNW	EDR ID:	SRDCCA200741055	Daycare
2-4 mi	Facility number:	198005945	
11128			
Higher			

Facility name:	KINDERCARE #1626 BELMONT SHORE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	5251 E. LAS LOMAS
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5251 E. LAS LOMAS
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"KINDERCARE LEARNING CENTER, INC "
Licensee type:	D
License effective date:	417
License expiration date:	Not Reported
License issue date:	000417
Program type:	INFANTS 0 - 2 YEARS OLD.
Original app. received date:	000406
Facility closed date:	Not Reported
Mailing address:	"650 N.E. HOLLADAY ST., #1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	TANEA ROBINSON
Facility capacity:	32
Type of clients served:	955
Facility phone:	5629618882

Z123
WNW
2-4 mi
11128
Higher

SRDCCA200751264
Daycare

EDR ID:	SRDCCA200751264
Facility number:	198005944
Facility name:	KINDERCARE #1626 BELMONT SHORE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5251 E. LAS LOMAS
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5251 E. LAS LOMAS
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "
Licensee type:	D
License effective date:	417
License expiration date:	Not Reported
License issue date:	000417
Program type:	CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	000406

Facility closed date:	Not Reported
Mailing address:	"650 N.E. HOLLADAY ST., #1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	TANEA ROBINSON
Facility capacity:	126
Type of clients served:	950
Facility phone:	5629618882

Z124 SRPR20051023395
WNW Private Schools
2-4 mi
11128
Higher

Pss school id:	A0307201
Pss inst:	KINDERCARE
Lograde:	K
Higrade:	K
Pss address:	5251 E LAS LOMAS ST
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90815
Pss phone:	5629618882
Pss sch days:	200
Pss stu day hrs:	4.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	0
Pss enroll k:	6
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	6
Pss enroll tk12:	6
Pss race ai:	0
Pss race as:	0
Pss race h:	0
Pss race b:	0
Pss race w:	6
Pss fte teach:	1
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1

Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	0
Pss black pct:	0
Pss white pct:	100
Pss stdtch rt:	6
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023395

AA125 SRDCCA200751796
NW Daycare
2-4 mi
11264
Higher

EDR ID:	SRDCCA200751796
Facility number:	198001365
Facility name:	LONG BEACH MONTESSORI SCHOOL
Facility eval. code:	8070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5454 ATHERTON ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5454 ATHERTON STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	LONG BEACH MONTESSORI SCHOOL
Licensee type:	C
License effective date:	951102
License expiration date:	Not Reported
License issue date:	951102
Program type:	LAUP FACILITY LICENSEE PREFERS TO SERVE PRESCHOOL CHILDREN AGES 2 THRU 5 YEARS OLD.
Original app. received date:	950710
Facility closed date:	Not Reported
Mailing address:	5454 ATHERTON STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	PATRICIA SOBUL
Facility capacity:	60
Type of clients served:	950
Facility phone:	5625975030

AA126
NW
2-4 mi
11264
Higher

SRPR20051022568
Private Schools

Pss school id:	00080133
Pss inst:	LONG BEACH MONTESSORI SCHOOL
Lograde:	K
Higrade:	3
Pss address:	5454 E ATHERTON ST
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90815
Pss phone:	5625978854
Pss sch days:	Not Reported
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	16
Pss enroll 1:	5
Pss enroll 2:	6
Pss enroll 3:	3
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	30
Pss enroll tk12:	30
Pss race ai:	Not Reported
Pss race as:	4
Pss race h:	7
Pss race b:	3
Pss race w:	16
Pss fte teach:	7.8
Pss locale:	1
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	13.33
Pss hisp pct:	23.33
Pss black pct:	10
Pss white pct:	53.33
Pss stdtch rt:	3.85
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	American Montessori Society (AMS)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported

Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051022568	

AB127 SRDCCA200703631
NW Daycare
2-4 mi
11321
Higher

EDR ID:	SRDCCA200703631
Facility number:	191612490
Facility name:	LINGLE FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2055 LOMINA AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2055 LOMINA AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"LINGLE, JOYCE E. "
Licensee type:	A
License effective date:	930404
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	840411
Facility closed date:	Not Reported
Mailing address:	2055 LOMINA AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"LINGLE, JOYCE E. "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5625968163

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128 SRDCCA200747436
WSW Daycare
2-4 mi
11334
Higher

EDR ID:	SRDCCA200747436
Facility number:	191600963
Facility name:	"BAYSHORE NURSERY SCHOOL, INC "
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5431 OCEAN BLVD
City:	LONG BEACH

State: CA
Zip: 90803
Alt. address: P.O. BOX 3798
City: LONG BEACH
State: CA
Zip: 90803
Facility investor: BAYSHORE CO-OPERATIVE NURSERY SCHOOL
Licensee type: C
License effective date: 931219
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE SERVES AGES 2 YRS 9 MOS THRU 4 YRS 9 MOS. COOPERATIVE NURSERY SCHOOL PROGRAM. HOURS 9 AM TO NOON. IN INCLEMENT WEATHER CO-OP MEETS AT ALL SAINTS EPISCOPAL CHURCH, ""346 TERMINO, LONG BEACH.
"
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: P.O. BOX 3798
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90803
Contact person: "SIEGRIST, MARJEL "
Facility capacity: 17
Type of clients served: 950
Facility phone: 5625701715

AB129
NW
2-4 mi
11395
Higher

SRDCCA200703634
Daycare

EDR ID: SRDCCA200703634
Facility number: 191613124
Facility name: "MARSHALL, PATSY FAMILY DAY CARE "
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2069 LOMINA
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2069 LOMINA
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "MARSHALL, PATSY "
Licensee type: A
License effective date: 950602
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD).
"
Original app. received date: 850201
Facility closed date: Not Reported

Mailing address:	2069 LOMINA
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"MARSHALL, PATSY "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5625946904

AC130 SRDCCA200752869
NE 2-4 mi 11436 Higher Daycare

EDR ID:	SRDCCA200752869
Facility number:	304370025
Facility name:	LOS ALAMITOS CHILD DEVELOPMENT CTR-ROSSMOOR SITE
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	3272 SHAKESPEARE DRIVE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	11872 WEMBLEY ROAD
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	LOS ALAMITOS UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	30910
License expiration date:	Not Reported
License issue date:	030910
Program type:	ONE NON-AMBULATORY. AGES 3-5 YEARS OLD. MONDAY THROUGH FRIDAY. 08:00 AM TO 12:00 PM. ROOM 22. WAIVER TO SHARE ELEMENTARY SCHOOL KINDERGARTEN PLAY YARD.
Original app. received date:	030516
Facility closed date:	Not Reported
Mailing address:	11872 WEMBLEY ROAD
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"CRAWFORD, SUSAN "
Facility capacity:	26
Type of clients served:	950
Facility phone:	5627994520

AC131 SRPU20071014283
NE 2-4 mi 11436 Higher Public Schools

Ncessch:	062259007307
Schname05:	ROSSMOOR ELEMENTARY
Mstreet05:	3272 SHAKESPEARE DR.
Mcity05:	LOS ALAMITOS
Mstate05:	CA
Mzip05:	90720
Mzip405:	3842
Member05:	586

Phone05:	(562) 799-4520	
Locale05:	3	
Type05:	1	
Level05:	1	
Gslo05:	KG	
Gshi05:	05	
Edr id:	SRPU20071014283	

NA — CUSA143863
South — FED_LAND
2-4 mi
11475
NA

Name:	Seal Beach National Wildlife Refuge
Feature:	National Wildlife Refuge FWS
Feature:	Open Water
URL:	http://refuges.fws.gov/profiles/index.cfm?id=11683
Bureau:	FWS
State:	CA
Is DOD?:	No

AD132 — SRDCCA200728332
NNW — Daycare
2-4 mi
11511
Higher

EDR ID:	SRDCCA200728332
Facility number:	198011310
Facility name:	MOSKOVITZ FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6371 CANTEL STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6371 CANTEL STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	CHRISTY LEE MOSKOVITZ
Licensee type:	A
License effective date:	50321
License expiration date:	Not Reported
License issue date:	050321
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	041214
Facility closed date:	Not Reported
Mailing address:	6371 CANTEL STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"MOSKOVITZ, CHRISTY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625967433

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
Z133 WNW 2-4 mi 11709 Higher			SRHO20070131095 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	GAUGER-MAHAWNAH MED CORP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921221	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554010	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	5199 E PACIFIC CST HWY #402	
	Phone num:	3105970367	
	Termination reason:	04	
	Term Date:	19930701	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131095	
AD134 NNW 2-4 mi 11802 Higher			SRDCCA200753773 Daycare
	EDR ID:	SRDCCA200753773	
	Facility number:	198006310	
	Facility name:	ST. PAUL'S LUTHERAN CHURCH & PRESCHOOL	
	Facility eval. code:	6170	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	2283 PALO VERDE AVENUE	
	City:	LONG BEACH	

State:	CA
Zip:	90815
Alt. address:	2283 PALO VERDE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	ST. PAUL'S LUTHERAN CHURCH
Licensee type:	C
License effective date:	1220
License expiration date:	Not Reported
License issue date:	001220
Program type:	LICENSEE SERVES CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	001012
Facility closed date:	Not Reported
Mailing address:	2283 PALO VERDE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	MARY MASON
Facility capacity:	69
Type of clients served:	950
Facility phone:	5625984729

Z135
WNW
2-4 mi
11903
Higher

SRHO20070152308
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEMORIAL PEDIATRICS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19991013
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0966349
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5175 PACIFIC COAST HWY #102
Phone num:	5625979770
Termination reason:	00
Term Date:	20071012
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152308

AB136 SRDCCA200702833
NNW 2-4 mi 11916 Higher Daycare

EDR ID:	SRDCCA200702833
Facility number:	191602184
Facility name:	GRZESIK FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2167 LOMINA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2167 LOMINA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"GRZESIK, RUTH E. "
Licensee type:	A
License effective date:	930111
License expiration date:	Not Reported
License issue date:	880125
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	871125
Facility closed date:	Not Reported
Mailing address:	2167 LOMINA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"GRZESIK, RUTH E. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625987096

Z137 SRHO20070109020
WNW 2-4 mi 12019 Higher AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported

Compliance status:	B
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19930916
Medicare/Medicaid:	1
Facility name:	ALLSTAR HEALTH CARE SERVICES, INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19920401
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557184
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	5150 E PACIFIC COAST HIGHWAY #103
Phone num:	3105970707
Termination reason:	01
Term Date:	19940712
Purpose of action:	2
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070109020

AE138
NNW
2-4 mi
12068
Higher

SRDCCA200740876
Daycare

EDR ID:	SRDCCA200740876
Facility number:	198013120
Facility name:	MARSHALL FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2276 GONDAR AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2276 GONDAR AVE.
City:	LONG BEACH
State:	CA
Zip:	90815

Facility investor:	AMY MARSHALL
Licensee type:	A
License effective date:	61219
License expiration date:	Not Reported
License issue date:	061219
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	061130
Facility closed date:	Not Reported
Mailing address:	2276 GONDAR AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"MARSHALL, AMY "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624936176

NA
South
2-4 mi
12154
NA

CUSA143866
FED_LAND

Name:	Seal Beach National Wildlife Refuge
Feature:	National Wildlife Refuge FWS
URL:	http://refuges.fws.gov/profiles/index.cfm?id=11683
Bureau:	FWS
State:	CA
Is DOD?:	No

AF139
NW
2-4 mi
12216
Higher

SRDCCA200702714
Daycare

EDR ID:	SRDCCA200702714
Facility number:	191612959
Facility name:	"WALL, DEBORAH FAMILY DAY CARE "
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5449 FAIRBROOK ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5449 FAIRBROOK ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"WALL, DOMINIC D. & DEBORAH L. "
Licensee type:	A
License effective date:	930807
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	850201

Facility closed date:	Not Reported
Mailing address:	5449 FAIRBROOK ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"WALL, DEBORAH L. "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5624945236

AA140 SRDCCA200754091
NW EDR ID: SRDCCA200754091 Daycare
2-4 mi Facility number: 198007146
12261 Facility name: EDGEWATER PRESCHOOL
Higher

Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5270 ATHERTON STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5270 ATHERTON ST
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"FOSTER SPORTS, INC. "
Licensee type:	G
License effective date:	20401
License expiration date:	Not Reported
License issue date:	020401
Program type:	AMBULATORY ONLY. PROVIDER MAY CARE FOR UP TO 45 CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE. TODDLER COMPONENT ATTACHED ALLOWS FOR CARE OF UP TO 10 CHILDREN AGES 18 MOS. TO 30 MOS.
Original app. received date:	011113
Facility closed date:	Not Reported
Mailing address:	19351 SHADY HARBOR CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92648
Contact person:	CRISTIANE FOSTER
Facility capacity:	55
Type of clients served:	950
Facility phone:	5625975913

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141 SRDCCA200704200
NNE EDR ID: SRDCCA200704200 Daycare
2-4 mi Facility number: 300615689
12267 Facility name: "UNDERWOOD, EMILY A. "
Higher

Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810

Facility status code:	03
Address:	11292 MARTHA ANN DR.
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	11292 MARTHA ANN DR.
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"UNDERWOOD, EMILY A. "
Licensee type:	A
License effective date:	930902
License expiration date:	Not Reported
License issue date:	930902
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	930505
Facility closed date:	Not Reported
Mailing address:	11292 MARTHA ANN DR.
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"UNDERWOOD, EMILY A. "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5624306537

AG142
West
2-4 mi
12302
Higher

SRDCCA200736256
Daycare

EDR ID:	SRDCCA200736256
Facility number:	198012802
Facility name:	SHELTON FAMILY CHILD CARE
Facility eval. code:	8150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4618 E. COLORADO ST.
City:	LONG BEACH
State:	CA
Zip:	90814
Alt. address:	4618 E. COLORADO ST.
City:	LONG BEACH
State:	CA
Zip:	90814
Facility investor:	DEANNA SHELTON
Licensee type:	A
License effective date:	60818
License expiration date:	Not Reported
License issue date:	060818
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060803
Facility closed date:	Not Reported

Mailing address:	4618 E. COLORADO ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90814
Contact person:	"SHELTON, DEANNA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624382129

AH143 SRDCCA200753008
WNW Daycare
2-4 mi
12424
Higher

EDR ID:	SRDCCA200753008
Facility number:	198009513
Facility name:	APPLE TREE THERAPEUTIC INCLUSIVE PRESCHOOL
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1429 CLARK AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	1429 CLARK AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"APPLE TREE EARLY INTERVENTION CENTER, INC. "
Licensee type:	C
License effective date:	31007
License expiration date:	Not Reported
License issue date:	031007
Program type:	LICENSEE SERVES 45 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	030806
Facility closed date:	Not Reported
Mailing address:	1429 CLARK AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"SHANAHAN, KATHLEEN "
Facility capacity:	45
Type of clients served:	950
Facility phone:	5625971351

AF144 SRHO20070140827
NW AHA Hospitals
2-4 mi
12438
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported

Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ARTHRITIS ASSOC OF LONG BEACH MED GRP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950616
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0708548
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5512 BRITTON DR 200
Phone num:	5625964266
Termination reason:	01
Term Date:	20000327
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140827

AH145
WNW
2-4 mi
12518
Higher

SRHO20070107495
AHA Hospitals

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	EAST LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051017
Medicare/Medicaid:	1
Facility name:	BEL VISTA CONVALESCENT HOSPITAL
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20040421
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555805
Record Status:	A
Region code:	09

Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	5001 EAST ANAHEIM STREET
Phone num:	5624945001
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0036
Num cert beds:	0036
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107495

AH146
WNW
2-4 mi
12518
Higher

SRHO20070138079
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BEL VISTA CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930211
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0674869
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5001 EAST ANAHEIM STREET
Phone num:	5624945001
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138079

AH147 SRHO20070004124
WNW AHA Hospitals
2-4 mi
12518
Higher

Hospital type:	02
Num of times COO:	02
Owner date:	19850403
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19860314
Medicare/Medicaid:	1
Facility name:	BEL VISTA CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19740601
Prior COO date:	19831216
Prior carrier:	Not Reported
Provider ID:	05A019
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	5001 E ANAHEIM ST
Phone num:	2134945001
Termination reason:	04
Term Date:	19860331
Purpose of action:	2
Provider control:	03
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0046
Num cert beds:	0046
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070004124

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AH148 WNW 2-4 mi 12518 Higher			SRNH20060915193 Nursing Homes
	Provnum:	555805	
	Nursinghomename:	BEL VISTA CONVALESCENT HOSPITAL	
	Street:	5001 EAST ANAHEIM STREET	
	City:	EAST LONG BEACH	
	State:	CA	
	Zipcode:	90804	
	Phonenumber:	5624945001	
	Dateoflastinspection:	20051017	
	Certifiednumberofbeds:	36	
	Totalnumberofresidents:	34	
	Percofoccupiedbeds:	94	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	NO	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060915193	
AG149 West 2-4 mi 12660 Higher			SRHO20070144888 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JAMES C REITZ MED INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940914	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0891752	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4530 E 4TH ST APT 1E	
	Phone num:	3105971325	
	Termination reason:	17	
	Term Date:	19960913	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90814	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144888

AE150 SRDCCA200708391
NNW Daycare
2-4 mi
12667
Higher

EDR ID:	SRDCCA200708391
Facility number:	198002164
Facility name:	"DOUGLASS, MARIA & JOHN FAMILY DAY CARE "
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6040 E. LOS ARCOS ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	6040 E. LOS ARCOS ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"DOUGLASS, MARIA & JOHN "
Licensee type:	A
License effective date:	960612
License expiration date:	Not Reported
License issue date:	960612
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	960523
Facility closed date:	Not Reported
Mailing address:	6040 E. LOS ARCOS ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"DOUGLASS, MARIA & JOHN "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5625962456

AF151 SRHO20070159893
NW AHA Hospitals
2-4 mi
12786
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported

FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAV ON DRUGS #9412
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038860
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2130 BELLFLOWER BLVD
Phone num:	5625983301
Termination reason:	00
Term Date:	20070328
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159893

AI152
NNW
2-4 mi
12827
Higher

SRDCCA200746726
Daycare

EDR ID:	SRDCCA200746726
Facility number:	191600539
Facility name:	PALO VERDE CHRISTIAN CHURCH NURSERY SCHOOL
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2501 PALO VERDE AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2501 PALO VERDE AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	PALO VERDE AVENUE CHRISTIAN CHURCH
Licensee type:	C
License effective date:	930913

License expiration date: Not Reported
License issue date: Not Reported
Program type: "PRESCHOOL 2 YEARS TO 5 YEARS OLD. HOURS - 9 AM - 11:30 AM AND 1 PM - 4 PM, MONDAY-FRIDAY.
"
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 2509 PALO VERDE AVE
Mailing city: L B
Mailing state: CA
Mailing zip: 90815
Contact person: "FORGY, LAURIE "
Facility capacity: 54
Type of clients served: 950
Facility phone: 5625985215

AG153 SRDCCA200725290
West EDR ID: SRDCCA200725290 Daycare
2-4 mi Facility number: 198010215
12958 Facility name: CLARIN FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4430 E. 4TH STREET
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 4430 E. 4TH STREET
City: LONG BEACH
State: CA
Zip: 90814
Facility investor: "CLARIN, LITA "
Licensee type: A
License effective date: 40406
License expiration date: Not Reported
License issue date: 040406
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 040210
Facility closed date: Not Reported
Mailing address: 4430 E. 4TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "CLARIN, LITA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5626211978

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AE154 NNW 2-4 mi 13005 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250002752 PRISK ELEMENTARY 2375 FANWOOD AVE. LONG BEACH CA 90815 2114 592 (562) 598-9601 1 1 1 KG 05 SRPU20071014042	SRPU20071014042 Public Schools
155 NNW 2-4 mi 13083 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250002758 STANFORD MIDDLE 5871 EAST LOS ARCOS ST. LONG BEACH CA 90815 2120 1411 (562) 594-9793 1 1 2 06 08 SRPU20071014048	SRPU20071014048 Public Schools
AG156 West 2-4 mi 13113 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date:	SRDCCA200721320 198009287 PEREZ FAMILY CHILD CARE 8160 33 19 810 03 328 XIMENO AVENUE LONG BEACH CA 90814 328 XIMENO AVENUE LONG BEACH CA 90814 "PEREZ, MELODYE " A 30630	SRDCCA200721320 Daycare

License expiration date: Not Reported
License issue date: 030630
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030602
Facility closed date: Not Reported
Mailing address: 328 XIMENO AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "PEREZ, MELODYE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624387213

AH157 SRDCCA200701392
WNW EDR ID: SRDCCA200701392 Daycare
2-4 mi Facility number: 197804638
13210 Facility name: DIMONDALE ADOLESCENT CARE FACILITY #4
Higher Facility eval. code: 6003
Facility office number: 32
Facility county number: 19
Facility type code: 730
Facility status code: 03
Address: 1461 NORTH ANAHEIM PL.
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: P.O. BOX 4446
City: PALOS VERDES
State: CA
Zip: 90274
Facility investor: FLEMING & BARNES INC.
Licensee type: C
License effective date: 50302
License expiration date: Not Reported
License issue date: 050302
Program type: "LICENSED TO SERVE CHILDREN, AGES 12 - 17 YEARS OLD, AMBULATORY ONLY. "
Original app. received date: 040915
Facility closed date: Not Reported
Mailing address: P.O. BOX 4446
Mailing city: PALOS VERDES
Mailing state: CA
Mailing zip: 90274
Contact person: AUGUSTINE PANCHOO
Facility capacity: 6
Type of clients served: 950
Facility phone: 5624947534

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI158 North 2-4 mi 13215 Higher			SRPU20071014003 Public Schools
	Ncessch:	062250002712	
	Schname05:	EMERSON PARKSIDE ACADEMY CHARTER	
	Mstreet05:	2625 JOSIE AVE.	
	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90815	
	Mzip405:	1511	
	Member05:	624	
	Phone05:	(562) 420-2631	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014003	
AJ159 NE 2-4 mi 13234 Higher			SRPR20051023127 Private Schools
	Pss school id:	00075393	
	Pss inst:	ST HEDWIG ELEMENTARY SCHOOL	
	Lograde:	K	
	Higrade:	8	
	Pss address:	3591 ORANGEWOOD AVENUE	
	Pss city:	LOS ALAMITOS	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90720	
	Pss phone:	5622969060	
	Pss sch days:	Not Reported	
	Pss stu day hrs:	6.88	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	48	
	Pss enroll 1:	59	
	Pss enroll 2:	48	
	Pss enroll 3:	52	
	Pss enroll 4:	64	
	Pss enroll 5:	63	
	Pss enroll 6:	69	
	Pss enroll 7:	49	
	Pss enroll 8:	62	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	514	
	Pss enroll tk12:	514	
	Pss race ai:	0	
	Pss race as:	54	
	Pss race h:	69	
	Pss race b:	2	
	Pss race w:	389	

Pss fte teach:	24.6
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	10.51
Pss hisp pct:	13.42
Pss black pct:	0.39
Pss white pct:	75.68
Pss stdtch rt:	20.89
Pss orient:	1
Pss county name:	ORANGE
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023127

AH160
WNW
2-4 mi
13236
Higher

SRCL20051000310
Colleges

Unitid:	110176
Instnm:	BROOKS COLLEGE
Addr:	4825 E PACIFIC CST HWY
City:	LONG BEACH
Stabbr:	CA
Zip:	90804
Zip4:	Not Reported
Unk:	Not Reported
Fips:	090804
Oberge:	8
Chfnm:	Al Nederhood
Chftitle:	PRESIDENT
Gentele:	5.63E+13
Fintele:	5.63E+13
Admtele:	5.63E+13
Ein:	-1
Duns:	152758421
Opeid:	2065500
Opeflag:	1
Webaddr:	www.brookscollege.edu
Sector:	6
Iclevel:	2
Control:	3
Hloffer:	3
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	40
Deggrant:	1

Hbcu:	2
Hospital:	2
Medical:	2
Tribal:	2
Carnegie:	40
Locale:	1
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	1
Fte:	1072
Enrtot:	1361
Edr id:	SRCL20051000310

161
NW
2-4 mi
13304
Higher

SRDCCA200706546
Daycare

EDR ID:	SRDCCA200706546
Facility number:	198000173
Facility name:	EVANS FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5223 E. CALDERWOOD ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5223 E. CALDERWOOD ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"EVANS, SHERI "
Licensee type:	A
License effective date:	940414
License expiration date:	Not Reported
License issue date:	940414
Program type:	Not Reported
Original app. received date:	940323
Facility closed date:	Not Reported
Mailing address:	5223 E. CALDERWOOD ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"EVANS, SHERI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624981770

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI162			SRPR20051021847
NNW	Pss school id:	00070806	Private Schools
2-4 mi	Pss inst:	ST JOSEPH ELEMENTARY SCHOOL	
13335	Lograde:	K	
Higher	Higrade:	8	
	Pss address:	6200 E WILLOW STREET	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90815	
	Pss phone:	5625966115	
	Pss sch days:	184	
	Pss stu day hrs:	7	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	33	
	Pss enroll 1:	38	
	Pss enroll 2:	36	
	Pss enroll 3:	35	
	Pss enroll 4:	34	
	Pss enroll 5:	31	
	Pss enroll 6:	35	
	Pss enroll 7:	26	
	Pss enroll 8:	33	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	301	
	Pss enroll tk12:	301	
	Pss race ai:	0	
	Pss race as:	3	
	Pss race h:	47	
	Pss race b:	5	
	Pss race w:	246	
	Pss fte teach:	13.9	
	Pss locale:	1	
	Pss coed:	1	
	Pss type:	1	
	Pss level:	1	
	Pss relig:	1	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	1	
	Pss hisp pct:	15.61	
	Pss black pct:	1.66	
	Pss white pct:	81.73	
	Pss stdtch rt:	21.65	
	Pss orient:	1	
	Pss county name:	LOS ANGELES	
	Pss assoc 1:	National Catholic Educational Association (NCEA)	
	Pss assoc 2:	Other special emphasis association(s)	
	Pss assoc 3:	Not Reported	

Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051021847	

AJ163 SRDCCA200704883
NE
2-4 mi
13560
Higher

EDR ID:	SRDCCA200704883	Daycare
Facility number:	300612338	
Facility name:	"GOLDSMITH, DARLENE DIANE "	
Facility eval. code:	3404	
Facility office number:	06	
Facility county number:	30	
Facility type code:	810	
Facility status code:	03	
Address:	11401 HARRISBURG RD.	
City:	LOS ALAMITOS	
State:	CA	
Zip:	90720	
Alt. address:	11401 HARRISBURG RD.	
City:	LOS ALAMITOS	
State:	CA	
Zip:	90720	
Facility investor:	"GOLDSMITH, DARLENE DIANE "	
Licensee type:	A	
License effective date:	941119	
License expiration date:	Not Reported	
License issue date:	911119	
Program type:	"LICSENSE INACTIVE AS OF MARCH 1, 2007 "	
Original app. received date:	910801	
Facility closed date:	Not Reported	
Mailing address:	11401 HARRISBURG RD.	
Mailing city:	LOS ALAMITOS	
Mailing state:	CA	
Mailing zip:	90720	
Contact person:	"GOLDSMITH, DARLENE DIANE "	
Facility capacity:	12	
Type of clients served:	960	
Facility phone:	5624303175	

AK164 SRPU20071014058
WNW
2-4 mi
13708
Higher

Ncessch:	062250002769	Public Schools
Schname05:	WILSON HIGH	
Mstreet05:	4400 EAST TENTH ST.	
Mcity05:	LONG BEACH	
Mstate05:	CA	
Mzip05:	90804	
Mzip405:	4310	
Member05:	4630	
Phone05:	(562) 433-0481	
Locale05:	1	
Type05:	1	

Level05:	3	
Gslo05:	09	
Gshi05:	12	
Edr id:	SRPU20071014058	

165 SRDCCA200734969
WNW Daycare
2-4 mi
13725
Higher

EDR ID:	SRDCCA200734969
Facility number:	198012578
Facility name:	MEDINA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	709 BENNETT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	709 BENNETT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"MEDINA, SONIA "
Licensee type:	A
License effective date:	60523
License expiration date:	Not Reported
License issue date:	060523
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060509
Facility closed date:	Not Reported
Mailing address:	709 BENNETT AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"MEDINA, SONIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629300983

166 SRDCCA200707594
WNW Daycare
2-4 mi
13776
Higher

EDR ID:	SRDCCA200707594
Facility number:	198003213
Facility name:	CARDENAS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1327 LEE AVE
City:	LONG BEACH
State:	CA
Zip:	90804

Alt. address: 1327 LEE AVE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: CARDENAS ANGELES AND MIGUEL
Licensee type: A
License effective date: 970807
License expiration date: Not Reported
License issue date: 970807
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 970616
Facility closed date: Not Reported
Mailing address: 1327 LEE AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: CARDENAS ANGELES & MIGUEL
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624982124

AL167
NNW
2-4 mi
13870
Higher

SRDCCA200747570
Daycare

EDR ID: SRDCCA200747570
Facility number: 191602056
Facility name: LOS ALTOS UNITED METHODIST PRESCHOOL
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 5950 E WILLOW ST
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5950 E WILLOW ST
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: LOS ALTOS UNITED METHODIST PRESCHOOL
Licensee type: C
License effective date: 930916
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 THRU 6 YEARS "
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 5950 E. WILLOW ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: SUSAN STEELE
Facility capacity: 50

Type of clients served:	950	
Facility phone:	5625983713	

AK168 SRDCCA200724796
WNW Daycare
2-4 mi
13887
Higher

EDR ID:	SRDCCA200724796
Facility number:	198010273
Facility name:	SANCHEZ FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	837 BENNETT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	837 BENNETT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"SANCHEZ, EDELMIRA "
Licensee type:	A
License effective date:	40429
License expiration date:	Not Reported
License issue date:	040429
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	040218
Facility closed date:	Not Reported
Mailing address:	837 BENNETT AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"SANCHEZ, EDELMIRA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629871451

AK169 SRDCCA200714503
WNW Daycare
2-4 mi
14049
Higher

EDR ID:	SRDCCA200714503
Facility number:	192007056
Facility name:	KING FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1215 XIMENO APT 1
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1215 XIMENO APT 1
City:	LONG BEACH

State:	CA
Zip:	90804
Facility investor:	"KING, SHERRY JOANN "
Licensee type:	A
License effective date:	10502
License expiration date:	Not Reported
License issue date:	010502
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010321
Facility closed date:	Not Reported
Mailing address:	1215 XIMENO APT 1
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	KING SHERRY JOANN
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624338631

AM170 — SRPU20071013796
NW — Public Schools
2-4 mi
14289
Higher

Ncessch:	062250002700
Schname05:	BIXBY ELEMENTARY
Mstreet05:	5251 EAST STEARNS ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90815
Mzip405:	2902
Member05:	464
Phone05:	(562) 498-3794
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071013796

AL171 — SRDCCA200706407
NNW — Daycare
2-4 mi
14339
Higher

EDR ID:	SRDCCA200706407
Facility number:	198000054
Facility name:	NORRIS FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5841 E. WALTON ST.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5841 E. WALTON ST.
City:	LONG BEACH

State:	CA
Zip:	90815
Facility investor:	"NORRIS, DEANNA & BROCK "
Licensee type:	A
License effective date:	940426
License expiration date:	Not Reported
License issue date:	940426
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	940214
Facility closed date:	Not Reported
Mailing address:	5841 E. WALTON ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"NORRIS, DEANNA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624255612

AN172
West
2-4 mi
14474
Higher

SRPU20071014005
Public Schools

Ncessch:	062250002714
Schname05:	FREMONT ELEMENTARY
Mstreet05:	4000 EAST FOURTH ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90814
Mzip405:	2818
Member05:	398
Phone05:	(562) 439-6873
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014005

AO173
NW
2-4 mi
14510
Higher

SRDCCA200708231
Daycare

EDR ID:	SRDCCA200708231
Facility number:	198002126
Facility name:	"HEWITT, ROSA FAMILY DAY CARE "
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2327 CHARLEMAGNE AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2327 CHARLEMAGNE AVE
City:	LONG BEACH

State:	CA
Zip:	90815
Facility investor:	"HEWITT, ROSA "
Licensee type:	A
License effective date:	960717
License expiration date:	Not Reported
License issue date:	960717
Program type:	LICENSE INACTIVE FROM 4-1-2004 UNTIL 1-31-2007
Original app. received date:	960430
Facility closed date:	Not Reported
Mailing address:	2327 CHARLEMAGNE AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"HEWITT, ROSA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5625975662

AO174 SRDCCA200712487
NW Daycare
2-4 mi
14589
Higher

EDR ID:	SRDCCA200712487
Facility number:	198006296
Facility name:	MURILLO FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2339 CHARLEMAGNE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2339 CHARLEMAGNE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"MURILLO, GABRIELA "
Licensee type:	A
License effective date:	1108
License expiration date:	Not Reported
License issue date:	001108
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000919
Facility closed date:	Not Reported
Mailing address:	2339 CHARLEMAGNE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"MURILLO, GABRIELA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629613998

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AP175 WNW 2-4 mi 14594 Higher			SRHO20070011279 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	06	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19950707	
	Medicare/Medicaid:	1	
	Facility name:	CLINISHARE HOME HEALTH AGENCY	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19761213	
	Prior COO date:	19850701	
	Prior carrier:	Not Reported	
	Provider ID:	057188	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	4510 E PACIFIC COAST HWY SUITE 540	
	Phone num:	3104946595	
	Termination reason:	01	
	Term Date:	19980429	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070011279	
AQ176 North 2-4 mi 14622 Higher			SRDCCA200703821 Daycare
	EDR ID:	SRDCCA200703821	
	Facility number:	191608464	
	Facility name:	STEVENSON FAMILY CHILD CARE	
	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2819 JOSIE AVENUE	
	City:	LONG BEACH	

State:	CA
Zip:	90815
Alt. address:	2819 JOSIE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	STEVENSON FAMILY DAY CARE
Licensee type:	A
License effective date:	951028
License expiration date:	Not Reported
License issue date:	921028
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	920820
Facility closed date:	Not Reported
Mailing address:	2819 JOSIE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	LAURA M. STEVENSON
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624290069

AN177
West
2-4 mi
14656
Higher

SRDCCA200747438
Daycare

EDR ID:	SRDCCA200747438
Facility number:	191601010
Facility name:	BELMONT HEIGHTS UNITED METHODIST CHURCH NURSERY S
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	317 TERMINO AVE
City:	LONG BEACH
State:	CA
Zip:	90814
Alt. address:	317 TERMINO AVE
City:	LONG BEACH
State:	CA
Zip:	90814
Facility investor:	BELMONT HEIGHTS UNITED METHODIST CHURCH
Licensee type:	C
License effective date:	930401
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LICENSEE PREFERS TO SERVE CHILDREN AGE 2 THRU 6 YEARS.
Original app. received date:	780613
Facility closed date:	Not Reported
Mailing address:	317 TERMINO AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90814

Contact person:	"SORIANO, CHRISTY "
Facility capacity:	48
Type of clients served:	950
Facility phone:	5624381466

AQ178 SRDCCA200703769
North Daycare
2-4 mi

EDR ID:	SRDCCA200703769
Facility number:	191608270
Facility name:	FOLLETT DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2861 IROQUOIS AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2861 IROQUOIS AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	FOLLETT FAMILY DAY CARE
Licensee type:	A
License effective date:	951216
License expiration date:	Not Reported
License issue date:	921216
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	920714
Facility closed date:	Not Reported
Mailing address:	2861 IROQUOIS AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	SANDRA FOLLETT
Facility capacity:	6
Type of clients served:	960
Facility phone:	5624961843

AR179 SRDCCA200754582
WSW Daycare
2-4 mi

EDR ID:	SRDCCA200754582
Facility number:	198006258
Facility name:	BELMONT SHORE CHILDREN'S CENTER
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	30 S. TERMINO
City:	LONG BEACH
State:	CA
Zip:	90803

Alt. address:	4181 GREEN AVENUE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"GREEN STREET, INC. "
Licensee type:	D
License effective date:	10102
License expiration date:	Not Reported
License issue date:	010102
Program type:	AMBULATORY CHILDREN AGE 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	000830
Facility closed date:	Not Reported
Mailing address:	4181 GREEN AVENUE
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	SOPHIA NAVARRO
Facility capacity:	70
Type of clients served:	950
Facility phone:	5624393369

AR180 SRPR20051024830
WSW Private Schools
2-4 mi
14839
Higher

Pss school id:	BB040248
Pss inst:	BELMONT SHORE CHILDREN'S CENTE
Lograde:	PK
Higrade:	K
Pss address:	30 S TERMINO AVE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90803
Pss phone:	5624393369
Pss sch days:	180
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	15
Pss enroll k:	7
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	22
Pss enroll tk12:	7
Pss race ai:	0

Pss race as:	0
Pss race h:	2
Pss race b:	0
Pss race w:	5
Pss fte teach:	1
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	28.57
Pss black pct:	0
Pss white pct:	71.43
Pss stdtch rt:	7
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024830

AS181
NNE
2-4 mi
14859
Higher

SRHO20070141030
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20010725
Current survey date:	20051019
Medicare/Medicaid:	1
Facility name:	CENTERS FOR FAMILY MEDICINE-A MEDICAL CORP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0722506
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3460 KATELLA AVENUE

Phone num:	3105946599
Termination reason:	00
Term Date:	20070910
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141030

AR182
WSW
2-4 mi
14876
Higher

SRDCCA200726376
Daycare

EDR ID:	SRDCCA200726376
Facility number:	198010743
Facility name:	SHADE FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	11 SOUTH TERMINO #115
City:	LONG BEACH
State:	CA
Zip:	90803
Alt. address:	11 SOUTH TERMINO #115
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	AMY LOUISE SHADE
Licensee type:	A
License effective date:	41108
License expiration date:	Not Reported
License issue date:	041108
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040713
Facility closed date:	Not Reported
Mailing address:	11 SOUTH TERMINO #115
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90803
Contact person:	"SHADE, AMY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624335503

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AN183			SRHO20070138500
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
14889	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ALAMITOS-BELMONT REHABILITATION HOSP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930114	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0677689	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3901 E 4TH STREET	
	Phone num:	3104348421	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90814	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070138500	

AN184			SRHO20070011095
West	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	02	
14889	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060211	

Medicare/Medicaid:	1
Facility name:	ALAMITOS BELMONT REHAB HOSPITA
Intermediary/Carrier:	00040
Medicaid number:	940000062
Partcipation date:	19691014
Prior COO date:	19980601
Prior carrier:	Not Reported
Provider ID:	056125
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	3901 E FOURTH STREET
Phone num:	5624348421
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90814
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0094
Num cert beds:	0094
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011095

AN185
West
2-4 mi
14889
Higher

SRNH20060901150
Nursing Homes

Provnum:	056125
Nursinghomename:	ALAMITOS BELMONT REHAB HOSPITA
Street:	3901 E FOURTH STREET
City:	LONG BEACH
State:	CA
Zipcode:	90814
Phonenumber:	5624348421
Dateoflastinspection:	20060127
Certifiednumberofbeds:	94
Totalnumberofresidents:	89
Percofoccupiedbeds:	95
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060901150

AM186
NW
2-4 mi
14897
Higher

SRPR20051023278
Private Schools

Pss school id:	00071344
Pss inst:	OUR LADY OF REFUGE SCHOOL
Lograde:	K
Higrade:	8
Pss address:	5210 E LOS COYOTES DIAGONAL
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90815
Pss phone:	5625970819
Pss sch days:	180
Pss stu day hrs:	6.42
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	25
Pss enroll 1:	28
Pss enroll 2:	18
Pss enroll 3:	22
Pss enroll 4:	10
Pss enroll 5:	25
Pss enroll 6:	26
Pss enroll 7:	31
Pss enroll 8:	19
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	204
Pss enroll tk12:	204
Pss race ai:	0
Pss race as:	45
Pss race h:	49
Pss race b:	3
Pss race w:	107
Pss fte teach:	12
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	22.06
Pss hisp pct:	24.02
Pss black pct:	1.47
Pss white pct:	52.45
Pss stdtch rt:	17
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	Not Reported
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported

Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051023278	

AT187 — SRPU20071014036
NNW — Public Schools
2-4 mi
14905
Higher

Ncessch:	062250002745
Schname05:	MILLIKAN SENIOR HIGH
Mstreet05:	2800 SNOWDEN AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90815
Mzip405:	1436
Member05:	4026
Phone05:	(562) 425-7441
Locale05:	1
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071014036

AM188 — SRDCCA200747576
NW — Daycare
2-4 mi
14976
Higher

EDR ID:	SRDCCA200747576
Facility number:	191602122
Facility name:	NAZARENE PRE SCHOOL
Facility eval. code:	8150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5253 LOS COYOTES DIAGONAL
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5253 LOS COYOTES DIAGONAL
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	FIRST CHURCH OF THE NAZARENE OF LONG BEACH
Licensee type:	C
License effective date:	941008
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, PRESCHOOL AGES 2.5-6 YEARS. "
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	5253 LOS COYOTES DIAGONAL
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815

Contact person:	"BLATT, CARALYN "
Facility capacity:	85
Type of clients served:	950
Facility phone:	5625973900

AM189 SRPR20051023064
NW Private Schools
2-4 mi
14976
Higher

Pss school id:	00093969
Pss inst:	NAZARENE CHRN SCH OF LONG BCH
Lograde:	PK
Higrade:	12
Pss address:	5253 E LOS COYOTES DIAGONAL
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90815
Pss phone:	5625973900
Pss sch days:	185
Pss stu day hrs:	6.25
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	32
Pss enroll k:	15
Pss enroll 1:	8
Pss enroll 2:	12
Pss enroll 3:	18
Pss enroll 4:	20
Pss enroll 5:	7
Pss enroll 6:	9
Pss enroll 7:	7
Pss enroll 8:	12
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	1
Pss enroll t:	141
Pss enroll tk12:	109
Pss race ai:	0
Pss race as:	8
Pss race h:	33
Pss race b:	11
Pss race w:	57
Pss fte teach:	7.8
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	3
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	7.34
Pss hisp pct:	30.28
Pss black pct:	10.09
Pss white pct:	52.29

Pss stdtch rt:	13.97	
Pss orient:	28	
Pss county name:	LOS ANGELES	
Pss assoc 1:	Association of Christian Schools International (ACSI)	
Pss assoc 2:	Other religious school association(s)	
Pss assoc 3:	Not Reported	
Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051023064	

AU190 SRDCCA200700147
WNW Daycare
2-4 mi
15008
Higher

EDR ID:	SRDCCA200700147
Facility number:	191601150
Facility name:	LONG BEACH YOUTH HOME
Facility eval. code:	7005
Facility office number:	32
Facility county number:	19
Facility type code:	730
Facility status code:	06
Address:	4151 FOUNTAIN STREET
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	P.O.BOX 4550
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	CHILDNET YOUTH AND FAMILY SERVICES
Licensee type:	C
License effective date:	931015
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY ONLY, MALES AGES 11 THRU 17 YEARS OLD "
Original app. received date:	760706
Facility closed date:	Not Reported
Mailing address:	4151 FOUNTAIN STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	TIMOTHY WITHERSPOON
Facility capacity:	30
Type of clients served:	950
Facility phone:	5629616100

AV191 SRHO20070011712
WNW AHA Hospitals
2-4 mi
15021
Higher

Hospital type:	03
Num of times COO:	01
Owner date:	20040621
City:	LONG BEACH
Has plan of corr:	1

Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20011218
Current survey date:	20060207
Medicare/Medicaid:	1
Facility name:	EMPRESS REHABILITATION CENTER
Intermediary/Carrier:	52280
Medicaid number:	ZZT06164G
Partcipation date:	19700306
Prior COO date:	Not Reported
Prior carrier:	51051
Provider ID:	056164
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1020 TERMINO AVENUE
Phone num:	5624336791
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0133
Num cert beds:	0133
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011712

AV192
WNW
2-4 mi
15021
Higher

SRHO20070141632
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EMPRESS REHABILITATION CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930108
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0717326
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1020 TERMINO AVENUE
Phone num:	5624336791
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141632

AV193
WNW
2-4 mi
15021
Higher

SRNH20060901172
Nursing Homes

Provnum:	056164
Nursinghomename:	EMPRESS REHABILITATION CENTER
Street:	1020 TERMINO AVENUE
City:	LONG BEACH
State:	CA
Zipcode:	90804
Phonenumber:	5624336791
Dateoflastinspection:	20060202
Certifiednumberofbeds:	133
Totalnumberofresidents:	122
Percofoccupiedbeds:	92
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060901172

AU194
WNW
2-4 mi
15065
Higher

SRHO20070009715
AHA Hospitals

Hospital type:	03
Num of times COO:	01
Owner date:	20020701
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	20040716
Current survey date:	20060413
Medicare/Medicaid:	1
Facility name:	SHORELINE HEALTHCARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	940000042
Partcipation date:	19670101
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	055353
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	4029 EAST ANAHEIM STREET
Phone num:	5624944421
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0075
Num cert beds:	0075
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009715

AU195
WNW
2-4 mi
15065
Higher

SRHO20070138419
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SHORELINE HEALTHCARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930402
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0694483

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4029 EAST ANAHEIM STREET
Phone num:	5624944421
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138419

AU196
WNW
2-4 mi
15065
Higher

SRNH20060900771
Nursing Homes

Provnum:	055353
Nursinghomename:	SHORELINE HEALTHCARE CENTER
Street:	4029 EAST ANAHEIM STREET
City:	LONG BEACH
State:	CA
Zipcode:	90804
Phonenumber:	5624944421
Dateoflastinspection:	20060328
Certifiednumberofbeds:	75
Totalnumberofresidents:	65
Percofoccupiedbeds:	87
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060900771

AV197
WNW
2-4 mi
15104
Higher

SRDCCA200735932
Daycare

EDR ID:	SRDCCA200735932
Facility number:	198012782
Facility name:	ZEPEDA FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1063 TERMINO AVENUE

City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1063 TERMINO AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	MARTA ARELI ZEPEDA
Licensee type:	A
License effective date:	60921
License expiration date:	Not Reported
License issue date:	060921
Program type:	" MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060719
Facility closed date:	Not Reported
Mailing address:	1063 TERMINO AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"ZEPEDA, MARTA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5626219756

AU198
WNW
2-4 mi
15117
Higher

SRPU20071013797
Public Schools

Ncessch:	062250002701
Schname05:	BRYANT ELEMENTARY
Mstreet05:	4101 EAST FOUNTAIN ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90804
Mzip405:	3022
Member05:	381
Phone05:	(562) 498-3802
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071013797

AM199
NW
2-4 mi
15178
Higher

SRHO20070154840
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	PIONEER MEDICAL GROUP LONG BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010322
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0984507
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2220 CLARK AVENUE
Phone num:	5625974183
Termination reason:	00
Term Date:	20070321
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154840

AM200
NW
2-4 mi
15178
Higher

SRHO20070131796
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FRIENDLY HILLS-LONG BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930506
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0555073
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2220 CLARK AVENUE
Phone num:	3105973653
Termination reason:	12
Term Date:	19991231
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131796

AS201
NNE
2-4 mi
15226
Higher

SRHO20070148200
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ACE HOME HEALTH CARE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960909
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0919431
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3532 KATELLA AVE, #105
Phone num:	3104318611
Termination reason:	08
Term Date:	19980908
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148200

AU202 SRDCCA200725446
WNW Daycare
2-4 mi
15233
Higher

EDR ID:	SRDCCA200725446
Facility number:	198010231
Facility name:	MA’AE FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1398 BELMONT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	1398 BELMONT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	TOEASO FAATAFA MA’AE
Licensee type:	A
License effective date:	40721
License expiration date:	Not Reported
License issue date:	040721
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040310
Facility closed date:	Not Reported
Mailing address:	1398 BELMONT AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"MA’AE, TOEASO "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624940353

AO203 SRDCCA200729386
NW Daycare
2-4 mi
15277
Higher

EDR ID:	SRDCCA200729386
Facility number:	198011755
Facility name:	AKPAMGBO FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33

Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2444 CHARLEMAGNE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2444 CHARLEMAGNE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"AKPAMGBO, CYNTHIA & CLARE "
Licensee type:	A
License effective date:	50706
License expiration date:	Not Reported
License issue date:	050706
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050518
Facility closed date:	Not Reported
Mailing address:	2444 CHARLEMAGNE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"AKPAMGBO, C. & C. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629610225

AM204
NW
2-4 mi
15290
Higher

SRDCCA200750428
Daycare

EDR ID:	SRDCCA200750428
Facility number:	191605144
Facility name:	BETHANY PRE-SCHOOL
Facility eval. code:	8150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2244 CLARK AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2244 CLARK AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	BETHANY BAPTIST CHURCH
Licensee type:	C
License effective date:	931101
License expiration date:	Not Reported
License issue date:	900912
Program type:	"AMBULATORY, CHILDREN AGES 2-6 YEARS. INCREASE IN CAPACITY EFFECTIVE 3-16-93. "

Original app. received date:	900601
Facility closed date:	Not Reported
Mailing address:	2250 CLARK AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"BOLTON, CHERYL "
Facility capacity:	70
Type of clients served:	950
Facility phone:	5629850714

AM205
NW
2-4 mi
15290
Higher

SRPR20051024934
Private Schools

Pss school id:	00084116
Pss inst:	BETHANY SCHOOL
Lograde:	PK
Higrade:	8
Pss address:	2244 CLARK AVE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90815
Pss phone:	5625972814
Pss sch days:	176
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	77
Pss enroll k:	50
Pss enroll 1:	21
Pss enroll 2:	30
Pss enroll 3:	38
Pss enroll 4:	25
Pss enroll 5:	24
Pss enroll 6:	18
Pss enroll 7:	20
Pss enroll 8:	13
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	316
Pss enroll tk12:	239
Pss race ai:	2
Pss race as:	27
Pss race h:	39
Pss race b:	43
Pss race w:	128
Pss fte teach:	12
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2

Pss comm type:	1
Pss indian pct:	0.84
Pss asian pct:	11.3
Pss hisp pct:	16.32
Pss black pct:	17.99
Pss white pct:	53.56
Pss stdtch rt:	19.92
Pss orient:	5
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024934

AW206
NW
2-4 mi
15290
Higher

SRDCCA200720650
Daycare

EDR ID:	SRDCCA200720650
Facility number:	198008061
Facility name:	VAN DUREN FAMILY DAY CAR
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4741 E. LOS COYOTES DIAGONAL
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	4741 E. LOS COYOTES DIAGONAL
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	TONALYN KAY VAN DUREN
Licensee type:	A
License effective date:	20924
License expiration date:	Not Reported
License issue date:	020924
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020909
Facility closed date:	Not Reported
Mailing address:	4741 E. LOS COYOTES DIAGONAL
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"VAN DUREN, TONALYN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625979946

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

AM207 SRDCCA200702691
NW EDR ID: SRDCCA200702691 Daycare
2-4 mi Facility number: 198004972
15291 Facility name: FORNEY FAMILY CHILD CARE
Higher Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2212 GRANADA
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2212 GRANADA
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "FORNEY, DONNA JEAN "
Licensee type: A
License effective date: 990628
License expiration date: Not Reported
License issue date: 990628
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990219
Facility closed date: Not Reported
Mailing address: 2212 GRANADA
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "FORNEY, DONNA JEAN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624947474

AP208 SRHO20070155873
WNW Hospital type: 01 AHA Hospitals
2-4 mi Num of times COO: 00
15326 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: EAST LONG BEACH URGENT CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20001002
Prior COO date: Not Reported
Prior carrier: Not Reported

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Provider ID:	05D0978748	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4290 E PACIFIC COAST HWY	
	Phone num:	5624984401	
	Termination reason:	08	
	Term Date:	20021001	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070155873	
AS209 NNE 2-4 mi 15361 Higher			SRPU20071014277 Public Schools
	Ncessch:	062259004805	
	Schname05:	OAK MIDDLE	
	Mstreet05:	10821 OAK ST.	
	Mcity05:	LOS ALAMITOS	
	Mstate05:	CA	
	Mzip05:	90720	
	Mzip405:	2313	
	Member05:	1057	
	Phone05:	(562) 799-4740	
	Locale05:	3	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071014277	
AQ210 North 2-4 mi 15403 Higher			SRHO20070151020 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	TALBERT MEDICAL GROUP-PLAZA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990503
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0960208
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2925 PALO VERDE AVE
Phone num:	5624294273
Termination reason:	00
Term Date:	20070502
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151020

AW211
NW
2-4 mi
15413
Higher

SRDCCA200708565
Daycare

EDR ID:	SRDCCA200708565
Facility number:	198001627
Facility name:	"BROWN, KATHRYN FAMILY DAY CARE "
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4932 FERRO COURT
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	4932 FERRO COURT
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"BROWN, KATHRYN P. "
Licensee type:	A
License effective date:	951121
License expiration date:	Not Reported
License issue date:	951121

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD).
"
Original app. received date: 951010
Facility closed date: Not Reported
Mailing address: 4932 FERRO COURT
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "BROWN, KATHRYN P. "
Facility capacity: 12
Type of clients served: 960
Facility phone: 5625977110

AU212 SRDCCA200724233
WNW EDR ID: SRDCCA200724233 Daycare
2-4 mi Facility number: 198010388
15473 Facility name: PLANCARTE DE ROBLES FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4110 E. 15TH STREET
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 4110 E. 15TH STREET
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "PLANCARTE DE ROBLES, A. "
Licensee type: A
License effective date: 40511
License expiration date: Not Reported
License issue date: 040511
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 040324
Facility closed date: Not Reported
Mailing address: 4110 E. 15TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "PLANCARTE DE ROBLES, A. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624983081

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

AX213 SRDCCA200706188
NW EDR ID: SRDCCA200706188 Daycare
2-4 mi Facility number: 198000670
15510 Facility name: "RIFFEL, NORMA FAMILY DAY CARE "
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4916 STEARNS ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 4916 STEARNS ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "RIFFEL, NORMA "
Licensee type: A
License effective date: 941216
License expiration date: Not Reported
License issue date: 941216
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 940913
Facility closed date: Not Reported
Mailing address: 4916 STEARNS ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "RIFFEL, NORMA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624987496

AU214 SRDCCA200715074
WNW EDR ID: SRDCCA200715074 Daycare
2-4 mi Facility number: 198006553
15607 Facility name: GRIFFIN FAMILY CHILD CARE
Higher Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4023 E. 14TH STREET
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 4023 E. 14TH STREET
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "GRIFFIN, ALICIA LEE "
Licensee type: A

License effective date:	10216
License expiration date:	Not Reported
License issue date:	010216
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010122
Facility closed date:	Not Reported
Mailing address:	4023 E. 14TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"GRIFFIN, ALICIALEE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624986965

AX215
NW
2-4 mi
15625
Higher

SRPU20071014256
Public Schools

Ncessch:	062250007113
Schname05:	TUCKER ELEMENTARY
Mstreet05:	2221 ARGONNE AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90815
Mzip405:	2527
Member05:	373
Phone05:	(562) 498-2324
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014256

AQ216
North
2-4 mi
15634
Higher

SRHO20070149637
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOMANKIND
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0931139
Record Status:	A

Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6510 EAST SPRING STREET
Phone num:	3104214791
Termination reason:	12
Term Date:	19980313
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149637

AQ217
North
2-4 mi
15634
Higher

SRHO20070138765
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970731
Medicare/Medicaid:	1
Facility name:	SPRING FAMILY MEDICAL GROUP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0676753
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	6510 EAST SPRING STREET
Phone num:	3104214791
Termination reason:	00
Term Date:	20080130
Purpose of action:	2
Provider control:	04

Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138765

AY218 SRDCCA200708461
North Daycare
2-4 mi
15645
Higher

EDR ID:	SRDCCA200708461
Facility number:	198001599
Facility name:	TANAKA FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3009 KALLIN AVE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3009 KALLIN AVE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"TANAKA, SHARON ELIZABETH "
Licensee type:	A
License effective date:	960329
License expiration date:	Not Reported
License issue date:	960329
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950925
Facility closed date:	Not Reported
Mailing address:	3009 KALLIN AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"TANAKA, SHARON E. "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5626275867

AV219 SRDCCA200734045
WNW Daycare
2-4 mi
15648
Higher

EDR ID:	SRDCCA200734045
Facility number:	198012162
Facility name:	JOHNSON & JOHNSON-HERNANDEZ FAMILY CHILD CARE
Facility eval. code:	8160

Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1110 MIRA MAR AVE.
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1110 MIRA MAR AVE.
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	GENEVA JOHNSON & CARRIE JOHNSON-HERNANDEZ
Licensee type:	A
License effective date:	60221
License expiration date:	Not Reported
License issue date:	060221
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	051013
Facility closed date:	Not Reported
Mailing address:	1110 MIRA MAR AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"JOHNSON, GENEVA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624333339

AZ220
WNW
2-4 mi
15722
Higher

SRPU20071014018
Public Schools

Ncessch:	062250002727
Schname05:	JEFFERSON LEADERSHIP ACADEMIES
Mstreet05:	750 EUCLID AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90804
Mzip405:	5228
Member05:	1152
Phone05:	(562) 438-9904
Locale05:	1
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071014018

BA221
West
2-4 mi
15727
Higher

SRDCCA200751568
Daycare

EDR ID:	SRDCCA200751568
Facility number:	198003025
Facility name:	KID WORKS CHILDRENS CENTER
Facility eval. code:	8160
Facility office number:	33

Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3621 E. BROADWAY
City:	LONG BEACH
State:	CA
Zip:	90803
Alt. address:	3621 E. BROADWAY
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	"JURANEK,LINDA "
Licensee type:	A
License effective date:	970627
License expiration date:	Not Reported
License issue date:	970627
Program type:	AGES OF CHILDREN SERVED: 3 YRS - 6 YRS. HOURS OF OPERATION: 7:00 AM - 6:00 PM MONDAY - FRIDAY.
Original app. received date:	970410
Facility closed date:	Not Reported
Mailing address:	3621 E. BROADWAY
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90803
Contact person:	"JURANEK, LINDA "
Facility capacity:	50
Type of clients served:	950
Facility phone:	5624384904

BB222
NE
2-4 mi
15804
Higher

SRHO20070130562
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROSSMOOR-LOS ALAMITOS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930114
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553410
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3722 KATELLA AVE

Phone num:	3104316531
Termination reason:	01
Term Date:	19960701
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130562

AU223 SRDCCA200712791
WNW
2-4 mi
15873
Higher Daycare

EDR ID:	SRDCCA200712791
Facility number:	198006041
Facility name:	GRIFFIN FAMIY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1514 TERMINO AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1514 TERMINO AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"GRIFFIN,ARIANA "
Licensee type:	A
License effective date:	609
License expiration date:	Not Reported
License issue date:	000609
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000530
Facility closed date:	Not Reported
Mailing address:	1514 TERMINO AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"GRIFFIN,ARIANA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629613332

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

BC224
NE
2-4 mi
15877
Higher

SRDCCA200729079
Daycare

EDR ID:	SRDCCA200729079
Facility number:	304300932
Facility name:	"JOHNSON, JANN "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	4051 FARQUHAR
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	4051 FARQUHAR
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"JOHNSON, JANN "
Licensee type:	A
License effective date:	41103
License expiration date:	Not Reported
License issue date:	041103
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	041004
Facility closed date:	Not Reported
Mailing address:	4051 FARQUHAR
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"JOHNSON, JANN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624936656

AT225
NNW
2-4 mi
15900
Higher

SRHO20070152180
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CARLOS ARGUEDAS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000204
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0970131

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6226 E SPRING ST #380
Phone num:	5624291200
Termination reason:	00
Term Date:	20080203
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152180

AT226
NNW
2-4 mi
15900
Higher

SRHO20070131662
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960625
Medicare/Medicaid:	1
Facility name:	THOMAS L PERCER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0555025
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	6226 E SPRING ST SUITE 230
Phone num:	3104201349
Termination reason:	00
Term Date:	20070602
Purpose of action:	2

Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131662

AT227
NNW
2-4 mi
15900
Higher

SRHO20070152425
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PATRICIA A MACIOG
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000214
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0970428
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6226 EAST SPRING STREET, STE 240
Phone num:	5629387129
Termination reason:	00
Term Date:	20080213
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070152425

AT228 SRHO20070143032
NNW AHA Hospitals
2-4 mi
15900
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CARLOS ARGUEDAS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930310
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0863908
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6226 E SPRING STREET SUITE 380
Phone num:	3104201338
Termination reason:	08
Term Date:	19970809
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143032

AT229 SRHO20070156613
NNW AHA Hospitals
2-4 mi
15900
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	US MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020724
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1001947
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6226 E SPRING STREET SUITE 380
Phone num:	5624979229
Termination reason:	00
Term Date:	20080723
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156613

AT230
NNW
2-4 mi
15900
Higher

SRHO20070131240
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060418
Medicare/Medicaid:	1
Facility name:	NANCY F GODFREY MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0554136
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	6226 EAST SPRING STREET, SUITE 275
Phone num:	5624960546
Termination reason:	00
Term Date:	20081212
Purpose of action:	2
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131240

AT231
NNW
2-4 mi
15900
Higher

SRHO20070131266
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970729
Medicare/Medicaid:	1
Facility name:	HEALTH CARE PARTNERS
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554213
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	6226 E SPRING STREET SUITE 100
Phone num:	3104240449
Termination reason:	00
Term Date:	20080117

Purpose of action:	2
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131266

AT232
NNW
2-4 mi
15900
Higher

SRHO20070141270
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950208
Medicare/Medicaid:	1
Facility name:	JOHN R PROSSER MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0720469
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	6226 E SPRING ST 100
Phone num:	3104201338
Termination reason:	01
Term Date:	19950208
Purpose of action:	1
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070141270	

BD233 SRDCCA200727137
NW
2-4 mi
15918
Higher

Daycare

EDR ID:	SRDCCA200727137
Facility number:	198010735
Facility name:	LEYVA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5385 E. WILLOW STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5385 E. WILLOW STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	ENEVITA LEYVA
Licensee type:	A
License effective date:	40928
License expiration date:	Not Reported
License issue date:	040928
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040629
Facility closed date:	Not Reported
Mailing address:	5385 E. WILLOW STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"LEYVA, ENEVITA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624968104

BB234 SRHO20070154637
NE
2-4 mi
15938
Higher

AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HELEN MAHONEY MD

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0937907
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3772 KATELLA AVE SUITE #201
Phone num:	5626268181
Termination reason:	00
Term Date:	20081017
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154637

BB235
NE
2-4 mi
15938
Higher

SRHO20070005685
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010911
Medicare/Medicaid:	1
Facility name:	MILLENIUM SURGERY CENTER
Intermediary/Carrier:	00542
Medicaid number:	Not Reported
Partcipation date:	20010911
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001527
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05

state region cd:	ORG
street address:	3772 KATELLA AVENUE, SUITE 107
Phone num:	5625980058
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	2
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070005685

BB236 SRHO20070146486
NE AHA Hospitals
2-4 mi
15938
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051121
Medicare/Medicaid:	1
Facility name:	SUSAN E SKLAR MD INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0867197
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3772 KATELLA AVENUE SUITE 201
Phone num:	5626268181
Termination reason:	00
Term Date:	20080415
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033

SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146486

BB237 SRHO20070130561
NE AHA Hospitals
2-4 mi
15938
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050706
Medicare/Medicaid:	1
Facility name:	PATIENT PREFERRED DERMATOLOGY MEDICAL
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553407
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3772 KATELLA AVE SUITE 206
Phone num:	3104304294
Termination reason:	00
Term Date:	20070827
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130561

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BB238			SRHO20070151456
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15938	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	WEST COAST SURGERY CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990329	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0958871	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3772 KATELLA AVE STE 107	
	Phone num:	5625980058	
	Termination reason:	01	
	Term Date:	20001023	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151456	

BB239			SRHO20070148296
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15938	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	ABC PEDIATRICS MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960709
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0917038
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3772 W KATELLA AVE 101
Phone num:	5625948853
Termination reason:	00
Term Date:	20080708
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148296

BB240
NE
2-4 mi
15938
Higher

SRHO20070005297
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20000502
Medicare/Medicaid:	2
Facility name:	PREFERRED SURGICAL CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	20000619
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001467
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	3772 KATELLA AVENUE, SUITE 107
Phone num:	5625980058
Termination reason:	01
Term Date:	20000626
Purpose of action:	1
Provider control:	01
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070005297

BB241
NNE
2-4 mi
15941
Higher

SRDCCA200700057
Daycare

EDR ID:	SRDCCA200700057
Facility number:	300602437
Facility name:	CASA YOUTH SHELTER
Facility eval. code:	0308
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	10911 REAGAN STREET
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	10911 REAGAN STREET
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"CASA YOUTH SHELTER, INC. "
Licensee type:	C
License effective date:	930403
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY ONLY, AGES 12 THROUGH 17 YEARS "
Original app. received date:	771214
Facility closed date:	Not Reported
Mailing address:	10911 REAGAN STREET
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"MAULHARDT, LUCIANN "
Facility capacity:	12
Type of clients served:	950

	Facility phone:	7149958601

AU242 SRHO20070011716
WNW AHA Hospitals
2-4 mi
15963
Higher

Hospital type:	03
Num of times COO:	03
Owner date:	20040101
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060710
Medicare/Medicaid:	1
Facility name:	MARLORA POST ACUTE REHAB HOSP
Intermediary/Carrier:	00454
Medicaid number:	ZZT06234H
Partcipation date:	19700820
Prior COO date:	19750524
Prior carrier:	00040
Provider ID:	056234
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	3801 E ANAHEIM ST
Phone num:	5624943311
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0099
Num cert beds:	0099
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011716

AU243 SRHO20070138792
WNW AHA Hospitals
2-4 mi
15963
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARLORA POST ACUTE REHABILIT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0675431
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 E ANAHEIM STREET
Phone num:	3104943312
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138792

AU244
WNW
2-4 mi
15963
Higher

SRNH20060901213
Nursing Homes

Provnum:	056234
Nursinghomename:	MARLORA POST ACUTE REHAB HOSP
Street:	3801 E ANAHEIM ST
City:	LONG BEACH
State:	CA
Zipcode:	90804
Phonenumber:	5624943311
Dateoflastinspection:	20050517
Certifiednumberofbeds:	99
Totalnumberofresidents:	89
Percofoccupiedbeds:	90
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060901213

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

AY245 SRDCCA200723073
North EDR ID: SRDCCA200723073 Daycare
2-4 mi Facility number: 198009718
15970 Facility name: YANO FAMILY CHILD CARE
Higher Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3051 LEES AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3051 LEES AVENUE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "YANO, IRMA "
Licensee type: A
License effective date: 31124
License expiration date: Not Reported
License issue date: 031124
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030916
Facility closed date: Not Reported
Mailing address: 3051 LEES AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "YANO, IRMA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624215604

BB246 SRHO20070130560
NE Hospital type: 01 AHA Hospitals
2-4 mi Num of times COO: 00
15974 Owner date: Not Reported
Higher City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LOS ALAMITOS MEDICAL CENTER LABORATORY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19930106
Prior COO date: Not Reported
Prior carrier: Not Reported

Provider ID:	05D0553391
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3751 KATELLA AVENUE
Phone num:	3107993155
Termination reason:	00
Term Date:	20090102
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130560

BB247 SRHO20070006833
NE AHA Hospitals
2-4 mi
15974
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20020531
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19940628
Medicare/Medicaid:	1
Facility name:	LOS ALAMITOS MEDICAL CENTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19790501
Prior COO date:	Not Reported
Prior carrier:	51051
Provider ID:	050551
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	3751 KATELLA AVENUE
Phone num:	5627993220
Termination reason:	00
Term Date:	Not Reported

Purpose of action:	5
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	19940426
Accred expire date:	19970426
Accred Org:	1
Num beds:	0167
Num cert beds:	0167
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006833

BB248
NE
2-4 mi
15974
Higher

SRHO20070108183
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19990414
Medicare/Medicaid:	1
Facility name:	LOS ALAMITOS MEDICAL CENTER D/P SNF
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19921026
Prior COO date:	Not Reported
Prior carrier:	51051
Provider ID:	555523
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	3751 KATELLA AVE
Phone num:	3105981311
Termination reason:	01
Term Date:	20000313
Purpose of action:	2
Provider control:	03
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0020

Num cert beds:	0020	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070108183	

AT249 SRHO20070159314
NNW AHA Hospitals
2-4 mi
15978
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAV ON PHARMACY #6154
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038849
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	6235 E SPRING ST
Phone num:	5624210003
Termination reason:	00
Term Date:	20070328
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159314

BB250 SRHO20070130570
NE AHA Hospitals
2-4 mi
16031
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1

Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060726
Medicare/Medicaid:	1
Facility name:	COAST UROLOGICAL MEDICAL GROUP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553361
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3771 KATELLA #210
Phone num:	5624300581
Termination reason:	00
Term Date:	20070325
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130570

BB251
NE
2-4 mi
16031
Higher

SRHO20070157888
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JACQUELYN VANDER WALL MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000419
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0972888
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3771 KATELLA AVE, SUITE 100
Phone num:	5624318771
Termination reason:	00
Term Date:	20080418
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157888

BB252
NE
2-4 mi
16031
Higher

SRHO20070138521
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOS ALAMITOS OBG GYN MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930421
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0675161
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3771 KATELLA AVENUE,SUITE 219
Phone num:	5625965567
Termination reason:	00

Term Date:	20070423
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138521

BB253
NE
2-4 mi
16031
Higher

SRHO20070165333
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHARLES M MAPLE, DO
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051123
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1048208
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3771 KATELLA AVE SUITE 110
Phone num:	5624306850
Termination reason:	00
Term Date:	20071122
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported

Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070165333

BB254 — SRHO20070160754
NE — AHA Hospitals
2-4 mi
16031
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CECILIA CHU MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030924
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1017393
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3771 KATELLA AVENUE SUITE 205
Phone num:	5625947555
Termination reason:	00
Term Date:	20070923
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160754

BB255 — SRHO20070143961
NE — AHA Hospitals
2-4 mi
16031
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARCY L ZWELLING-AAMOT MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930219
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862340
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3771 KATELLA AVE, #108
Phone num:	5625967584
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143961

BB256
NE
2-4 mi
16031
Higher

SRHO20070165031
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOS ALAMITOS CARDIOVASCULAR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060320

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1052201
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3771 KATELLA AVE STE 300
Phone num:	5624307533
Termination reason:	00
Term Date:	20080319
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070165031

BB257
NE
2-4 mi
16042
Higher

SRHO20070154261
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DIALYSIS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980211
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0940485
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3810 KATELLA AVENUE
Phone num:	5624268881

Termination reason:	01
Term Date:	20020212
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154261

BB258
NE
2-4 mi
16042
Higher

SRHO20070153994
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOS ALAMITOS HEMODIALYSIS CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980211
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0940483
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3810 KATELLA AVE
Phone num:	5625989527
Termination reason:	00
Term Date:	20080210
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070153994	

BB259 SRHO20070008077
NE AHA Hospitals
2-4 mi
16042
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020201
Medicare/Medicaid:	1
Facility name:	LOS ALAMITOS HEMODIALYSIS CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19770815
Prior COO date:	19820201
Prior carrier:	51051
Provider ID:	052515
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	3810 KATELLA AVE
Phone num:	3105989527
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008077

BB260 SRHO20070154098
NE AHA Hospitals
2-4 mi
16042
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	05D0940485
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DIALYSIS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980410
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0944395
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3810 KATELLA AVENUE
Phone num:	5624268881
Termination reason:	16
Term Date:	19980411
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154098

BB261
NE
2-4 mi
16042
Higher

SRHO20070156012
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MAHER A A AZER MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	20000621
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0974944
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3810 KATELLA AVE
Phone num:	5624268881
Termination reason:	00
Term Date:	20080620
Purpose of action:	Not Reported
Provider control:	02
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156012

BC262
NE
2-4 mi
16045
Higher

SRDCCA200755745
Daycare

EDR ID:	SRDCCA200755745
Facility number:	304370194
Facility name:	MONTESSORI GREENHOUSE SCHOOL
Facility eval. code:	1202
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4001 HOWARD STREET
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	5152 KATELLA AVE. SUITE 101
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"MONTESSORI GREENHOUSE SCHOOLS, LLC "
Licensee type:	E
License effective date:	51110
License expiration date:	Not Reported
License issue date:	051110
Program type:	"AMBULATORY CHILDREN AGES 2-6 YEARS OLD. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY. "
Original app. received date:	050721

Facility closed date:	Not Reported
Mailing address:	17583 OAK STREET
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"FUENTES, MICHELLE "
Facility capacity:	50
Type of clients served:	950
Facility phone:	5624304409

BC263 SRPR20051021966
NE Private Schools
2-4 mi
16045
Higher

Pss school id:	K9300228
Pss inst:	MONTESSORI GREENHOUSE
Lograde:	PK
Higrade:	K
Pss address:	4001 HOWARD AVE
Pss city:	LOS ALAMITOS
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90720
Pss phone:	5624304409
Pss sch days:	Not Reported
Pss stu day hrs:	Not Reported
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	48
Pss enroll k:	8
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	56
Pss enroll tk12:	8
Pss race ai:	0
Pss race as:	3
Pss race h:	1
Pss race b:	0
Pss race w:	4
Pss fte teach:	4.6
Pss locale:	3
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	2

Pss indian pct:	0
Pss asian pct:	37.5
Pss hisp pct:	12.5
Pss black pct:	0
Pss white pct:	50
Pss stdtch rt:	1.74
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	American Montessori Society (AMS)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051021966

BB264 SRHO20070131338
NE AHA Hospitals
2-4 mi
16047
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950920
Medicare/Medicaid:	1
Facility name:	LABORATORY CORPORATION OF AMERICA
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	19931104
Prior carrier:	Not Reported
Provider ID:	05D0553292
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3812 KATELLA AVENUE
Phone num:	3104312725
Termination reason:	01
Term Date:	19960428
Purpose of action:	2
Provider control:	07
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported

Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131338

BB265 SRHO20070148312
NE AHA Hospitals
2-4 mi
16047
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970813
Medicare/Medicaid:	1
Facility name:	LABORATORY CORPORATION OF AMERICA
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19960329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0913374
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3812 KATELLA AVENUE
Phone num:	7148916771
Termination reason:	01
Term Date:	19981030
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148312

BE266 SRHO20070140673
NNW AHA Hospitals
2-4 mi
16056
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PATRICIA A MACIOG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930512
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0709120
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2700 BELLFLOWER BLVD 217
Phone num:	3104211182
Termination reason:	17
Term Date:	19970517
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140673

BE267
NNW
2-4 mi
16056
Higher

SRHO20070145989
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BONDOC TERESA ROZON
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	19950417
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0900101
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2700 BELLFLOWER BLVD SUITE 115
Phone num:	3104251275
Termination reason:	00
Term Date:	20070416
Purpose of action:	Not Reported
Provider control:	02
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145989

BE268 SRHO20070146938
NNW AHA Hospitals
2-4 mi
16056
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAWSAN F SELEM MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960916
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0919731
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

street address:	2700 BELLFLOWER BOULEVARD SUITE 201
Phone num:	3109289711
Termination reason:	00
Term Date:	20080915
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146938

BB269
NNE
2-4 mi
16086
Higher

SRHO20070005933
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051221
Medicare/Medicaid:	1
Facility name:	REAGAN STREET SURGERY CENTER
Intermediary/Carrier:	31144
Medicaid number:	Not Reported
Partcipation date:	20051221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001750
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	10904 REAGAN STREET
Phone num:	5625693140
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	2
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070005933

BB270 SRHO20070160395
NNE AHA Hospitals
2-4 mi
16086
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	REAGAN STREET SURGERY CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051007
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1046415
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10904 REAGAN STREET
Phone num:	5625963140
Termination reason:	00
Term Date:	20071006
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160395

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AW271 WNW 2-4 mi 16084 Higher			SRHO20070159974 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SAV-ON EXPRESS #9505	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050624	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1042363	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1928 LAKEWOOD BLVD	
	Phone num:	5624944282	
	Termination reason:	00	
	Term Date:	20070623	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90815	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070159974	
BA272 West 2-4 mi 16086 Higher			SRDCCA200740201 Daycare
	EDR ID:	SRDCCA200740201	
	Facility number:	198013149	
	Facility name:	CAMPBELL FAMILY CHILD CARE	
	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	246 NEWPORT AVE.	
	City:	LONG BEACH	

State:	CA
Zip:	90803
Alt. address:	246 NEWPORT AVE.
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	ERICA CAMPBELL
Licensee type:	A
License effective date:	61221
License expiration date:	Not Reported
License issue date:	061221
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	061214
Facility closed date:	Not Reported
Mailing address:	246 NEWPORT AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90803
Contact person:	"CAMPBELL, ERICA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624399936

BF273
WNW
2-4 mi
16089
Higher

SRHO20070144038
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PAIGNE FAMILY MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0894090
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3747 E ANAHEIM STREET
Phone num:	3109864811
Termination reason:	08
Term Date:	19941109
Purpose of action:	Not Reported

Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144038

BB274
NE
2-4 mi
16092
Higher

SRHO20070140260
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DARRYL R BROWN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0708188
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3791 KATELLA AVE SUITE 210
Phone num:	3104315353
Termination reason:	01
Term Date:	19930910
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070140260

BB275 SRHO20070142751
NE AHA Hospitals
2-4 mi
16092
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARK M CHUNG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862049
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3791 KATELLA AVE, #103
Phone num:	3105981002
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142751

BB276 SRHO20070131340
NE AHA Hospitals
2-4 mi
16092
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JAMES Y GER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553297
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3791 KATELLA AVE SUITE 108
Phone num:	3104313521
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131340

BB277
NE
2-4 mi
16092
Higher

SRHO20070130546
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	M H MAZNAVI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931222
Prior COO date:	Not Reported
Prior carrier:	Not Reported

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Provider ID:	05D0553312
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3791 KATELLA AVE SUITE 101
Phone num:	3105964403
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130546

BB278
NE
2-4 mi
16092
Higher

SRHO20070140252
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LAWRENCE G WALDROP MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0709517
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3791 KATELLA AVENUE SUITE 104
Phone num:	3104936461
Termination reason:	00
Term Date:	20080831

Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140252

BB279
NE
2-4 mi
16092
Higher

SRHO20070131341
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960617
Medicare/Medicaid:	1
Facility name:	HAROLD M LIN MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553306
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3791 KATELLA AVE 105
Phone num:	3105946693
Termination reason:	08
Term Date:	19990719
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

	Num cert beds:	0000
	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070131341

BB280 SRHO20070155742
NE AHA Hospitals
2-4 mi
16092
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NICOLAS A DIKIO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020227
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0996834
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3791 KATELLA AVENUE SUITE 209
Phone num:	5625940006
Termination reason:	00
Term Date:	20080226
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155742

BB281 SRHO20070140719
NE AHA Hospitals
2-4 mi
16092
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported

Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051110
Medicare/Medicaid:	1
Facility name:	ASSOCIATES IN UROLOGY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0719950
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3791 KATELLA AVENUE SUITE #200
Phone num:	5625986166
Termination reason:	00
Term Date:	20080115
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140719

BB282
NE
2-4 mi
16092
Higher

SRHO20070142135
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DARRYL R BROWN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930818
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0875116
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3791 KATELLA AVE SUITE 210
Phone num:	3104315353
Termination reason:	17
Term Date:	19950817
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142135

BB283
NE
2-4 mi
16092
Higher

SRHO20070152357
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19990402
Medicare/Medicaid:	1
Facility name:	PACIFIC SHORES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980925
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0951757
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3791 KATELLA AVENUE SUITE 205
Phone num:	5624305900
Termination reason:	00

Term Date:	20070423
Purpose of action:	1
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152357

BB284
NE
2-4 mi
16129
Higher

SRHO20070146789
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020321
Medicare/Medicaid:	1
Facility name:	CARDIOVASCULAR CARE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0870350
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3801 KATELLA AVE STE 401
Phone num:	5625983200
Termination reason:	00
Term Date:	20080721
Purpose of action:	1
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070146789	

BB285 SRHO20070136950
NE AHA Hospitals
2-4 mi
16129
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CARDIOLOGY CARE INC A MEDICAL CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921217
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0666684
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA AVE STE 401
Phone num:	3105983200
Termination reason:	01
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136950

BB286 SRHO20070130547
NE AHA Hospitals
2-4 mi
16129
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROBERT A MINOW MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553321
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA AVENUE 207
Phone num:	5625989745
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130547

BB287
NE
2-4 mi
16129
Higher

SRHO20070137942
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BARRY SAMSAMY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930112

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0675562
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA AVE STE 221
Phone num:	3104316548
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137942

BB288
NE
2-4 mi
16129
Higher

SRHO20070158093
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROBERT MELIKIAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20031120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1019554
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA AVE #321
Phone num:	5625948149

Termination reason:	00
Term Date:	20071119
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158093

BB289
NE
2-4 mi
16129
Higher

SRHO20070165037
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SOUTHERN CALIFORNIA UROLOGY, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060517
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1054305
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3801 KATELLA AVE, SUITE 320
Phone num:	5625980200
Termination reason:	00
Term Date:	20080516
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070165037	

BB290 SRHO20070156946
NE AHA Hospitals
2-4 mi
16129
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MIR M MADANI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020619
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1000671
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA AVENUE,SUITE 310
Phone num:	5625982141
Termination reason:	00
Term Date:	20080618
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156946

BB291 SRHO20070159079
NE AHA Hospitals
2-4 mi
16129
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050901
Medicare/Medicaid:	1
Facility name:	MICHAEL P TABIBIAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041019
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1032204
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3801 KATELLA AVE #225
Phone num:	5627993330
Termination reason:	00
Term Date:	20070831
Purpose of action:	1
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159079

BB292
NE
2-4 mi
16129
Higher

SRHO20070139324
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TEJANI MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19950627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0686888
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA AVE 421
Phone num:	3104936766
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139324

BB293
NE
2-4 mi
16129
Higher

SRHO20070130556
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALAMITOS INF & GYN MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930122
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553339
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA #230

Phone num:	3105989426
Termination reason:	08
Term Date:	20040831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130556

BB294
NE
2-4 mi
16129
Higher

SRHO20070130557
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	05D0901240
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ASSOCIATES IN INTERNAL MDCN
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930427
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553346
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA AVE #330
Phone num:	3105949546
Termination reason:	01
Term Date:	19950918
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported

Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070130557	

BB295 SRHO20070130559
NE AHA Hospitals
2-4 mi
16129
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOS ALAMITOS INTERNAL MEDICAL GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553385
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3801 KATELLA AVENUE, SUITE 301
Phone num:	3104307533
Termination reason:	01
Term Date:	19960726
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130559

BB296 SRHO20070130988
NE AHA Hospitals
2-4 mi
16129
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050222
Medicare/Medicaid:	1
Facility name:	ROBERT G PUGACH MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554004
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3801 KATELLA AVENUE #110
Phone num:	5625940860
Termination reason:	00
Term Date:	20070424
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130988

BB297
NE
2-4 mi
16129
Higher

SRHO20070149762
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS, A MEDICAL GRP INC
Intermediary/Carrier:	Not Reported

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicaid number:	Not Reported
Partcipation date:	19971021
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0935105
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3801 KATELLA AVENUE, SUITE 330
Phone num:	5625949546
Termination reason:	00
Term Date:	20071020
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149762

BB298
NE
2-4 mi
16129
Higher

SRHO20070151827
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MORRIS SILVER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981215
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0954995
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB

street address:	3801 KATELLA AVE STE 301
Phone num:	7142291363
Termination reason:	08
Term Date:	19981216
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151827

BB299
NE
2-4 mi
16129
Higher

SRHO20070142508
AHA Hospitals

Hospital type:	01
Num of times COO:	01
Owner date:	19950901
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19961105
Medicare/Medicaid:	1
Facility name:	PROHEALTH PARTNERS, A MED GRP, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0865686
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3801 KATELLA #206
Phone num:	3104933764
Termination reason:	00
Term Date:	20070712
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142508

BB300 SRHO20070130555
NE AHA Hospitals
2-4 mi
16129
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050706
Medicare/Medicaid:	1
Facility name:	ALAMITOS DERMATOLOGICAL MEDICAL
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553338
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3801 KATELLA AVENUE, #101
Phone num:	7148265191
Termination reason:	00
Term Date:	20070827
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130555

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BB301			SRHO20070131372
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16129	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JOHN P COLE MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930105	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554832	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3801 KATELLA SUITE 416	
	Phone num:	5627993630	
	Termination reason:	00	
	Term Date:	20071222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131372	

BB302			SRHO20070130544
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16129	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19990917	

Medicare/Medicaid:	1
Facility name:	WATSON A DE SA MD INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0552659
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3801 KATELLA AVENUE #125
Phone num:	5625946080
Termination reason:	00
Term Date:	20080818
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130544

BG303
West
2-4 mi
16139
Higher

SRDCCA200752335
Daycare

EDR ID:	SRDCCA200752335
Facility number:	198002665
Facility name:	PHASES; AN EARLY LEARNING COMPREHENSIVE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	404 NEWPORT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90814
Alt. address:	3010 E. 1ST STREET
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	"MURRAY,ANNE MARIE "
Licensee type:	A
License effective date:	970502
License expiration date:	Not Reported
License issue date:	970502

Program type: LICENSEE PREFERS TO SERVE AGES 18 MONTHS THRU 36 MONTHS - PRESCHOOL WITH TODDLER OPTION - AMBULATORY CARE.
Original app. received date: 961104
Facility closed date: Not Reported
Mailing address: 380 NEWPORT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90814
Contact person: "MURRAY,ANNE MARIE "
Facility capacity: 15
Type of clients served: 950
Facility phone: 5624395222

BB304 SRHO20070158028
NE
2-4 mi
16169
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: SARAH SANDELL MD FACP & SUSAN SLEEP MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20001016
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0979168
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 10931 CHERRY STREET, SUITE #201
Phone num: 5629360292
Termination reason: 00
Term Date: 20081015
Purpose of action: Not Reported
Provider control: 04
Zip: 90720
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA

AHA Hospitals

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

Edr id: SRHO20070158028

AU305 SRDCCA200737284
WNW EDR ID: SRDCCA200737284 Daycare
2-4 mi Facility number: 198012648
16185 Facility name: GUEVARA FAMILY CHILD CARE
Higher Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3837 E. 14TH ST.
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 3837 E. 14TH ST.
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: NELLY GUEVARA
Licensee type: A
License effective date: 60814
License expiration date: Not Reported
License issue date: 060814
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060605
Facility closed date: Not Reported
Mailing address: 3837 E. 14TH ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "GUEVARA, NELLY "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624944365

AZ306 SRHO20070131650
West Hospital type: 01 AHA Hospitals
2-4 mi Num of times COO: 00
16193 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CHIROPRACTIC & PHYSICAL THERAPY REHAB
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19930302

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554980
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3535 EAST 7TH STREET
Phone num:	5624340062
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131650

BB307
NE
2-4 mi
16220
Higher

SRHO20070160613
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOS ALAMITOS SURGERY CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030508
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1012345
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10921 CHERRY STREET SUITE 100
Phone num:	5627955600

Termination reason:	00
Term Date:	20070507
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160613

BB308
NE
2-4 mi
16220
Higher

SRHO20070007393
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030620
Medicare/Medicaid:	1
Facility name:	LOS ALAMITOS SURGERY CENTER
Intermediary/Carrier:	31143
Medicaid number:	Not Reported
Partcipation date:	20030807
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001615
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	10921 CHERRY STREET, SUITE 100
Phone num:	5627955600
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	2	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070007393	

BH309 SRHO20070155927
WNW AHA Hospitals
2-4 mi
16241
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SIAMAK ROUZROCH MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020718
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1001731
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1703 TERMINO AVE #107
Phone num:	5624948008
Termination reason:	00
Term Date:	20080717
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155927

BH310 SRHO20070131123
WNW AHA Hospitals
2-4 mi
16241
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19930629
Medicare/Medicaid:	1
Facility name:	BIO-DIAGNOSTICS LABORATORIES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554086
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1703 TERMINO AVE SUITE 104
Phone num:	3104982100
Termination reason:	12
Term Date:	19930806
Purpose of action:	1
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131123

BH311
WNW
2-4 mi
16241
Higher

SRHO20070155493
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JULIE ANN SHERMAN DO
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	20020211
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0996143
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1703 TERMINO SUITE 209
Phone num:	5624983002
Termination reason:	00
Term Date:	20080210
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155493

BH312
WNW
2-4 mi
16241
Higher

SRHO20070160986
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SOPHIA ANH TRAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030814
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1015886
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1703 TERMINO AVENUE SUITE 106

Phone num:	5625977751
Termination reason:	01
Term Date:	20050801
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160986

BH313
WNW
2-4 mi
16241
Higher

SRHO20070140293
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MA-TERESA GALARPE-PASTOR MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0713688
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1703 TERMINO AVENUE
Phone num:	5629610210
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070140293	

BB314 SRHO20070011725
NE AHA Hospitals
2-4 mi
16261
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20011130
Current survey date:	20060831
Medicare/Medicaid:	1
Facility name:	ALAMITOS WEST HEALTHCARE CENTER
Intermediary/Carrier:	00040
Medicaid number:	ZZT06169G
Partcipation date:	19780501
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056169
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	3902 KATELLA AVENUE
Phone num:	5625965561
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0194
Num cert beds:	0194
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011725

BB315 SRHO20070140558
NE AHA Hospitals
2-4 mi
16261
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALAMITOS WEST CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940416
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0709057
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3902 KATELLA AVENUE
Phone num:	3105965561
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140558

BB316
NE
2-4 mi
16261
Higher

SRNH20060901176
Nursing Homes

Provnum:	056169
Nursinghomename:	ALAMITOS WEST CONV HOSP
Street:	3902 KATELLA AVENUE
City:	LOS ALAMITOS
State:	CA
Zipcode:	90720
Phonenumber:	5625965561
Dateoflastinspection:	20050616
Certifiednumberofbeds:	194
Totalnumberofresidents:	178
Percofoccupiedbeds:	92
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership

Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060901176

BB317 SRHO20070165316
NE AHA Hospitals
2-4 mi
16270
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ST JOSEPH HOSPICE & PALLIATIVE CARE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060913
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1058700
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10911 CHERRY ST SUITE 206
Phone num:	5623109481
Termination reason:	00
Term Date:	20080912
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070165316

BH318 SRHO20070153192
WNW AHA Hospitals
2-4 mi
16284
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH

Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050713
Medicare/Medicaid:	1
Facility name:	COMMUNITY HOSPITAL OF LONG BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010328
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0984707
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1720 TERMINO AVENUE
Phone num:	5624940600
Termination reason:	00
Term Date:	20080428
Purpose of action:	5
Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153192

BH319
WNW
2-4 mi
16284
Higher

SRHO20070008973
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010713
Medicare/Medicaid:	1
Facility name:	COMMUNITY HOSPITAL OF LONG BEACH
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20010723

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	050727
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1720 TERMINO AVENUE
Phone num:	5624940600
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19990702
Accred expire date:	20010702
Accred Org:	1
Num beds:	0258
Num cert beds:	0107
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008973

BH320
WNW
2-4 mi
16284
Higher

SRHO20070108186
AHA Hospitals

Hospital type:	03
Num of times COO:	03
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19991116
Medicare/Medicaid:	1
Facility name:	LONG BEACH COMMUNITY HOSPITAL D/P-SNF
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19931029
Prior COO date:	19981201
Prior carrier:	Not Reported
Provider ID:	555571
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1720 TERMINO AVE
Phone num:	5624981000

Termination reason:	01
Term Date:	20000915
Purpose of action:	2
Provider control:	05
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0027
Num cert beds:	0027
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108186

BH321
WNW
2-4 mi
16284
Higher

SRHO20070144091
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH COMMUNITY HOSP-RT DEPT NICU
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940615
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0887608
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1720 TERMINO AVENUE
Phone num:	5624940600
Termination reason:	12
Term Date:	19991220
Purpose of action:	Not Reported
Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

	Accred Org:	Not Reported
	Num beds:	0000
	Num cert beds:	0000
	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070144091

BH322 SRHO20070146896
WNW AHA Hospitals
2-4 mi
16284
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH COMM MED CTR HOME HEALTH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970522
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0928651
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1720 TERMINO AVENUE
Phone num:	5624940871
Termination reason:	12
Term Date:	19971008
Purpose of action:	Not Reported
Provider control:	03
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146896

BH323 SRHO20070008170
WNW AHA Hospitals
2-4 mi
16284
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	19981201

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950727
Medicare/Medicaid:	1
Facility name:	LONG BEACH COMMUNITY MEDICAL CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19660701
Prior COO date:	19981130
Prior carrier:	Not Reported
Provider ID:	050170
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1720 TERMINO AVE
Phone num:	3104981000
Termination reason:	01
Term Date:	20000927
Purpose of action:	5
Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19920604
Accred expire date:	19950604
Accred Org:	1
Num beds:	0278
Num cert beds:	0251
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008170

BH324
WNW
2-4 mi
16284
Higher

SRHO20070153560
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CATHOLIC HEALTHCARE WEST SOUTHER CA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19971224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0937931
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1720 TERMINO AVE
Phone num:	5624989647
Termination reason:	08
Term Date:	20011223
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153560

BH325
WNW
2-4 mi
16284
Higher

SRHO20070131122
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH COMMUNITY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554077
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1720 TERMINO AVE

Phone num:	5624940635
Termination reason:	08
Term Date:	20010227
Purpose of action:	Not Reported
Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131122

326
NNW
2-4 mi
16356
Higher

SRHO20070131111
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FAMILY HEALTH CARE OF LONG BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930514
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554745
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5977 SPRING ST
Phone num:	3104213727
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070131111	

BC327 SRDCCA200749900
NE
2-4 mi
16369
Higher

EDR ID:	SRDCCA200749900
Facility number:	304270564
Facility name:	LOS ALAMITOS LITTLE LAMB CHRISTIAN CHILD CARE CTR.
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4000 GREEN AVENUE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	4000 GREEN AVENUE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"FIRST BAPTIST CHURCH, LOS ALAMITOS "
Licensee type:	C
License effective date:	990903
License expiration date:	Not Reported
License issue date:	990903
Program type:	"AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. HOURS: 6:30 A.M. TO 6:30 P.M. MON-FRI. ROOMS 1,2,3,4,5,6. "
Original app. received date:	990601
Facility closed date:	Not Reported
Mailing address:	4000 GREEN AVENUE
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"HAWBAKER, CHRISTINA "
Facility capacity:	62
Type of clients served:	950
Facility phone:	5624934841

Daycare

BH328 SRHO20070158812
WNW
2-4 mi
16388
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

AHA Hospitals

Medicare/Medicaid:	Not Reported
Facility name:	CAREMORE MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041019
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1032199
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1760 TERMINO AVE
Phone num:	5623441150
Termination reason:	00
Term Date:	20081018
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158812

BH329
WNW
2-4 mi
16388
Higher

SRHO20070145453
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970724
Medicare/Medicaid:	1
Facility name:	GEORGE M JAYATILAKA MD INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19940627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0888209
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1760 TERMINO AVE #116
Phone num:	3105978885
Termination reason:	00
Term Date:	20080124
Purpose of action:	2
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145453

BH330 SRHO20070131795
WNW AHA Hospitals
2-4 mi
16388
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960930
Medicare/Medicaid:	1
Facility name:	ANDREW J MANOS INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0555066
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1760 TERMINO AVENUE SUITE 222
Phone num:	3104201466
Termination reason:	00
Term Date:	20070723
Purpose of action:	2
Provider control:	04
Zip:	90804
Fips state:	06

Fips cnty:	037	
SSA MSA:	328	
SSA MSA size code:	A	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070131795	

BH331 SRHO20070157742
WNW AHA Hospitals
2-4 mi
16388
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHISATO OBA MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040817
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1029495
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1760 TERMINO AVE SUITE 223
Phone num:	5623441280
Termination reason:	00
Term Date:	20080816
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157742

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BH332 WNW 2-4 mi 16388 Higher			SRHO20070161248 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MILLER CHILDRENS HOSPITAL OUTPATIENT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050531	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1041357	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1760 TERMINO	
	Phone num:	5629330709	
	Termination reason:	00	
	Term Date:	20070530	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070161248	
BH333 WNW 2-4 mi 16388 Higher			SRHO20070131105 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	NICHOLAS S C LEE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930330
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554011
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1760 TERMINO AVENUE STE 200
Phone num:	3105970376
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131105

BH334
WNW
2-4 mi
16388
Higher

SRHO20070147761
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HEZEKIAH N MOORE, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960624
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0916511
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1760 TERMINO AVENUE, SUITE G-21
Phone num:	5624984425
Termination reason:	00
Term Date:	20080623
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147761

BH335
WNW
2-4 mi
16388
Higher

SRHO20070153429
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	THOMAS M NORUM, MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980313
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0942597
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1760 TERMINO AVENUE SUITE 306
Phone num:	5624980550
Termination reason:	08
Term Date:	20060312
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153429

BH336 SRHO20070160051
WNW AHA Hospitals
2-4 mi
16388
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CURTIS FOSTER MEDICAL OFFICE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1015075
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1760 TERMINO AVE #108
Phone num:	5624984510
Termination reason:	08
Term Date:	20040127
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160051

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BH337 WNW 2-4 mi 16388 Higher			SRHO20070163497 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	RON V ROQUE MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050419	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1039630	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1760 TERMINO AVE #104	
	Phone num:	5624948512	
	Termination reason:	00	
	Term Date:	20070418	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070163497	
BH338 WNW 2-4 mi 16388 Higher			SRHO20070131121 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20050908	

Medicare/Medicaid:	1
Facility name:	ALAN HELLER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554055
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1760 TERMINO AVENUE SUITE #114
Phone num:	5624982459
Termination reason:	00
Term Date:	20071017
Purpose of action:	2
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131121

BI339
West
2-4 mi
16410
Higher

SRHO20070141927
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DANIEL M O'TOOLE, MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930303
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0863193
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	300 REDONDO AVE
Phone num:	3104277946
Termination reason:	12
Term Date:	19940101
Purpose of action:	Not Reported
Provider control:	04
Zip:	90814
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141927

BI340
West
2-4 mi
16410
Higher

SRHO20070149084
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS,A MEDICAL GROUP,INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971028
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0935377
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	300 REDONDO AVENUE, SUITE B
Phone num:	5624337496
Termination reason:	00
Term Date:	20071027
Purpose of action:	Not Reported
Provider control:	10
Zip:	90814
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149084

BI341 SRHO20070143873
West AHA Hospitals
2-4 mi
16410
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOMEN'S HEALTH & REPRODUCTIVE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0863761
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	300 REDONDO AVE SUITE C
Phone num:	3109874710
Termination reason:	01
Term Date:	19980101
Purpose of action:	Not Reported
Provider control:	04
Zip:	90814
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143873

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BI342			SRHO20070141107
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16410	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DIANA R BRYANT MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930728	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0715177	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	300 REDONDO AVE STE B	
	Phone num:	3104337496	
	Termination reason:	04	
	Term Date:	19960831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90814	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141107	

BI343			SRHO20070141780
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16410	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	CLAYTON DEJONG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930319
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0715065
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	300 REDONDO AVENUE SUITE B
Phone num:	3104337496
Termination reason:	12
Term Date:	19950901
Purpose of action:	Not Reported
Provider control:	04
Zip:	90814
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141780

BA344
West
2-4 mi
16416
Higher

SRHO20070138617
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LAWRENCE P CUTNER MD FACOG
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0705652
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	260 REDONDO AVE
Phone num:	3104344476
Termination reason:	01
Term Date:	19950301
Purpose of action:	Not Reported
Provider control:	04
Zip:	90803
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138617

BB345 SRHO20070155416
NE AHA Hospitals
2-4 mi
16428
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DR TAMARA MAHER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020625
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1000901
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10861 CHERRY ST #106
Phone num:	5624319200
Termination reason:	00
Term Date:	20080624
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155416

BB346 SRHO20070148905
NE AHA Hospitals
2-4 mi
16428
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOMEN'S HEALTH & REPRODUCTIVE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961217
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0923194
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10861 CHERRY STREET, SUITE 109
Phone num:	5624313606
Termination reason:	00
Term Date:	20081216
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148905

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BB347			SRHO20070157715
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16428	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CONSTANCE S SHIH MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20041203	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1034473	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	10861 CHERRY ST STE 105	
	Phone num:	5624932255	
	Termination reason:	00	
	Term Date:	20081202	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070157715	

BB348			SRHO20070137648
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16428	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19960521	

Medicare/Medicaid:	1
Facility name:	R A KAPLAN MD & J J WIDELITZ MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0694255
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10861 CHERRY ST #305
Phone num:	3109241995
Termination reason:	00
Term Date:	20070521
Purpose of action:	2
Provider control:	02
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137648

BB349
NE
2-4 mi
16428
Higher

SRHO20070153797
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COAST INTERNAL MEDICAL ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010510
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0986241
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10861 CHERRY ST STE 302
Phone num:	5624313535
Termination reason:	00
Term Date:	20070509
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153797

BB350 SRHO20070157634
NE AHA Hospitals
2-4 mi

16428 Hospital type:	01
Higher Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GASTROENTEROLOGY CONSULTANTS A MED GRP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0970772
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10861 CHERRY ST STE 302
Phone num:	5624931011
Termination reason:	00
Term Date:	20080223
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157634

BB351 SRHO20070158239
NE AHA Hospitals
2-4 mi
16428
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NANCY D KIMBER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041103
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1033066
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10861 CHERRY ST SUITE 206
Phone num:	5624300805
Termination reason:	00
Term Date:	20081102
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158239

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BB352			SRHO20070131224
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16428	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ARMSHAW CLINICAL LABORATORIES	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921216	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0553290	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	10861 CHERRY ST	
	Phone num:	3104303538	
	Termination reason:	12	
	Term Date:	19940513	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131224	

BB353			SRHO20070130558
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16428	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	CERRITOS WEIGHT CONTROL MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553355
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10861 CHERRY STREET, SUITE 300
Phone num:	3104932266
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130558

BB354
NE
2-4 mi
16428
Higher

SRHO20070130965
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEMORIAL MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950613
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554474
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10861 CHERRY AVENUE, SUITE 200
Phone num:	3104261771
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130965

BB355 SRHO20070142293
NE AHA Hospitals
2-4 mi
16428
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LIZA HERTZ MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0859896
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10861 CHERRY STREET SUITE 302
Phone num:	3104360084
Termination reason:	17
Term Date:	20000328
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142293

BB356 SRHO20070138718
NE AHA Hospitals
2-4 mi
16428
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SHACKEROFF/HETZLER & ASSOC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950620
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0695776
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10861 CHERRY ST SUITE #300
Phone num:	3105948320
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138718

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BB357			SRHO20070159172
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16428	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MEMORIAL SPORTS AND INTERNAL MEDICINE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040220	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1022582	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	10861 CHERRY STREET,SUITE 200	
	Phone num:	5627956406	
	Termination reason:	00	
	Term Date:	20080219	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070159172	

BJ358			SRDCCA200721204
North	EDR ID:	SRDCCA200721204	Daycare
2-4 mi	Facility number:	198009389	
16493	Facility name:	PETTERSON FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3080 PALO VERDE AVENUE	
	City:	LONG BEACH	

State:	CA
Zip:	90808
Alt. address:	3080 PALO VERDE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	SARAH ANN-MICHELLE PETTERSON
Licensee type:	A
License effective date:	30917
License expiration date:	Not Reported
License issue date:	030917
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030711
Facility closed date:	Not Reported
Mailing address:	3080 PALO VERDE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"PETTERSON, SARAH "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5626270312

BB359
NE
2-4 mi
16506
Higher

SRHO20070109322
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19910524
Medicare/Medicaid:	1
Facility name:	JOHN DOUGLAS FRENCH CENTER/ALZHEIMER
Intermediary/Carrier:	51050
Medicaid number:	Not Reported
Partcipation date:	19890327
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555346
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	3951 KATELLA AVE
Phone num:	2134931555
Termination reason:	01
Term Date:	19910901

Purpose of action:	2
Provider control:	03
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0148
Num cert beds:	0148
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070109322

360
NNE
2-4 mi
16518
Higher

SRDCCA200754805
Daycare

EDR ID:	SRDCCA200754805
Facility number:	304370304
Facility name:	ROSSMOOR PLAYSCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	10771 REAGAN STREET
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	10771 REAGAN STREET
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"ROSSMOOR PLAYSCHOOL LADYBIRD, INC. "
Licensee type:	B
License effective date:	70211
License expiration date:	Not Reported
License issue date:	070211
Program type:	MONDAY THRU FRIDAY. HOURS: 8:00AM - 4:30PM. CHILDREN AGES 2-5 YEARS OLD.
Original app. received date:	060810
Facility closed date:	Not Reported
Mailing address:	10771 REAGAN STREET
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"KIM-OH, S. DUONG, V. "
Facility capacity:	36
Type of clients served:	950
Facility phone:	5625943842

BD361
NW
2-4 mi
16565
Higher

SRDCCA200730860
Daycare

EDR ID:	SRDCCA200730860
Facility number:	198011474
Facility name:	COLOCHO FAMILY CHILD CARE

Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5171 E. WILLOW STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	5171 E. WILLOW STREET
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"COLOCHO, GINA M. "
Licensee type:	A
License effective date:	50808
License expiration date:	Not Reported
License issue date:	050808
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	050225
Facility closed date:	Not Reported
Mailing address:	5171 E. WILLOW STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"COLOCHO, GINA M. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624219560

AZ362
West
2-4 mi
16593
Higher

SRDCCA200732903
Daycare

EDR ID:	SRDCCA200732903
Facility number:	198012357
Facility name:	PERKINS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3410 E. 7TH STREET
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	3410 E. 7TH STREET
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"PERKINS, DIANE "
Licensee type:	A
License effective date:	60310
License expiration date:	Not Reported
License issue date:	060310
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date:	060120
Facility closed date:	Not Reported
Mailing address:	3410 E. 7TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"PERKINS, DIANE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624394350

BC363 SRDCCA200705846
NE Daycare
2-4 mi
16658
Higher

EDR ID:	SRDCCA200705846
Facility number:	304201060
Facility name:	"MALLIK, BHARATI "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	4081 GREEN AVENUE #19
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	4081 GREEN AVENUE #19
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"MALLIK, BHARATI "
Licensee type:	A
License effective date:	951115
License expiration date:	Not Reported
License issue date:	951115
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950601
Facility closed date:	Not Reported
Mailing address:	4081 GREEN AVENUE #19
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"MALLIK, BHARATI "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5624312122

BH364 SRHO20070145001
WNW AHA Hospitals
2-4 mi
16734
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	REGENCY OAKS SKILLED NURSING CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940907
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0891347
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3850 EAST ESTHER STREET
Phone num:	3104983368
Termination reason:	00
Term Date:	20080906
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145001

BH365
WNW
2-4 mi
16734
Higher

SRHO20070010975
AHA Hospitals

Hospital type:	03
Num of times COO:	04
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060511
Medicare/Medicaid:	1
Facility name:	REGENCY OAKS CARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	940000023
Partcipation date:	19741213
Prior COO date:	20000601
Prior carrier:	00040

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Provider ID:	056378	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	3850 E. ESTHER ST.	
	Phone num:	5624983368	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0099	
	Num cert beds:	0099	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070010975	
BH366 WNW 2-4 mi 16734 Higher			SRNH20060901076 Nursing Homes
	Provnum:	056378	
	Nursinghomename:	REGENCY OAKS CARE CENTER	
	Street:	3850 E. ESTHER ST.	
	City:	LONG BEACH	
	State:	CA	
	Zipcode:	90804	
	Phonenumber:	5624983368	
	Dateoflastinspection:	20060409	
	Certifiednumberofbeds:	99	
	Totalnumberofresidents:	91	
	Percofoccupiedbeds:	92	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Partnership	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	NO	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060901076	
BI367 West 2-4 mi 16754 Higher			SRPU20071014033 Public Schools
	Ncessch:	062250002742	
	Schname05:	MANN ELEMENTARY	
	Mstreet05:	257 CORONADO AVE.	
	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90803	
	Mzip405:	5842	
	Member05:	399	

Phone05:	(562) 439-6897	
Locale05:	1	
Type05:	1	
Level05:	1	
Gslo05:	KG	
Gshi05:	05	
Edr id:	SRPU20071014033	

BH368 SRHO20070144324
WNW AHA Hospitals
2-4 mi
16779
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SOUTHERN CALIFORNIA PERMANENTE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941004
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0892699
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3900 PACIFIC COAST HIGHWAY
Phone num:	3107262227
Termination reason:	00
Term Date:	20081003
Purpose of action:	Not Reported
Provider control:	03
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144324

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BH369 WNW 2-4 mi 16779 Higher			SRHO20070135437 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19950602	
	Medicare/Medicaid:	1	
	Facility name:	SO CALIF PERMANENTE MED GRP LABORATORY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0671624	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3900 PACIFIC COAST HIGHWAY	
	Phone num:	3109862227	
	Termination reason:	12	
	Term Date:	19981231	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070135437	
BH370 WNW 2-4 mi 16779 Higher			SRHO20070110937 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19870417	

Medicare/Medicaid:	1
Facility name:	CALIF INST OF EYE SURGERY & VISION
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19870421
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55C0001072
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	3900 PACIFIC COAST HWY, STE 150
Phone num:	2138660788
Termination reason:	01
Term Date:	19920101
Purpose of action:	1
Provider control:	01
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070110937

BH371
WNW
2-4 mi
16812
Higher

SRHO20070009811
AHA Hospitals

Hospital type:	03
Num of times COO:	06
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060427
Medicare/Medicaid:	1
Facility name:	COUNTRY VILLA BELMONT HEIGHTS
Intermediary/Carrier:	52280
Medicaid number:	940000053
Partcipation date:	19851009
Prior COO date:	19980901
Prior carrier:	00040
Provider ID:	055077
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1730 GRAND AVE
Phone num:	5625978817
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0117
Num cert beds:	0117
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009811

BH372
WNW
2-4 mi
16812
Higher

SRHO20070140345
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COUNTRY VILLA BELMONT HEIGHTS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0855683
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1730 GRAND AVE
Phone num:	5625978817
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06

Fips cnty:	037	
SSA MSA:	328	
SSA MSA size code:	A	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070140345	

BH373 — SRNH20060900506
WNW — Nursing Homes
2-4 mi
16812
Higher

Provnum:	055077
Nursinghomename:	COUNTRY VILLA BELMONT HEIGHTS
Street:	1730 GRAND AVE
City:	LONG BEACH
State:	CA
Zipcode:	90804
Phonenumber:	5625978817
Dateoflastinspection:	20060410
Certifiednumberofbeds:	117
Totalnumberofresidents:	105
Percofoccupiedbeds:	90
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060900506

BB374 — SRHO20070146697
NE — AHA Hospitals
2-4 mi
16874
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	000
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TENDERCARE HOSPICE & HOME HEALTH INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960912
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0919621
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	10882 KYLE ST
Phone num:	3105965033
Termination reason:	08
Term Date:	19980911
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	001
SSA MSA:	418
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146697

BJ375
NNW
2-4 mi
16932
Higher

SRDCCA200739908
Daycare

EDR ID:	SRDCCA200739908
Facility number:	198013244
Facility name:	ELEOPOULOS FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3068 CARFAX AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3068 CARFAX AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	MARY ELEOPOULOS
Licensee type:	A
License effective date:	70521
License expiration date:	Not Reported
License issue date:	070521
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070202
Facility closed date:	Not Reported
Mailing address:	3068 CARFAX AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"ELEOPOULOS, MARY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624201409

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

BC376 SRDCCA200753451
NE Daycare
2-4 mi
16947
Higher

EDR ID:	SRDCCA200753451
Facility number:	304270908
Facility name:	ROSSMOOR CHILDREN'S CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4161 GREEN AVENUE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	1 VIA LUNA
City:	DANA POINT
State:	CA
Zip:	92629
Facility investor:	"ROSSMOOR CHILDREN'S CENTER, INC. "
Licensee type:	D
License effective date:	20903
License expiration date:	Not Reported
License issue date:	020903
Program type:	"127 AMB CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. 06:30 AM TO 6:00 PM, M-F. RMS #1,2,3,4,5,6,7.DURING SUMMER, CAPACITY FOR P/S TO BE 104 IN RMS 1,2,3,4,5,6. RM 7 WILL BE USED FOR SUMMER "DAY CAMP ONLY WITH APPPROVAL FROM ENVIRONMENTAL HEALTH DEPT.
Original app. received date:	020521
Facility closed date:	Not Reported
Mailing address:	1 VIA LUNA
Mailing city:	DANA POINT
Mailing state:	CA
Mailing zip:	92629
Contact person:	"RODRIGUEZ, KATHY "
Facility capacity:	127
Type of clients served:	950
Facility phone:	5624316553

BK377 SRHO20070147479
NE AHA Hospitals
2-4 mi
16986
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JACK RUBIN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930520
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0869530
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10941 BLOOMFIELD STREET #A
Phone num:	3105961667
Termination reason:	00
Term Date:	20080615
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147479

BJ378
NNW
2-4 mi
16989
Higher

SRDCCA200702715
Daycare

EDR ID:	SRDCCA200702715
Facility number:	191602196
Facility name:	GEISEL FAMILY DAY CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6139 ROSEBAY ST.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	6139 ROSEBAY ST.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"GEISEL, NANCY "
Licensee type:	A
License effective date:	940113
License expiration date:	Not Reported
License issue date:	880113
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	871204
Facility closed date:	Not Reported
Mailing address:	6139 ROSEBAY ST.

Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90808	
Contact person:	"GEISEL, NANCY "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5624218461	

BI379 SRDCCA200746897
West Daycare
2-4 mi
17028
Higher

EDR ID:	SRDCCA200746897
Facility number:	191670974
Facility name:	MANN CHILD DEVELOPMENT CENTER
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3215 E VISTA AVE
City:	LONG BEACH
State:	CA
Zip:	90803
Alt. address:	2209 SEABRIGHT AVE.
City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	941019
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	PRESCHOOL: AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date:	831202
Facility closed date:	Not Reported
Mailing address:	2209 SEABRIGHT AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90810
Contact person:	CAROLYN NIX
Facility capacity:	48
Type of clients served:	950
Facility phone:	3104387243

BL380 SRHO20070138376
WNW AHA Hospitals
2-4 mi
17029
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported

Facility name:	PRUM KUNTHY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941024
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0675071
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1082 REDONDO AVENUE
Phone num:	3104344457
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138376

BM381
NW
2-4 mi
17096
Higher

SRHO20070131679
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RONALD J PHILIPP DO
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0555045
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA

ssa state:	05
state region cd:	LAB
street address:	2255 LAKEWOOD BLVD
Phone num:	3104988000
Termination reason:	14
Term Date:	19950317
Purpose of action:	Not Reported
Provider control:	10
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131679

BM382 SRHO20070131793
NW AHA Hospitals
2-4 mi
17096
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030127
Medicare/Medicaid:	1
Facility name:	RONALD J PHILIPP DO
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0555048
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2255 NORTH LAKEWOOD BOULEVARD
Phone num:	5624988000
Termination reason:	00
Term Date:	20080113
Purpose of action:	2
Provider control:	10
Zip:	90815
Fips state:	06
Fips cnty:	037

SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131793

BK383
NE
2-4 mi
17103
Higher

SRHO20070153388
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LISA HERTZ, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000127
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0969835
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4132 KATELLA AVE #200
Phone num:	5625965552
Termination reason:	00
Term Date:	20080126
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153388

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

BF384 SRDCCA200724978
WNW Daycare
2-4 mi
17107
Higher

EDR ID:	SRDCCA200724978
Facility number:	198010344
Facility name:	DEMAREST FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1378 NEWPORT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1378 NEWPORT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"DEMAREST, MARLO "
Licensee type:	A
License effective date:	40623
License expiration date:	Not Reported
License issue date:	040623
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040308
Facility closed date:	Not Reported
Mailing address:	1378 NEWPORT AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"DEMAREST, MARLO "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629861358

BK385 SRDCCA200748644
NE Daycare
2-4 mi
17111
Higher

EDR ID:	SRDCCA200748644
Facility number:	300600639
Facility name:	MAYFLOWER PRE SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4111 KATELLA
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	4111 KATELLA
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"COMMUNITY CONGREGATIONAL CHURCH OF LOS ALAMITOS, I"

Licensee type:	C
License effective date:	930810
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MONDAY-FRIDAY, 06:00 AM TO 6:00 PM. ROOMS 1,2,3,4,5 AND FELLOWSHIP HALL. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	4111 KATELLA
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	LEE ANN BIVENS
Facility capacity:	80
Type of clients served:	950
Facility phone:	7148266230

BG386
West
2-4 mi
17206
Higher

SRDCCA200723592
Daycare

EDR ID:	SRDCCA200723592
Facility number:	198009602
Facility name:	RUIZ FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	611 OBISPO AVE
City:	LONG BEACH
State:	CA
Zip:	90814
Alt. address:	611 OBISPO AVE
City:	LONG BEACH
State:	CA
Zip:	90814
Facility investor:	DORIS RUIZ
Licensee type:	A
License effective date:	30915
License expiration date:	Not Reported
License issue date:	030915
Program type:	MAX. CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS.
Original app. received date:	030818
Facility closed date:	Not Reported
Mailing address:	611 OBISPO AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90814
Contact person:	DORIS RUIZ
Facility capacity:	12
Type of clients served:	960
Facility phone:	5624345117

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

BM387
NW
2-4 mi
17239
Higher

SRDCCA200738819
Daycare

EDR ID:	SRDCCA200738819
Facility number:	198012958
Facility name:	QUINTANA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2286 XIMENO AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2286 XIMENO AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	ELVIRA QUINTANA
Licensee type:	A
License effective date:	61030
License expiration date:	Not Reported
License issue date:	061030
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060925
Facility closed date:	Not Reported
Mailing address:	2286 XIMENO AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"QUINTANA, ELVIRA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629613992

388
North
2-4 mi
17247
Higher

SRPU20071014000
Public Schools

Ncessch:	062250002709
Schname05:	CUBBERLEY ELEMENTARY
Mstreet05:	3200 MONOGRAM AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90808
Mzip405:	4189
Member05:	1050
Phone05:	(562) 420-8810
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	08
Edr id:	SRPU20071014000

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BK389 NE 2-4 mi 17309 Higher			SRPU20071014280 Public Schools
	Ncessch:	062259007303	
	Schname05:	LOS ALAMITOS ELEMENTARY	
	Mstreet05:	10862 BLOOMFIELD ST.	
	Mcity05:	LOS ALAMITOS	
	Mstate05:	CA	
	Mzip05:	90720	
	Mzip405:	2598	
	Member05:	641	
	Phone05:	(714) 816-3300	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014280	
BN390 East 2-4 mi 17319 Higher			SRDCCA200703321 Daycare
	EDR ID:	SRDCCA200703321	
	Facility number:	300609950	
	Facility name:	"TINER, JEANNIE "	
	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	12811 BARTLETT STREET	
	City:	GARDEN GROVE	
	State:	CA	
	Zip:	92845	
	Alt. address:	12811 BARTLETT STREET	
	City:	GARDEN GROVE	
	State:	CA	
	Zip:	92845	
	Facility investor:	"TINER, JEANNIE L. "	
	Licensee type:	A	
	License effective date:	931202	
	License expiration date:	Not Reported	
	License issue date:	890701	
	Program type:	"LICENSE INACTIVE AS OF MARCH 22, 2007. "	
	Original app. received date:	890630	
	Facility closed date:	Not Reported	
	Mailing address:	12811 BARTLETT STREET	
	Mailing city:	GARDEN GROVE	
	Mailing state:	CA	
	Mailing zip:	92845	
	Contact person:	"TINER, JEANNIE "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7148911494	

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID**
Database

391 SRDCCA200719393
East EDR ID: SRDCCA200719393 Daycare
2-4 mi Facility number: 304300043
17338 Facility name: "MADI,IMAN "
Higher Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5052 DARTMOUTH AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5052 DARTMOUTH AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "MADI,IMAN "
Licensee type: A
License effective date: 30408
License expiration date: Not Reported
License issue date: 030408
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030115
Facility closed date: Not Reported
Mailing address: 5052 DARTMOUTH AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "MADI,IMAN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7147991944

BO392 SRDCCA200705851
NW EDR ID: SRDCCA200705851 Daycare
2-4 mi Facility number: 198001409
17343 Facility name: "FUNK, DARLENE & LEONARD FAMILY DAY CARE "
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5210 E. 28TH ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5210 E. 28TH ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "FUNK, DARLENE & LEONARD "

Licensee type:	A
License effective date:	950919
License expiration date:	Not Reported
License issue date:	950919
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950721
Facility closed date:	Not Reported
Mailing address:	5210 E. 28TH ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"FUNK, DARLENE & LEONARD "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5624258747

BM393
NW
2-4 mi
17385
Higher

SRDCCA200752346
Daycare

EDR ID:	SRDCCA200752346
Facility number:	198002033
Facility name:	MARINA MONTESSORI SCHOOL
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2301 XIMENO AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2301 XIMENO AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"BOWMAN, ROBERT; BOWMAN,GLADYS; BRIZZOLARA,CANDYCE "
Licensee type:	B
License effective date:	970327
License expiration date:	Not Reported
License issue date:	970327
Program type:	AMBULATORY ONLY. PRESCHOOL CHILDREN AGES 2-5 YEARS OLD.
Original app. received date:	960325
Facility closed date:	Not Reported
Mailing address:	2301 XIMENO AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	CANDYCE BRIZZOLARA
Facility capacity:	45
Type of clients served:	950
Facility phone:	5624944641

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BM394 NW 2-4 mi 17385 Higher			SRPR20051022865 Private Schools
	Pss school id:	A9302413	
	Pss inst:	MARINA MONTESSORI	
	Lograde:	PK	
	Higrade:	4	
	Pss address:	2301 XIMENO	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90815	
	Pss phone:	5624944641	
	Pss sch days:	180	
	Pss stu day hrs:	7	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	24	
	Pss enroll k:	5	
	Pss enroll 1:	3	
	Pss enroll 2:	1	
	Pss enroll 3:	2	
	Pss enroll 4:	1	
	Pss enroll 5:	Not Reported	
	Pss enroll 6:	Not Reported	
	Pss enroll 7:	Not Reported	
	Pss enroll 8:	Not Reported	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	36	
	Pss enroll tk12:	12	
	Pss race ai:	0	
	Pss race as:	3	
	Pss race h:	1	
	Pss race b:	7	
	Pss race w:	1	
	Pss fte teach:	1.9	
	Pss locale:	1	
	Pss coed:	1	
	Pss type:	2	
	Pss level:	1	
	Pss relig:	3	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	25	
	Pss hisp pct:	8.33	
	Pss black pct:	58.33	
	Pss white pct:	8.33	
	Pss stdtch rt:	6.32	
	Pss orient:	29	
	Pss county name:	LOS ANGELES	
	Pss assoc 1:	No Membership Association	
	Pss assoc 2:	Not Reported	
	Pss assoc 3:	Not Reported	

Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022865

BL395 SRDCCA200732778
WNW Daycare
2-4 mi
17459
Higher

EDR ID:	SRDCCA200732778
Facility number:	198012386
Facility name:	BLATHERS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	900 OBISPO #B
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	900 OBISPO #B
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"BLATHERS, LONNIA M. "
Licensee type:	A
License effective date:	60227
License expiration date:	Not Reported
License issue date:	060227
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060127
Facility closed date:	Not Reported
Mailing address:	900 OBISPO #B
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"BLATHERS, LONNIA M. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624338448

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396 SRHO20070151014
SSE AHA Hospitals
2-4 mi
17483
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19990706

Medicare/Medicaid:	1
Facility name:	HUNG VAN ONG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990413
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0959466
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3441 SAGAMORE DRIVE
Phone num:	9495815900
Termination reason:	12
Term Date:	20001023
Purpose of action:	1
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151014

397
NNW
2-4 mi
17510
Higher

SRDCCA200723698
Daycare

EDR ID:	SRDCCA200723698
Facility number:	198009552
Facility name:	JANNATPOUR FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3102 OCANA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3102 OCANA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	SHIRIN JANNATPOUR
Licensee type:	A
License effective date:	31006
License expiration date:	Not Reported
License issue date:	031006

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030818
Facility closed date: Not Reported
Mailing address: 3102 OCANA AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "JANNATPOUR, SHIRIN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624211948

BP398 SRDCCA200742877
NW Daycare
2-4 mi
17550
Higher

EDR ID: SRDCCA200742877
Facility number: 191607804
Facility name: YMCA GLB LOS ALTOS BRANCH BUFFUM SITE
Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 2350 XIMENO AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 1720 BELLFLOWER BLVD.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: YMCA GREATER LONG BEACH
Licensee type: C
License effective date: 950521
License expiration date: Not Reported
License issue date: 920521
Program type: "SCHOOL AGE PROGRAM, AGES 7 TO 11 YEARS OLD. "
Original app. received date: 920316
Facility closed date: Not Reported
Mailing address: 4949 ATLANTIC AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90805
Contact person: SANDRA ANDERSON
Facility capacity: 60
Type of clients served: 950
Facility phone: 5624230491

BP399 SRPU20071014258
NW Public Schools
2-4 mi
17550
Higher

Ncessch: 062250007747
Schname05: BUFFUM ELEMENTARY
Mstreet05: 2350 XIMENO AVE.

Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90815
Mzip405:	1838
Member05:	335
Phone05:	(562) 498-2431
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014258

BM400 SRDCCA200708260
NW Daycare
2-4 mi
17568
Higher

EDR ID:	SRDCCA200708260
Facility number:	198002342
Facility name:	GRIFFIN FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2299 PEPPERWOOD AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2299 PEPPERWOOD AVE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"GRIFFIN,VERONICA "
Licensee type:	A
License effective date:	970107
License expiration date:	Not Reported
License issue date:	970107
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "IF MORE THAN 6 CHILDREN IN CARE.
Original app. received date:	960801
Facility closed date:	Not Reported
Mailing address:	2299 PEPPERWOOD AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"GRIFFIN,VERONICA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624944453

BQ401 SRDCCA200747640
West Daycare
2-4 mi
17592
Higher

EDR ID:	SRDCCA200747640
Facility number:	191602651
Facility name:	GREAT BEGINNINGS INC.

Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3027 E. 4TH ST.
City:	LONG BEACH
State:	CA
Zip:	90814
Alt. address:	3027 E. 4TH STREET
City:	LONG BEACH
State:	CA
Zip:	90814
Facility investor:	"STOCKING, MARIAN "
Licensee type:	A
License effective date:	940712
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 YEARS 6 MONTHS THRU 5 YEARS
Original app. received date:	770826
Facility closed date:	Not Reported
Mailing address:	3027 E. 4TH ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90814
Contact person:	"STOCKING, MARIAN "
Facility capacity:	39
Type of clients served:	950
Facility phone:	5624342545

BK402
NE
2-4 mi
17602
Higher

SRHO20070144375
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FHP HEALTH IN MOTION MOBILE VAN
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941128
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0894954
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	10821 BLOOMFIELD STREET SUITE A
Phone num:	3107956900
Termination reason:	17
Term Date:	19961127
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144375

BR403
WNW
2-4 mi
17646
Higher

SRDCCA200734880
Daycare

EDR ID:	SRDCCA200734880
Facility number:	198012492
Facility name:	BELL FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3440 E. RANSOM STREET #302
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	3440 E. RANSOM STREET #302
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"BELL, TAMEKA "
Licensee type:	A
License effective date:	60524
License expiration date:	Not Reported
License issue date:	060524
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060403
Facility closed date:	Not Reported
Mailing address:	3440 E. RANSOM STREET #302
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"BELL, TAMEKA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624944043

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

404 SRPU20071014281
NNE Ncessch: 062259007304 Public Schools
2-4 mi Schname05: LOS ALAMITOS HIGH
17664 Mstreet05: 3591 CERRITOS AVE.
Higher Mcity05: LOS ALAMITOS
Mstate05: CA
Mzip05: 90720
Mzip405: 2414
Member05: 2999
Phone05: (562) 799-4780
Locale05: 3
Type05: 1
Level05: 3
Gslo05: 09
Gshi05: 12
Edr id: SRPU20071014281

BP405 SRDCCA200702708
NW EDR ID: SRDCCA200702708 Daycare
2-4 mi Facility number: 191604942
17674 Facility name: CHRISTENSEN FAMILY DAY CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2528 QUINCY AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2528 QUINCY AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "CHRISTENSEN, LINDA P. "
Licensee type: A
License effective date: 930815
License expiration date: Not Reported
License issue date: 900815
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 900319
Facility closed date: Not Reported
Mailing address: 2528 QUINCY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "CHRISTENSEN, LINDA P. "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5625975919

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

BS406 SRDCCA200714493
West Daycare
2-4 mi
17680
Higher

EDR ID:	SRDCCA200714493
Facility number:	192007034
Facility name:	TURNER FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	768 FREEMAN AVENUE #3
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	768 FREEMAN AVENUE #3
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"TURNER, ALISA M. "
Licensee type:	A
License effective date:	10630
License expiration date:	Not Reported
License issue date:	010630
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010321
Facility closed date:	Not Reported
Mailing address:	768 FREEMAN AVENUE #3
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"TURNER, ALISA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624348374

BK407 SRHO20070010611
NE AHA Hospitals
2-4 mi
17702
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010806
Medicare/Medicaid:	1
Facility name:	PHYSIOTHERAPY ASSOCIATES
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19970422
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	056816
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	10801 BLOOMFIELD STREET
Phone num:	5624319511
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010611

BR408
WNW
2-4 mi
17770
Higher

SRDCCA200753969
Daycare

EDR ID:	SRDCCA200753969
Facility number:	192006385
Facility name:	CORONADO HEAD START CHILD CARE CENTER
Facility eval. code:	9070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1395 CORONADO STREET
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	2898 ORANGE AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	11017
License expiration date:	Not Reported
License issue date:	010817
Program type:	MAXIMUM CAPACITY 90 CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO KINDERGARTEN.FACILITY OPERATES TWO HALF DAY PROGRAMS. WAIVER ON FILE.
Original app. received date:	010720
Facility closed date:	Not Reported
Mailing address:	2898 ORANGE AVENUE
Mailing city:	SIGNAL HILL
Mailing state:	CA

Mailing zip:	90806	
Contact person:	"FOREMAN, WINIFRED "	
Facility capacity:	90	
Type of clients served:	950	
Facility phone:	5624270833	

BT409 SRHO20070143200
NE AHA Hospitals
2-4 mi
17775
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FRIENDLY HILLS MED CENTER-LOS ALAMITOS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940401
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0884483
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4281 KATELLA AVENUE SUITE 221
Phone num:	7148284478
Termination reason:	12
Term Date:	19991231
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143200

BT410 SRHO20070158516
NE AHA Hospitals
2-4 mi
17775
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PHARMACOLOGY RESEARCH INSTITUTE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050105
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1035562
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4281 KATELLA AVENUE SUITE #115
Phone num:	7148273667
Termination reason:	00
Term Date:	20090104
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158516

BT411
NE
2-4 mi
17775
Higher

SRHO20070155496
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HARRIMAN JONES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	20020219
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0996488
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4281 KATELLA AVE STE 220
Phone num:	5629887189
Termination reason:	00
Term Date:	20080218
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155496

BL412
WNW
2-4 mi
17949
Higher

SRDCCA200752336
Daycare

EDR ID:	SRDCCA200752336
Facility number:	198002668
Facility name:	WILLARD PRE-SCHOOL
Facility eval. code:	8150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1055 FREEMEN AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	2209 SEABRIGHT AVE
City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNIFIED SCHOOL DIST/WILLARD ELEMENTARY
Licensee type:	C
License effective date:	970113
License expiration date:	Not Reported
License issue date:	970113
Program type:	PRE-K PROGRAM AGES 4-5 YRS OLD. FACILITY OPERATES ON YEAR ROUND SCHEDULE. FACILITY WILL ROTATE CLASS ROOMS MONTHLY.
Original app. received date:	961112
Facility closed date:	Not Reported

Mailing address:	2209 SEABRIGHT AVE	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90810	
Contact person:	"WILLIAMS,ROBERT "	
Facility capacity:	23	
Type of clients served:	950	
Facility phone:	3104389934	

BL413 — SRPU20071014057
WNW — Public Schools
2-4 mi
17949
Higher

Ncessch:	062250002768
Schname05:	WILLARD ELEMENTARY
Mstreet05:	1055 FREEMAN AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90804
Mzip405:	3804
Member05:	1022
Phone05:	(562) 438-9934
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014057

BS414 — SRDCCA200712122
West — Daycare
2-4 mi
17978
Higher

EDR ID:	SRDCCA200712122
Facility number:	198005095
Facility name:	RICHARDSON FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	740 ORIZABA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90805
Alt. address:	740 ORIZABA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90805
Facility investor:	"RICHARDSON, PETRONILLA "
Licensee type:	A
License effective date:	990519
License expiration date:	Not Reported
License issue date:	990519
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	990406
Facility closed date:	Not Reported

Mailing address:	740 ORIZABA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90805
Contact person:	"RICHARDSON, PETRONILLA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624333243

BR415 SRDCCA200747439
WNW
2-4 mi
18000
Higher

Daycare

EDR ID:	SRDCCA200747439
Facility number:	191601050
Facility name:	OAK TREE CHILDREN'S CENTER
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1710 REDONDO AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	8740 RAMONA ST.
City:	BELLFLOWER
State:	CA
Zip:	90706
Facility investor:	"CENTRA 2000,INC. "
Licensee type:	A
License effective date:	951217
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"LICENSEE PREFERS AMBULATORY ONLY, AGES 2 THRU 6 YEARS "
Original app. received date:	861117
Facility closed date:	Not Reported
Mailing address:	8740 RAMONA ST.
Mailing city:	BELLFLOWER
Mailing state:	CA
Mailing zip:	90706
Contact person:	"TENOLD, CATHLEEN "
Facility capacity:	49
Type of clients served:	950
Facility phone:	5625978611

BR416 SRPR20051022888
WNW
2-4 mi
18000
Higher

Private Schools

Pss school id:	A9302752
Pss inst:	OAKTREE PRESCHOOL
Lograde:	PK
Higrade:	K
Pss address:	1710 REDONDO AVE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA

Pss fips:	06
Pss zip5:	90804
Pss phone:	5626345924
Pss sch days:	203
Pss stu day hrs:	2.75
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	46
Pss enroll k:	10
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	56
Pss enroll tk12:	10
Pss race ai:	Not Reported
Pss race as:	1
Pss race h:	3
Pss race b:	4
Pss race w:	1
Pss fte teach:	1.9
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	10
Pss hisp pct:	30
Pss black pct:	40
Pss white pct:	10
Pss stdtch rt:	5.26
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Other school association(s)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022888

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

BN417 SRDCCA200722098
East EDR ID: SRDCCA200722098 Daycare
2-4 mi Facility number: 304300201
18084 Facility name: "YBARRA, ANGELA "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5352 CHRISTAL
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5352 CHRISTAL
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "YBARRA, ANGELA "
Licensee type: A
License effective date: 30505
License expiration date: Not Reported
License issue date: 030505
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030418
Facility closed date: Not Reported
Mailing address: 5352 CHRISTAL
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "YBARRA, ANGELA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148923909

BR418 SRDCCA200744520
WNW EDR ID: SRDCCA200744520 Daycare
2-4 mi Facility number: 198011411
18102 Facility name: SIMPLY KARE CHILD DEVELOPMENT CENTER
Higher Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 1406 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1406 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: TOMIKA THOMPSON
Licensee type: A

License effective date: 50922
License expiration date: Not Reported
License issue date: 050922
Program type: LICENSEE PREFER TO SERVER INFANTS WITH AN OPTION TO CARE FOR 27 TODDLERS: 18 - 30 MONTHS.
Original app. received date: 050328
Facility closed date: Not Reported
Mailing address: "1330 TERMINO AVENUE, #A "
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: TOMIKA THOMPSON
Facility capacity: 32
Type of clients served: 955
Facility phone: 5629619626

BR419
WNW
2-4 mi
18102
Higher

SRDCCA200756231
Daycare

EDR ID: SRDCCA200756231
Facility number: 198011410
Facility name: SIMPLY KARE CHILD DEVELOPMENT CENTER
Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1406 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1406 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: TOMIKA THOMPSON
Licensee type: A
License effective date: 50922
License expiration date: Not Reported
License issue date: 050922
Program type: LICENSEE PREFERS TO SERVER 2 YEARS OLD UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 050328
Facility closed date: Not Reported
Mailing address: "1330 TERMINO AVENUE, #A "
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: TOMIKA THOMPSON
Facility capacity: 36
Type of clients served: 950
Facility phone: 5629619626

420
North
2-4 mi
18104
Higher

SRDCCA200721949
Daycare

EDR ID: SRDCCA200721949
Facility number: 198009066
Facility name: TOOMBS FAMILY CHILD CARE

Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3361 STUDEBAKER ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3361 STUDEBAKER ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	MARIE ELENA TOOMBS
Licensee type:	A
License effective date:	30626
License expiration date:	Not Reported
License issue date:	030626
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030414
Facility closed date:	Not Reported
Mailing address:	3361 STUDEBAKER ROAD
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"TOOMBS, MARIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624259604

BU421
North
2-4 mi
18159
Higher

SRHO20070139052
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NASIR TEJANI MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930512
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0685840
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3325 PALO VERDE AVE #204
Phone num:	5624218283
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139052

BU422 SRHO20070147234
North AHA Hospitals
2-4 mi
18159
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OLIVER LEE MASON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960624
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0916483
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3325 PALO VERDE AVE, #207
Phone num:	3109820010
Termination reason:	00
Term Date:	20080623
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147234

BU423 SRHO20070154729
North AHA Hospitals
2-4 mi

18159 Hospital type:	01
Higher Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050711
Medicare/Medicaid:	1
Facility name:	ROBERT M MILLER MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20001001
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0983608
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3325 PALO VERDE AVENUE, SUITE 107
Phone num:	5624208533
Termination reason:	00
Term Date:	20070723
Purpose of action:	2
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154729

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
BU424			SRHO20070131110
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18159	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ANTON DAHLMAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930323	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554728	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3325 PALO VERDE AVE SUITE 101	
	Phone num:	3104292441	
	Termination reason:	08	
	Term Date:	19960831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131110	

BU425			SRHO20070146778
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18159	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	PETER C TRAFAS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930510
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0868494
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3325 PALO VERDE AVE 101
Phone num:	3104296883
Termination reason:	15
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	10
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146778

BV426
NNW
2-4 mi
18169
Higher

SRDCCA200707490
Daycare

EDR ID:	SRDCCA200707490
Facility number:	198003270
Facility name:	TURLEY FAMILY CHILD CARE
Facility eval. code:	8150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3052 MONTAIR AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3052 MONTAIR AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"TURLEY, JULIE MARGARET "
Licensee type:	A
License effective date:	970915
License expiration date:	Not Reported
License issue date:	970915

Program type: INACTIVE NOTICE GIVEN. LICENSEE HAS REQUESTED TO GO ON INACTIVE STATUS FROM 9/21/06 TO 9/21/07.
Original app. received date: 970708
Facility closed date: Not Reported
Mailing address: 3052 MONTAIR AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "TURLEY, JULIE MARGARET "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624210322

BW427 SRDCCA200725146
East EDR ID: SRDCCA200725146 Daycare
2-4 mi Facility number: 304300578
18177 Facility name: "DENOS, JENNIFER "
Higher Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5181 ROTHERHAM CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5181 ROTHERHAM CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "DENOS, JENNIFER "
Licensee type: A
License effective date: 40524
License expiration date: Not Reported
License issue date: 040524
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040112
Facility closed date: Not Reported
Mailing address: 5181 ROTHERHAM CIRCLE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "DENOS, JENNIFER "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149017811

BW428 SRDCCA200705575
East EDR ID: SRDCCA200705575 Daycare
2-4 mi Facility number: 304201090
18183 Facility name: "HARRELSON, SHERI "
Higher

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site	EDR ID / Database

Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5182 ROTHERHAM CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 5182 ROTHERHAM CIRCLE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "HARRELSON, SHERI "
Licensee type: A
License effective date: 950628
License expiration date: Not Reported
License issue date: 950628
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 950609
Facility closed date: Not Reported
Mailing address: 5182 ROTHERHAM CIRCLE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "HARRELSON, SHERI "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148976863

BR429
WNW
2-4 mi
18243
Higher

SRDCCA200722118
Daycare

EDR ID: SRDCCA200722118
Facility number: 198008833
Facility name: TORRES FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1455 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1455 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "TORRES, MARTHA "
Licensee type: A
License effective date: 30407
License expiration date: Not Reported
License issue date: 030407
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date:	030207
Facility closed date:	Not Reported
Mailing address:	1455 OBISPO AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"TORRES, MARTHA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625970940

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430 SRDCCA200709787
ESE
2-4 mi
18270
Higher

EDR ID:	SRDCCA200709787
Facility number:	304204379
Facility name:	"WAY, GAIL & LEE "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	14451 BIRMINGHAM DRIVE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	14451 BIRMINGHAM DRIVE
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"WAY, GAIL & LEE "
Licensee type:	A
License effective date:	980112
License expiration date:	Not Reported
License issue date:	980112
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	971204
Facility closed date:	Not Reported
Mailing address:	14451 BIRMINGHAM DRIVE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"WAY, GAIL & LEE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148925827

Daycare

BS431 SRDCCA200709101
West
2-4 mi
18282
Higher

EDR ID:	SRDCCA200709101
Facility number:	198004636
Facility name:	OFISA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33

Daycare

Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	720 GLADYS AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	720 GLADYS AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"OFISA, MEALOFA "
Licensee type:	A
License effective date:	981120
License expiration date:	Not Reported
License issue date:	981120
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	981007
Facility closed date:	Not Reported
Mailing address:	720 GLADYS AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"OFISA, MEALOFA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624345931

BV432
NNW
2-4 mi
18343
Higher

SRPU20071013802
Public Schools

Ncessch:	062250002706
Schname05:	CARVER ELEMENTARY
Mstreet05:	5335 EAST PAVO ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90808
Mzip405:	3599
Member05:	464
Phone05:	(562) 420-2697
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071013802

BX433
NW
2-4 mi
18357
Higher

SRDCCA200736235
Daycare

EDR ID:	SRDCCA200736235
Facility number:	198012796
Facility name:	JAHN FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19

Facility type code: 810
Facility status code: 03
Address: 2242 GRAND AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 2242 GRAND AVENUE
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: AMY LEE JAHN
Licensee type: A
License effective date: 60922
License expiration date: Not Reported
License issue date: 060922
Program type: LICENSEE HAS REQUESTED INACTIVE STATUS EFFECTIVE 1/17/07-1/17/08.
Original app. received date: 060728
Facility closed date: Not Reported
Mailing address: 2242 GRAND AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "JAHN, AMY LEE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5626888608

BR434
WNW
2-4 mi
18360
Higher

SRDCCA200722119
Daycare

EDR ID: SRDCCA200722119
Facility number: 198008834
Facility name: GONZALEZ FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1540 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1540 OBISPO AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "GONZALEZ, MARIA "
Licensee type: A
License effective date: 30407
License expiration date: Not Reported
License issue date: 030407
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 030221
Facility closed date: Not Reported

Mailing address:	1540 OBISPO AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"GONZALEZ, MARIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624949083

BQ435 SRHO20070141074
West AHA Hospitals
2-4 mi
18367
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BIENVENIDO C REYES MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0716925
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2820 E 4TH STREET
Phone num:	3104342422
Termination reason:	04
Term Date:	19930203
Purpose of action:	Not Reported
Provider control:	04
Zip:	90814
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141074

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

BO436 SRDCCA200708390
NW EDR ID: SRDCCA200708390 Daycare
2-4 mi Facility number: 198002167
18385 Facility name: "ANSARI, YASMEEN FAMILY DAY CARE "
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5171 E. CANTON ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 5171 E. CANTON ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: "ANSARI, YASMEEN "
Licensee type: A
License effective date: 960717
License expiration date: Not Reported
License issue date: 960717
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 960524
Facility closed date: Not Reported
Mailing address: 5171 E. CANTON ST.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "ANSARI, YASMEEN "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624294486

BX437 SRDCCA200713974
NW EDR ID: SRDCCA200713974 Daycare
2-4 mi Facility number: 198006707
18409 Facility name: PEREZ FAMILY DAY CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3730 E. STEARNS
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 3730 E. STEARNS
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: JENNIFER LYNN PEREZ
Licensee type: A

License effective date: 10712
License expiration date: Not Reported
License issue date: 010712
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 010417
Facility closed date: Not Reported
Mailing address: 3730 E. STEARNS
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90815
Contact person: "PEREZ,JENNIFER "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624984560

BU438 SRHO20070009992
NNW AHA Hospitals
2-4 mi
18461
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19831220
Medicare/Medicaid: 1
Facility name: LOS ALTOS HOSP
Intermediary/Carrier: 51051
Medicaid number: Not Reported
Partcipation date: 19690519
Prior COO date: Not Reported
Prior carrier: 51050
Provider ID: 050156
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 3340 LOS COYOTES DIAGONAL
Phone num: 2134219311
Termination reason: 01
Term Date: 19860831
Purpose of action: 2
Provider control: 04
Zip: 90808
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0097
Num cert beds:	0097
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009992

BY439 SRPR20051023657
WNW Private Schools
2-4 mi
18462
Higher

Pss school id:	A0307124
Pss inst:	CREATIVE MINDS CHRISTIAN ACADE
Lograde:	PK
Higrade:	K
Pss address:	2934 E. 11TH STREET #201
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90804
Pss phone:	5624231810
Pss sch days:	165
Pss stu day hrs:	Not Reported
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	24
Pss enroll k:	20
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	44
Pss enroll tk12:	20
Pss race ai:	0
Pss race as:	2
Pss race h:	5
Pss race b:	10
Pss race w:	3
Pss fte teach:	3
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	10
Pss hisp pct:	25

Pss black pct:	50
Pss white pct:	15
Pss stdtch rt:	6.67
Pss orient:	8
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023657

BR440 SRDCCA200732138
WNW Daycare
2-4 mi
18479
Higher

EDR ID:	SRDCCA200732138
Facility number:	198011955
Facility name:	RODRIGUEZ-MACIAS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3110 SPAULDING STREET
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	3110 SPAULDING STREET
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"RODRIGUEZ-MACIAS, JUANA "
Licensee type:	A
License effective date:	50815
License expiration date:	Not Reported
License issue date:	050815
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050801
Facility closed date:	Not Reported
Mailing address:	3110 SPAULDING STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	RODRIGUEZ-MACIAS
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625975601

BR441 SRDCCA200737003
WNW Daycare
2-4 mi
18504
Higher

EDR ID:	SRDCCA200737003
Facility number:	198012710

Facility name:	BUSSEY FAMILY CHILD CARE
Facility eval. code:	8150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1615 OBISPO AVE # 3
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1615 OBISPO AVE # 3
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	OMEA TRANA BUSSEY
Licensee type:	A
License effective date:	60921
License expiration date:	Not Reported
License issue date:	060921
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.PRIOR FCCH LICENSE #304310301. "
Original app. received date:	060621
Facility closed date:	Not Reported
Mailing address:	1615 OBISPO AVE # 3
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"BUSSEY, OMEA TRANA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625971960

BZ442
NW
2-4 mi
18550
Higher

SRHO20070145075
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970714
Medicare/Medicaid:	1
Facility name:	MULLIKIN MEDICAL CENTER LONG BEACH
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19950227
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0898269
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5000 AIRPORT PLAZA DRIVE
Phone num:	3104974705
Termination reason:	08
Term Date:	20011004
Purpose of action:	2
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145075

BX443
NW
2-4 mi
18551
Higher

SRDCCA200711787
Daycare

EDR ID:	SRDCCA200711787
Facility number:	198005346
Facility name:	PEREZ FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2232 EUCLID AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	2232 EUCLID AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	"PEREZ, JUANA "
Licensee type:	A
License effective date:	990723
License expiration date:	Not Reported
License issue date:	990723
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	990621
Facility closed date:	Not Reported
Mailing address:	2232 EUCLID AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"PEREZ, JUANA "

Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5624988816	

CA444 SRDCCA200728991
East EDR ID: SRDCCA200728991 Daycare
2-4 mi Facility number: 304300901
18674 Facility name: "TRAN-BELLEBILLE, PATRICIA "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5471 ACACIA
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5471 ACACIA
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "TRAN-BELLEVILLE, PATRICIA "
Licensee type: A
License effective date: 41021
License expiration date: Not Reported
License issue date: 041021
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 040909
Facility closed date: Not Reported
Mailing address: 5471 ACACIA
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "TRAN-BELLEVILLE, PATRICIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148916918

BU445 SRHO20070153739
North Hospital type: 01 AHA Hospitals
2-4 mi Num of times COO: 00
18690 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: RALPHS PHARMACY #58
Intermediary/Carrier: Not Reported

Medicaid number:	Not Reported
Partcipation date:	20010604
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0987386
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3380 LOS COYOTES DIAGONAL
Phone num:	5624259673
Termination reason:	00
Term Date:	20070603
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153739

BY446
WNW
2-4 mi
18691
Higher

SRHO20070131401
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BAO QUOC LE MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554868
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

street address:	2944 E ANAHEIM ST
Phone num:	3105995777
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131401

CB447 SRDCCA200742865
NNE Daycare
2-4 mi
18740
Higher

EDR ID:	SRDCCA200742865
Facility number:	191607618
Facility name:	YMCA GLB LOS ALTOS - NEWCOMB SCHOOL
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	3351 VALVERDE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	1720 BELLFLOWER BLVD.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	YMCA OF GREATER LONG BEACH
Licensee type:	C
License effective date:	930316
License expiration date:	Not Reported
License issue date:	930316
Program type:	"SCHOOL AGE PROGRAM, AGES 5 THRU 13 YEARS OLD, OPEN MONDAY - FRIDAY; 12:30 - 6:30 PM - CAFETERIA AND STAGE. "
Original app. received date:	920127
Facility closed date:	Not Reported
Mailing address:	4949 ATLANTIC AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90805
Contact person:	MELISSA GOMEZ
Facility capacity:	86
Type of clients served:	950
Facility phone:	5625940802

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CB448 NNE 2-4 mi 18740 Higher			SRPU20071014040 Public Schools
	Ncessch:	062250002749	
	Schname05:	NEWCOMB ELEMENTARY	
	Mstreet05:	3351 VAL VERDE AVE.	
	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90808	
	Mzip405:	4456	
	Member05:	988	
	Phone05:	(562) 493-3596	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	08	
	Edr id:	SRPU20071014040	
CC449 West 2-4 mi 18835 Higher			SRHO20070009842 AHA Hospitals
	Hospital type:	03	
	Num of times COO:	05	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060413	
	Medicare/Medicaid:	1	
	Facility name:	BROADWAY BY THE SEA	
	Intermediary/Carrier:	52280	
	Medicaid number:	940000005	
	Partcipation date:	19680213	
	Prior COO date:	19980601	
	Prior carrier:	00040	
	Provider ID:	055894	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	2725 E. BROADWAY	
	Phone num:	5624344494	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90803	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	

Accred Org:	Not Reported	
Num beds:	0098	
Num cert beds:	0098	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070009842	

CC450 SRHO20070138104
West AHA Hospitals
2-4 mi
18835
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HACIENDA CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930210
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0674894
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2725 E BROADWAY
Phone num:	3103871285
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90803
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138104

CC451 SRNH20060900829
West Nursing Homes
2-4 mi
18835
Higher

Provnum:	055894
Nursinghomename:	BROADWAY BY THE SEA
Street:	2725 E. BROADWAY

City:	LONG BEACH
State:	CA
Zipcode:	90803
Phonenumber:	5624344494
Dateoflastinspection:	20060331
Certifiednumberofbeds:	98
Totalnumberofresidents:	77
Percofoccupiedbeds:	79
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060900829

BW452 SRDCCA200717320
East Daycare
2-4 mi
18844
Higher

EDR ID:	SRDCCA200717320
Facility number:	304206167
Facility name:	"ANDREWS, EMILIE "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5321 YALE AVENUE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	5321 YALE AVENUE
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"ANDREWS, EMILIE "
Licensee type:	A
License effective date:	10928
License expiration date:	Not Reported
License issue date:	010928
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010712
Facility closed date:	Not Reported
Mailing address:	5321 YALE AVENUE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"ANDREWS, EMILIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148979246

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

BU453 SRDCCA200729257
NNW EDR ID: SRDCCA200729257 Daycare
2-4 mi Facility number: 198011727
18911 Facility name: LE CAM FAMILY CHILD CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 06
Address: 6150 E. WARDLOW
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 6150 E. WARDLOW
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: TRACY DARLENE LE CAM
Licensee type: A
License effective date: 50526
License expiration date: Not Reported
License issue date: 050526
Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. 4
Original app. received date: 050524
Facility closed date: Not Reported
Mailing address: 6150 E. WARDLOW
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "LE CAM, TRACY "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7146549296

CD454 SRDCCA200750791
West EDR ID: SRDCCA200750791 Daycare
2-4 mi Facility number: 198003485
18913 Facility name: OHIO HEAD START
Higher Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 2700 E. 7TH STREET
City: LONG BEACH
State: CA
Zip: 90814
Alt. address: 2898 ORANGE AVE.
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT OHIO HEAD START
Licensee type: F

License effective date: 971021
License expiration date: Not Reported
License issue date: 971021
Program type: LICENSEE PREFERS TO SERVE CHILDREN AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date: 970909
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "SPENCER, SHIRLEY "
Facility capacity: 45
Type of clients served: 950
Facility phone: 5624385544

CE455 SRHO20070140408
West AHA Hospitals
2-4 mi
18933
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: EDGEWATER CONVALESCENT HOSPITAL
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19930113
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0708734
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2625 E 4TH STREET
Phone num: 3104340974
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 90814
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070140408	

CE456 SRHO20070009054
West AHA Hospitals
2-4 mi
18933
Higher

Hospital type:	03
Num of times COO:	01
Owner date:	20050502
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060630
Medicare/Medicaid:	1
Facility name:	EDGEWATER CONV HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	ZZT05387I
Partcipation date:	19731201
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	055387
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2625 EAST FOURTH STREET
Phone num:	5624340974
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90814
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0081
Num cert beds:	0081
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009054

CE457 SRNH20060900783
West Nursing Homes
2-4 mi
18933
Higher

Provnum:	055387
Nursinghomename:	EDGEWATER CONV HOSPITAL
Street:	2625 EAST FOURTH STREET
City:	LONG BEACH

State:	CA
Zipcode:	90814
Phonenumber:	5624340974
Dateoflastinspection:	20050727
Certifiednumberofbeds:	81
Totalnumberofresidents:	65
Percofoccupiedbeds:	80
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060900783

CF458 SRDCCA200703495
North Daycare
2-4 mi
18948
Higher

EDR ID:	SRDCCA200703495
Facility number:	191609804
Facility name:	CARROLL FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3446 KNOXVILLE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3446 KNOXVILLE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	CYNTHIA CARROLL
Licensee type:	A
License effective date:	931102
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	811217
Facility closed date:	Not Reported
Mailing address:	3446 KNOXVILLE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"CARROLL, CYNTHIA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5624251121

BY459 SRDCCA200717396
WNW Daycare
2-4 mi
18950
Higher

EDR ID:	SRDCCA200717396
Facility number:	198007726
Facility name:	SNOW FAMILY CHILD CARE

Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1081 TEMPLE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1081 TEMPLE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"SNOW, FLORENCE "
Licensee type:	A
License effective date:	20916
License expiration date:	Not Reported
License issue date:	020916
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020607
Facility closed date:	Not Reported
Mailing address:	1081 TEMPLE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"SNOW, FLORENCE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624388204

CG460 — SRPU20071010648
East — Public Schools
2-4 mi
18968
Higher

Ncessch:	064215006905
Schname05:	EASTWOOD ELEMENTARY
Mstreet05:	13552 UNIVERSITY
Mcity05:	WESTMINSTER
Mstate05:	CA
Mzip05:	92683
Mzip405:	2770
Member05:	555
Phone05:	(714) 894-7227
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071010648

CF461 — SRDCCA200706421
North — Daycare
2-4 mi
18983
Higher

EDR ID:	SRDCCA200706421
Facility number:	198000074
Facility name:	"HALBEISEN, CINDY FAMILY DAY CARE "

Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3452 KNOXVILLE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3452 KNOXVILLE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"HALBEISEN, CINDY CAROLE "
Licensee type:	A
License effective date:	940520
License expiration date:	Not Reported
License issue date:	940520
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	940216
Facility closed date:	Not Reported
Mailing address:	3452 KNOXVILLE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"HALBEISEN, CINDY CAROLE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624297181

CH462
NE
2-4 mi
19006
Higher

SRPU20071014282
Public Schools

Ncessch:	062259007306
Schname05:	SHARON CHRISTA MCAULIFFE MIDDLE
Mstreet05:	4112 CERRITOS AVE.
Mcity05:	LOS ALAMITOS
Mstate05:	CA
Mzip05:	90720
Mzip405:	2521
Member05:	1177
Phone05:	(714) 816-3320
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071014282

BY463
WNW
2-4 mi
19004
Higher

SRHO20070156565
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	Z MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000508
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0973512
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2744 E 10TH ST
Phone num:	5624388933
Termination reason:	08
Term Date:	20020507
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156565

CG464
East
2-4 mi
19009
Higher

SRDCCA200748421
Daycare

EDR ID:	SRDCCA200748421
Facility number:	300603246
Facility name:	WESTMINSTER NURSERY SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	13660 UNIVERSITY
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	PO BOX 458
City:	WESTMINSTER

State: CA
Zip: 92683
Facility investor: WESTMINSTER NURSERY SCHOOL PARENT CO-OP
Licensee type: C
License effective date: 950305
License expiration date: Not Reported
License issue date: Not Reported
Program type: 24 AMBULATORY CHIKDREN 24 MONTHS THROUGH 5 YEARS OLD.
MON-FRI. 08:15 AM TO 12:15 PM.
Original app. received date: 800915
Facility closed date: Not Reported
Mailing address: P. O. BOX 458
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: SJANIE HOLM
Facility capacity: 24
Type of clients served: 950
Facility phone: 7148937979

CI465 SRDCCA200746308
WNW EDR ID: SRDCCA200746308 Daycare
2-4 mi Facility number: 198010872
19048 Facility name: HUNTINGTON ACADEMY
Higher Facility eval. code: 7030
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 2935 SPAULDING STREET
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 2935 SPAULDING STREET
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: CREATIVE ARTS PLUS PROGRAMS FOR CHILDREN
Licensee type: A
License effective date: 50818
License expiration date: Not Reported
License issue date: 050818
Program type: SCHOOL AGE CHILDREN FIRST GRADE AND ABOVE
BEFORE AND AFTER SCHOOL 6:00 A.M. - 6:00 P.M.
Original app. received date: 040806
Facility closed date: Not Reported
Mailing address: 1423 WALNUT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "BRYANT, CARRIE "
Facility capacity: 68
Type of clients served: 950
Facility phone: 5625916961

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CI466			SRPR20051024311
WNW	Pss school id:	A9100926	Private Schools
2-4 mi	Pss inst:	HUNTINGTON ACADEMY	
19048	Lograde:	K	
Higher	Higrade:	6	
	Pss address:	2935 E SPAULDING ST	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90804	
	Pss phone:	5624945301	
	Pss sch days:	Not Reported	
	Pss stu day hrs:	6	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	4	
	Pss enroll 1:	13	
	Pss enroll 2:	5	
	Pss enroll 3:	5	
	Pss enroll 4:	1	
	Pss enroll 5:	1	
	Pss enroll 6:	1	
	Pss enroll 7:	Not Reported	
	Pss enroll 8:	Not Reported	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	30	
	Pss enroll tk12:	30	
	Pss race ai:	0	
	Pss race as:	3	
	Pss race h:	4	
	Pss race b:	20	
	Pss race w:	3	
	Pss fte teach:	2	
	Pss locale:	1	
	Pss coed:	1	
	Pss type:	1	
	Pss level:	1	
	Pss relig:	2	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	10	
	Pss hisp pct:	13.33	
	Pss black pct:	66.67	
	Pss white pct:	10	
	Pss stdtch rt:	15	
	Pss orient:	8	
	Pss county name:	LOS ANGELES	
	Pss assoc 1:	Not Reported	
	Pss assoc 2:	Not Reported	
	Pss assoc 3:	Not Reported	

Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051024311	

CI467 SRDCCA200713121
WNW EDR ID: SRDCCA200713121 Daycare
2-4 mi Facility number: 198005892
19081 Facility name: "THOMAS, ANNIE AND LAVONA "
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1622 ORIZABA AVE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1622 ORIZABA AVE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "THOMAS, ANNIE AND LAVONA "
Licensee type: A
License effective date: 413
License expiration date: Not Reported
License issue date: 000413
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "REQUIRED IF MORE THAN 6 CHILDREN IN CARE.
Original app. received date: 000316
Facility closed date: Not Reported
Mailing address: 1622 ORIZABA AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "THOMAS, ANNIE AND LAVONA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624987272

BZ468 SRHO20070010363
NW Hospital type: 01 AHA Hospitals
2-4 mi Num of times COO: 01
19136 Owner date: 19960101
Higher City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported

Current survey date:	19960220
Medicare/Medicaid:	1
Facility name:	OLSTEN HEALTH SERVICES
Intermediary/Carrier:	00380
Medicaid number:	Not Reported
Partcipation date:	19721220
Prior COO date:	Not Reported
Prior carrier:	00140
Provider ID:	057153
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	5000 E SPRING ST, SUITE 550
Phone num:	3104206260
Termination reason:	01
Term Date:	19971231
Purpose of action:	2
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010363

BZ469 SRHO20070141329
NW AHA Hospitals
2-4 mi
19136
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OLSTEN HEALTH SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940411
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0711340
Record Status:	A
Region code:	09

Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5000 E SPRING ST SUITE 550
Phone num:	3104206260
Termination reason:	01
Term Date:	19971231
Purpose of action:	Not Reported
Provider control:	04
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141329

CJ470 SRPU20071014034
NNW Public Schools
2-4 mi
19371
Higher

Ncessch:	062250002743
Schname05:	MARSHALL MIDDLE
Mstreet05:	5870 EAST WARDLOW RD.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90808
Mzip405:	3853
Member05:	1294
Phone05:	(562) 429-7013
Locale05:	1
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071014034

CF471 SRDCCA200732199
North Daycare
2-4 mi
19374
Higher

EDR ID:	SRDCCA200732199
Facility number:	198011928
Facility name:	QUIGLEY FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3520 KNOXVILLE AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3520 KNOXVILLE AVE.

City:	LONG BEACH	
State:	CA	
Zip:	90808	
Facility investor:	"QUIGLEY, JODI "	
Licensee type:	A	
License effective date:	50901	
License expiration date:	Not Reported	
License issue date:	050901	
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
Original app. received date:	050726	
Facility closed date:	Not Reported	
Mailing address:	3520 KNOXVILLE AVE.	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90808	
Contact person:	"QUIGLEY, JODI "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5624971156	

472
ENE
2-4 mi
19398
Higher

SRDCID200700139
Daycare

EDR ID:	SRDCID200700139
Facility name:	GRANNIES
Street address:	5472 LUDLOW
City:	GARDEN GROVE
ID number:	CA92845
Facility type:	Not Reported
Telephone:	Not Reported
License effective date:	Not Reported
License expiration date:	Not Reported

CK473
NE
2-4 mi
19427
Higher

SRDCCA200708439
Daycare

EDR ID:	SRDCCA200708439
Facility number:	304201199
Facility name:	"CARLSON, JOAN "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	11132 RANGER DRIVE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Alt. address:	11132 RANGER DRIVE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"CARLSON, JOAN "
Licensee type:	A
License effective date:	951120
License expiration date:	Not Reported

License issue date: 951120
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 950809
Facility closed date: Not Reported
Mailing address: 11132 RANGER DRIVE
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: "CARLSON, JOAN "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5625940468

CJ474 SRDCCA200740753
NNW EDR ID: SRDCCA200740753 Daycare
2-4 mi Facility number: 198013091
19468 Facility name: ALLEN FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5833 E. WARDLOW ROAD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 5833 E. WARDLOW ROAD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: KIM ALLEN
Licensee type: A
License effective date: 70314
License expiration date: Not Reported
License issue date: 070314
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 061116
Facility closed date: Not Reported
Mailing address: 5833 E. WARDLOW ROAD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: KIM ALLEN
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624202155

CH475 SRPU20071014284
NNE Ncessch: 062259007748 Public Schools
2-4 mi Schname05: LAUREL HIGH (CONTINUATION)
19520
Higher

Mstreet05:	10291 BLOOMFIELD ST.
Mcity05:	LOS ALAMITOS
Mstate05:	CA
Mzip05:	90720
Mzip405:	2264
Member05:	143
Phone05:	(562) 799-4820
Locale05:	3
Type05:	4
Level05:	3
Gslo05:	10
Gshi05:	12
Edr id:	SRPU20071014284

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476 SRDCCA200703635
North Daycare
2-4 mi
19531
Higher

EDR ID:	SRDCCA200703635
Facility number:	191613936
Facility name:	NEWBY FAMILY DAY CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6831 HUNTDALE STREET
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	6831 HUNTDALE STREET
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"NEWBY, JACKIE "
Licensee type:	A
License effective date:	941110
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	850523
Facility closed date:	Not Reported
Mailing address:	6831 HUNTDALE STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"NEWBY, JACKIE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624296198

CI477 SRDCCA200719953
WNW Daycare
2-4 mi
19539
Higher

EDR ID:	SRDCCA200719953
Facility number:	198008186
Facility name:	WILLIS FAMILY CHILD CARE

Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1720 GLADYS AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1720 GLADYS AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"WILLIS, LOLITA "
Licensee type:	A
License effective date:	21010
License expiration date:	Not Reported
License issue date:	021010
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020911
Facility closed date:	Not Reported
Mailing address:	1720 GLADYS AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"WILLIS, LOLITA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624987305

CA478 — SRHO20070156206
East — AHA Hospitals
2-4 mi
19544
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDEN GROVE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COLLABORATIVE NEUROSCIENCE NETWORK LLC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021007
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1004808
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA

ssa state:	05
state region cd:	LAB
street address:	12772 VALLEYVIEW STREET #3
Phone num:	7147997799
Termination reason:	00
Term Date:	20081006
Purpose of action:	Not Reported
Provider control:	04
Zip:	92845
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156206

CK479 SRHO20070130545
NE AHA Hospitals
2-4 mi
19568
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DAVID A MINNA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940614
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553311
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4772 KATELLA AVENUE SUITE 200
Phone num:	5625963365
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059

SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130545

CL480 SRHO20070011880
East AHA Hospitals
2-4 mi
19580
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	19961014
City:	WESTMINSTER
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950828
Medicare/Medicaid:	1
Facility name:	TENET HOMECARE OF SOUTHERN CALIFORNIA
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19840618
Prior COO date:	19960404
Prior carrier:	Not Reported
Provider ID:	057650
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	5505 GARDEN GROVE BLVD, SUITE 310
Phone num:	8003217753
Termination reason:	01
Term Date:	19980131
Purpose of action:	2
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011880

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
CL481			SRHO20070139248
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19580	Owner date:	Not Reported	
Higher	City:	WESTMINSTER	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TENET HOMECARE OF SOUTHERN CALIFORNIA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930212	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0693868	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	5505 GARDEN GROVE BLVD SUITE 310	
	Phone num:	8003217753	
	Termination reason:	01	
	Term Date:	19980131	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92683	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139248	

CM482			SRHO20070137609
NW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19596	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060112	

Medicare/Medicaid:	1
Facility name:	LONG BEACH DEPARTMENT OF HEALTH
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0688088
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2525 GRAND AVENUE
Phone num:	5625704075
Termination reason:	00
Term Date:	20080212
Purpose of action:	2
Provider control:	05
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137609

CM483
NW
2-4 mi
19596
Higher

SRHO20070155432
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PUBLIC HEALTH CLINIC LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000719
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0975844
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2525 GRAND AVE
Phone num:	5625704013
Termination reason:	00
Term Date:	20080718
Purpose of action:	Not Reported
Provider control:	05
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155432

CM484 SRHO20070159923
NW AHA Hospitals
2-4 mi
19596
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CITY OF LONG BEACH DEPT OF HLTH AND
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1010915
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2525 GRAND AVENUE ROOM 106
Phone num:	5625704340
Termination reason:	00
Term Date:	20070325
Purpose of action:	Not Reported
Provider control:	05
Zip:	90815
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159923

CD485 SRDCCA200734325
West Daycare
2-4 mi
19658
Higher

EDR ID:	SRDCCA200734325
Facility number:	198012581
Facility name:	HANNA FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	775 S. STANLEY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	775 S. STANLEY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"HANNA, KELLY "
Licensee type:	A
License effective date:	60713
License expiration date:	Not Reported
License issue date:	060713
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060426
Facility closed date:	Not Reported
Mailing address:	775 S. STANLEY AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"HANNA, KELLY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629871144

CI486 SRPU20071014025
WNW Public Schools
2-4 mi
19698
Higher

Ncessch:	062250002734
Schname05:	LEE ELEMENTARY
Mstreet05:	1620 TEMPLE AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90804

Mzip405:	1638
Member05:	977
Phone05:	(562) 494-5101
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014025

CH487 SRDCCA200749003
NE Daycare
2-4 mi
19748
Higher

EDR ID:	SRDCCA200749003
Facility number:	300614168
Facility name:	HOLY CROSS LUTHERAN ECEC
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4321 CERRITOS AVE.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	4321 CERRITOS AVE.
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	HOLY CROSS LUTHERAN CHURCH
Licensee type:	C
License effective date:	931027
License expiration date:	Not Reported
License issue date:	931027
Program type:	32 AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD MONDAY THROUGH FRIDAY. 06:30 AM TO 6:00 PM.
Original app. received date:	931005
Facility closed date:	Not Reported
Mailing address:	4321 CERRITOS AVE.
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	MELINDA WEISS
Facility capacity:	32
Type of clients served:	950
Facility phone:	7145277928

CH488 SRPR20051024105
NE Private Schools
2-4 mi
19748
Higher

Pss school id:	AA000742
Pss inst:	HOLY CROSS LUTHERAN SCHOOL
Lograde:	PK
Higrade:	8
Pss address:	4321 CERRITOS AVE
Pss city:	CYPRESS
Pss county no:	059
Pss county fips:	06059

Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	7145277928
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	23
Pss enroll k:	14
Pss enroll 1:	14
Pss enroll 2:	12
Pss enroll 3:	4
Pss enroll 4:	11
Pss enroll 5:	6
Pss enroll 6:	14
Pss enroll 7:	20
Pss enroll 8:	12
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	130
Pss enroll tk12:	107
Pss race ai:	Not Reported
Pss race as:	20
Pss race h:	18
Pss race b:	2
Pss race w:	67
Pss fte teach:	9.6
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	18.69
Pss hisp pct:	16.82
Pss black pct:	1.87
Pss white pct:	62.62
Pss stdtch rt:	11.15
Pss orient:	19
Pss county name:	ORANGE
Pss assoc 1:	Other religious school association(s)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024105

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

CN489
West
2-4 mi
19746
Higher

SRDCCA200710467
Daycare

EDR ID:	SRDCCA200710467
Facility number:	198003615
Facility name:	CHAVEZ FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	920 STANLEY AVE.
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	920 STANLEY AVE.
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"CHAVEZ, MARIA "
Licensee type:	A
License effective date:	980127
License expiration date:	Not Reported
License issue date:	980127
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	971028
Facility closed date:	Not Reported
Mailing address:	920 STANLEY AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"CHAVEZ, MARIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5626210730

CN490
WNW
2-4 mi
19776
Higher

SRHO20070146660
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KHMERO MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960802
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0918203

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2505 E 10TH STREET
Phone num:	3104338630
Termination reason:	08
Term Date:	19980801
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146660

CO491 SRHO20070108305
WNW AHA Hospitals
2-4 mi
19800
Higher

Hospital type:	03
Num of times COO:	04
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19931104
Medicare/Medicaid:	1
Facility name:	SIGNAL HILL CARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19820323
Prior COO date:	19900124
Prior carrier:	00040
Provider ID:	555145
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2901 E PACIFIC COAST HIGHWAY
Phone num:	3104987790
Termination reason:	01
Term Date:	19940127
Purpose of action:	2

Provider control:	05
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0192
Num cert beds:	0192
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108305

CP492 SRDCCA200734708
East Daycare
2-4 mi
19855
Higher

EDR ID:	SRDCCA200734708
Facility number:	304310509
Facility name:	"TURNER, KARLA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	13761 MILAN STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	13761 MILAN STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"TURNER, KARLA "
Licensee type:	A
License effective date:	60605
License expiration date:	Not Reported
License issue date:	060605
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060515
Facility closed date:	Not Reported
Mailing address:	13761 MILAN STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"TURNER, KARLA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149011379

CQ493 SRDCCA200743309
NE Daycare
2-4 mi
19862
Higher

EDR ID:	SRDCCA200743309
Facility number:	304270227
Facility name:	MIRACLE LAND CHILD DEVELOPMENT CENTER

Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	4371 CERRITOS AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	4371 CERRITOS AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	MIRACLE LAND KOREAN BAPTIST CHURCH
Licensee type:	C
License effective date:	961023
License expiration date:	Not Reported
License issue date:	960618
Program type:	"50 AMBULATORY CHILDREN. AGES 6-12 YEARS OLD. MONDAY THROUGH FRIDAY. OPEN FROM 11:00 A.M. TO 6:30 P.M. ROOMS 205, 206, AND 207. "
Original app. received date:	960319
Facility closed date:	Not Reported
Mailing address:	4371 CERRITOS AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	MRS. YOUNG-JOO CHOI
Facility capacity:	50
Type of clients served:	950
Facility phone:	7149521740

CQ494
NE
2-4 mi
19862
Higher

SRDCCA200746990
Daycare

EDR ID:	SRDCCA200746990
Facility number:	300606462
Facility name:	MIRACLE LAND CHILD DEVELOPMENT CENTER
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4371 CERRITOS AVE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	4371 CERRITOES AVE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	MIRACLE LAND KOREAN BAPTIST CHURCH
Licensee type:	C
License effective date:	931023
License expiration date:	Not Reported
License issue date:	871025
Program type:	"75 AMBULATORY CHILDREN AGES 2 THROUGH 6 YEARS OLD. MONDAY THROUGH FRIDAY, 6:00 A.M. TO 6:00 P.M. "

Original app. received date:	870807
Facility closed date:	Not Reported
Mailing address:	4371 CERRITOS AVE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	MRS. YOUNG-JOO CHOI
Facility capacity:	75
Type of clients served:	950
Facility phone:	7149521740

CR495 SRPR20051022837
NNW Private Schools
2-4 mi
19872
Higher

Pss school id:	00068965
Pss inst:	ST CORNELIUS ELEM SCHOOL
Lograde:	K
Higrade:	8
Pss address:	3330 N BELLFLOWER BLVD
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808
Pss phone:	5624257813
Pss sch days:	180
Pss stu day hrs:	6.75
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	38
Pss enroll 1:	34
Pss enroll 2:	40
Pss enroll 3:	37
Pss enroll 4:	39
Pss enroll 5:	31
Pss enroll 6:	36
Pss enroll 7:	36
Pss enroll 8:	33
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	324
Pss enroll tk12:	324
Pss race ai:	0
Pss race as:	21
Pss race h:	54
Pss race b:	3
Pss race w:	246
Pss fte teach:	10.9
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1

Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	6.48
Pss hisp pct:	16.67
Pss black pct:	0.93
Pss white pct:	75.93
Pss stdtch rt:	29.72
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022837

CR496
NNW
2-4 mi
19888
Higher

SRDCCA200746909
Daycare

EDR ID:	SRDCCA200746909
Facility number:	191671293
Facility name:	ST. LUKE'S PRESCHOOL
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5633 E. WARDLOW ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	5633 E. WARDLOW ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	ST. LUKES EVANGELICAL LUTHERAN CHURCH
Licensee type:	C
License effective date:	930824
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY ONLY, AGES 2 THRU 6 YEARS. "
Original app. received date:	840913
Facility closed date:	Not Reported
Mailing address:	5633 E. WARDLOW ROAD
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	SUSAN LANDE
Facility capacity:	61
Type of clients served:	950
Facility phone:	5624207308

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

CP497
East
2-4 mi
19905
Higher

SRDCCA200703319
Daycare

EDR ID:	SRDCCA200703319
Facility number:	300608957
Facility name:	"MC BEE, PATRICIA ANN "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	13861 MILAN STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	13861 MILAN STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"MC BEE, PATRICIA ANN "
Licensee type:	A
License effective date:	931106
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	13861 MILAN STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"MC BEE, PATRICIA ANN "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148569055

CO498
WNW
2-4 mi
19923
Higher

SRDCCA200712080
Daycare

EDR ID:	SRDCCA200712080
Facility number:	198004876
Facility name:	WALKER FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2939 E. 19TH STREET
City:	SIGNAL HILL
State:	CA
Zip:	90755
Alt. address:	2939 E. 19TH STREET
City:	SIGNAL HILL
State:	CA
Zip:	90755
Facility investor:	"WALKER, MARGARETTE "
Licensee type:	A

License effective date:	990302
License expiration date:	Not Reported
License issue date:	990302
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	990113
Facility closed date:	Not Reported
Mailing address:	2939 E. 19TH STREET
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90755
Contact person:	"WALKER, MARGARETTE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629869935

CM499 SRHO20070005271
NW AHA Hospitals
2-4 mi
20004
Higher

Hospital type:	02
Num of times COO:	01
Owner date:	20040308
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	555823
FMS survey date:	Not Reported
Current survey date:	20050202
Medicare/Medicaid:	1
Facility name:	INTERCOMMUNITY CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	ZZT18608H
Partcipation date:	19900329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05A379
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2626 GRAND AVENUE
Phone num:	5624278915
Termination reason:	07
Term Date:	20050326
Purpose of action:	2
Provider control:	05
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported	
Num beds:	0147	
Num cert beds:	0147	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070005271	

CM500 SRHO20070004105
NW AHA Hospitals
2-4 mi
20004
Higher

Hospital type:	02
Num of times COO:	04
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19900314
Medicare/Medicaid:	1
Facility name:	INTERCOMMUNITY CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19740331
Prior COO date:	19850805
Prior carrier:	Not Reported
Provider ID:	05A126
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2626 GRAND AVENUE
Phone num:	2134278915
Termination reason:	04
Term Date:	19900601
Purpose of action:	2
Provider control:	06
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0147
Num cert beds:	0147
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070004105

CM501 SRHO20070109324
NW AHA Hospitals
2-4 mi
20004
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19890628
Medicare/Medicaid:	1
Facility name:	INTERCOMMUNITY SANITARIUM
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19890630
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555393
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2626 GRAND AVE
Phone num:	2134278915
Termination reason:	01
Term Date:	19900531
Purpose of action:	1
Provider control:	06
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0147
Num cert beds:	0147
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070109324

CM502
NW
2-4 mi
20004
Higher

SRHO20070130967
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	INTERCOMMUNITY CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19930511
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0555083
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2626 GRAND AVE
Phone num:	3104278915
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130967

CM503
NW
2-4 mi
20004
Higher

SRHO20070109158
AHA Hospitals

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060309
Medicare/Medicaid:	1
Facility name:	INTERCOMMUNITY CARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	ZZT18608H
Partcipation date:	20050327
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555823
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2626 GRAND AVENUE

Phone num:	5624278915
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	05
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0147
Num cert beds:	0147
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070109158

CM504
NW
2-4 mi
20004
Higher

SRNH20060915319
Nursing Homes

Provnum:	555823
Nursinghomename:	INTERCOMMUNITY CARE CENTER
Street:	2626 GRAND AVENUE
City:	LONG BEACH
State:	CA
Zipcode:	90815
Phonenumber:	5624278915
Dateoflastinspection:	20060224
Certifiednumberofbeds:	147
Totalnumberofresidents:	138
Percofoccupiedbeds:	94
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	Non profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060915319

CR505
NNW
2-4 mi
20025
Higher

SRDCCA200747711
Daycare

EDR ID:	SRDCCA200747711
Facility number:	191604198
Facility name:	LONG BEACH CHRISTIAN DAY CARE CENTER
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5559 EAST WARDLOW
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	5559 EAST WARDLOW
City:	LONG BEACH
State:	CA
Zip:	90808

Facility investor: LONG BEACH CHRISTIAN DAY CARE CENTER
Licensee type: C
License effective date: 931031
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, AGES 2 THRU 6 YRS.
"
Original app. received date: 800725
Facility closed date: Not Reported
Mailing address: 5559 EAST WARDLOW
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "BOS, ELOISE "
Facility capacity: 60
Type of clients served: 950
Facility phone: 5624290551

CM506 SRDCCA200744010
NW EDR ID: SRDCCA200744010 Daycare
2-4 mi Facility number: 191600444
20040 Facility name: LONG BEACH CENTER-ABILITY FIRST
Higher Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 3770 EAST WILLOW ST.
City: LONG BEACH
State: CA
Zip: 90815
Alt. address: 3770 EAST WILLOW ST.
City: LONG BEACH
State: CA
Zip: 90815
Facility investor: LONG BEACH CENTER-ABILITY FIRST
Licensee type: C
License effective date: 930102
License expiration date: Not Reported
License issue date: Not Reported
Program type: "LICENSEE SERVES 80 CHILDREN WITH SPECIAL NEEDS, AGES 3 UNTIL 18 YEARS OF AGE.
"
Original app. received date: 840109
Facility closed date: Not Reported
Mailing address: 1300 E. GREEN STREET
Mailing city: PASADENA
Mailing state: CA
Mailing zip: 91106
Contact person: "SCHLOSSER, BARBARA "
Facility capacity: 80
Type of clients served: 950
Facility phone: 5624266161

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

CE507
West
2-4 mi
20049
Higher

SRDCCA200746875
Daycare

EDR ID:	SRDCCA200746875
Facility number:	191670550
Facility name:	BURBANK CHILD DEVELOPMENT CENTER
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	535 JUNIPERO AVE
City:	LONG BEACH
State:	CA
Zip:	90814
Alt. address:	2209 SEABRIGHT AVE.
City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	941019
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AGES 2 UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date:	830829
Facility closed date:	Not Reported
Mailing address:	2209 SEABRIGHT
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90810
Contact person:	"FERNS-HOLTON, CHERYL "
Facility capacity:	74
Type of clients served:	950
Facility phone:	2134384108

CM508
NW
2-4 mi
20050
Higher

SRHO20070140852
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WILLOW LAKE NURSING CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930624
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0721156
Record Status:	A
Region code:	09

Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2615 GRAND AVENUE
Phone num:	3104266141
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90815
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140852

CM509
NW
2-4 mi
20050
Higher

SRHO20070011968
AHA Hospitals

Hospital type:	03
Num of times COO:	01
Owner date:	20031001
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051007
Medicare/Medicaid:	1
Facility name:	LONG BEACH CARE CENTER, INC
Intermediary/Carrier:	52280
Medicaid number:	ZZT06188G
Partcipation date:	19710401
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	056188
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2615 GRAND AVENUE
Phone num:	5624266141
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90815

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0163
Num cert beds:	0163
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011968

CM510 — SRNH20060901186
NW — Nursing Homes
2-4 mi
20050
Higher

Provnum:	056188
Nursinghomename:	LONG BEACH CARE CENTER, INC
Street:	2615 GRAND AVENUE
City:	LONG BEACH
State:	CA
Zipcode:	90815
Phonenumber:	5624266141
Dateoflastinspection:	20051007
Certifiednumberofbeds:	163
Totalnumberofresidents:	147
Percofoccupiedbeds:	90
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060901186

CM511 — SRHO20070006846
NW — AHA Hospitals
2-4 mi
20058
Higher

Hospital type:	02
Num of times COO:	08
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19961105
Medicare/Medicaid:	1
Facility name:	GRAND VIEW CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19800215
Prior COO date:	19950601
Prior carrier:	Not Reported
Provider ID:	05G040
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA

ssa state:	05	
state region cd:	L4	
street address:	2666 GRANDE AVENUE	
Phone num:	3104268187	
Termination reason:	01	
Term Date:	19970131	
Purpose of action:	2	
Provider control:	02	
Zip:	90815	
Fips state:	06	
Fips cnty:	037	
SSA MSA:	328	
SSA MSA size code:	A	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0059	
Num cert beds:	0059	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070006846	

CE512 — SRPU20071013798
West — Public Schools
2-4 mi
20070
Higher

Ncessch:	062250002702
Schname05:	BURBANK ELEMENTARY
Mstreet05:	501 JUNIPERO AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90814
Mzip405:	1031
Member05:	996
Phone05:	(562) 439-0997
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071013798

CQ513 — SRHO20070147241
NE — AHA Hospitals
2-4 mi
20087
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060323
Medicare/Medicaid:	1
Facility name:	PSL (PREFERRED SPECIALTY LABORATORY)
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19960709

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0917095
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4426 CERRITOS AVENUE
Phone num:	7147617200
Termination reason:	00
Term Date:	20081029
Purpose of action:	2
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147241

CJ514
NNW
2-4 mi
20085
Higher

SRPR20051024509
Private Schools

Pss school id:	A9500563
Pss inst:	LAURELCREST SCHOOL FOR GIRLS
Lograde:	K
Higrade:	8
Pss address:	3435 SAN ANSELINE AVE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808
Pss phone:	5623776111
Pss sch days:	184
Pss stu day hrs:	6.75
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	8
Pss enroll 1:	14
Pss enroll 2:	5
Pss enroll 3:	4
Pss enroll 4:	8
Pss enroll 5:	5
Pss enroll 6:	2
Pss enroll 7:	7
Pss enroll 8:	7

Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	60
Pss enroll tk12:	60
Pss race ai:	0
Pss race as:	4
Pss race h:	12
Pss race b:	9
Pss race w:	35
Pss fte teach:	6
Pss locale:	1
Pss coed:	2
Pss type:	1
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	6.67
Pss hisp pct:	20
Pss black pct:	15
Pss white pct:	58.33
Pss stdtch rt:	10
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	National Coalition of Girls' Schools (NCGS)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024509

CS515
North
2-4 mi
20093
Higher

SRDCCA200734573
Daycare

EDR ID:	SRDCCA200734573
Facility number:	198012493
Facility name:	AREYAN FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6239 EAST MONLACO ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	6239 EAST MONLACO ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	PEARL AREYAN
Licensee type:	A

License effective date: 60720
License expiration date: Not Reported
License issue date: 060720
Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date: 060505
Facility closed date: Not Reported
Mailing address: 6239 EAST MONLACO ROAD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "AREYAN, PEARL "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624209645

516
NNW
2-4 mi
20112
Higher

SRDCCA200712313
Daycare

EDR ID: SRDCCA200712313
Facility number: 198006211
Facility name: GONZALEZ FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3548 FAUST AVE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3548 FAUST AVE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "GONZALEZ, ROSA AND RUBEN "
Licensee type: A
License effective date: 1220
License expiration date: Not Reported
License issue date: 001220
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 000829
Facility closed date: Not Reported
Mailing address: 3548 FAUST AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "GONZALEZ, ROSA & RUBEN "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624207930

CN517
WNW
2-4 mi
20125
Higher

SRPR20051024678
Private Schools

Pss school id:	K9300233
Pss inst:	FIRST FOURSQUARE CHURCH PRESCH
Lograde:	PK
Higrade:	K
Pss address:	2416 E 11TH ST
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90804
Pss phone:	5624355204
Pss sch days:	180
Pss stu day hrs:	3.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	24
Pss enroll k:	14
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	38
Pss enroll tk12:	14
Pss race ai:	0
Pss race as:	1
Pss race h:	8
Pss race b:	4
Pss race w:	1
Pss fte teach:	1
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	7.14
Pss hisp pct:	57.14
Pss black pct:	28.57
Pss white pct:	7.14
Pss stdtch rt:	14
Pss orient:	25
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported

Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051024678	

CT518 SRDCCA200747578
West Daycare
2-4 mi

EDR ID:	SRDCCA200747578
Facility number:	191602147
Facility name:	OUR SAVIOUR'S LUTHERAN PRESCHOOL
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	370 JUNIPERO AVE
City:	LONG BEACH
State:	CA
Zip:	90814
Alt. address:	370 JUNIPERO AVE
City:	LONG BEACH
State:	CA
Zip:	90814
Facility investor:	OUR SAVIOUR'S LUTHERAN CHURCH
Licensee type:	C
License effective date:	930829
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	COMBINATION CENTER: PRESCHOOL (68) AGES 2 TO 6 YEARS; INFANTS (16) (X191603764) AGES 0 TO 2 YEARS
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	370 JUNIPERO AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90814
Contact person:	"ANDERSON,TRACI "
Facility capacity:	68
Type of clients served:	950
Facility phone:	5624399679

CT519 SRDCCA200742231
West Daycare
2-4 mi

EDR ID:	SRDCCA200742231
Facility number:	191603764
Facility name:	OUR SAVIORS LUTHERAN INFANT CENTER
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	370 JUNIPERO AVE
City:	LONG BEACH
State:	CA

Zip:	90814
Alt. address:	370 JUNIPERO AVE
City:	LONG BEACH
State:	CA
Zip:	90814
Facility investor:	OUR SAVIORS LUTHERAN CHURCH
Licensee type:	C
License effective date:	930829
License expiration date:	Not Reported
License issue date:	890627
Program type:	COMBINATION CENTER: INFANTS 16 AGES 0 TO 2 YEARS; PRESCHOOL (68) (X1916022147) AGES 2 TO 6 YEARS.
Original app. received date:	890411
Facility closed date:	Not Reported
Mailing address:	370 JUNIPERO AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90814
Contact person:	JOYCE MURPHY
Facility capacity:	16
Type of clients served:	955
Facility phone:	5624399679

CM520
NW
2-4 mi
20188
Higher

SRDCCA200746720
Daycare

EDR ID:	SRDCCA200746720
Facility number:	191600443
Facility name:	BARBARA AND RAY ALPERT JEWISH COMMUNITY CENTER
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3801 EAST WILLOW AVENUE
City:	LONG BEACH
State:	CA
Zip:	90815
Alt. address:	3801 E. WILLOW AVE.
City:	LONG BEACH
State:	CA
Zip:	90815
Facility investor:	JEWISH COMMUNITY CENTER OF LONG BEACH
Licensee type:	C
License effective date:	930129
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE. ROOM 82 IS FOR KINDERGARTEN CHILDREN FROM 9:30 A.M. TO 2:30 P.M. MONDAY THRU FRIDAY.
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	3801 E. WILLOW AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90815
Contact person:	"DAVIDSON, LORI "

Facility capacity:	210	
Type of clients served:	950	
Facility phone:	5624267601	

CU521 SRHO20070133439
ESE AHA Hospitals
2-4 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970723
Medicare/Medicaid:	1
Facility name:	M L H LAB
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577720
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15131 TRITON LN 109
Phone num:	7144959799
Termination reason:	12
Term Date:	19990101
Purpose of action:	2
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070133439

CN522 SRDCCA200713908
West Daycare
2-4 mi

EDR ID:	SRDCCA200713908
Facility number:	192001710
Facility name:	HARRIS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33

Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	754 RAYMOND
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	754 RAYMOND
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"HARRIS, SHENA "
Licensee type:	A
License effective date:	629
License expiration date:	Not Reported
License issue date:	000629
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000310
Facility closed date:	Not Reported
Mailing address:	754 RAYMOND
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"HARRIS, SHENA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5626216354

CV523 SRHO20070008757
NW AHA Hospitals
2-4 mi
20307
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20000505
Medicare/Medicaid:	1
Facility name:	WEST COAST DIALYSIS CENTER INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19940510
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	052747
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4

street address:	3780 KILROY AIRPORT WAY SUITE 110
Phone num:	5629893010
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008757

CV524
NW
2-4 mi
20307
Higher

SRHO20070131526
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COAST NEPHROLOGY MEDICAL GROUP, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930727
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554309
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3780 KILROY AIRPORT WAY #115
Phone num:	3105957426
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131526

CV525 SRHO20070145178
NW AHA Hospitals
2-4 mi
20307
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WEST COAST DIALYSIS CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940603
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0887091
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3780 KILROY AIRPORT WY STE 110 TOWER B
Phone num:	5629893010
Termination reason:	00
Term Date:	20080602
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145178

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU526 ESE 2-4 mi 20313 Higher			SRHO20070133440 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HUNTINGTON BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PHYSICIANS REFERENCE LABORATORY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921230	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0577723	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	15162 TRITON LANE	
	Phone num:	7148916771	
	Termination reason:	01	
	Term Date:	19960301	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92649	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070133440	
CU527 ESE 2-4 mi 20313 Higher			SRHO20070151767 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HUNTINGTON BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19991022	

Medicare/Medicaid:	1
Facility name:	INTERNATIONAL MOLECULAR DIAGNOSTICS,
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990907
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0964872
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15162 TRITON LANE
Phone num:	7147997177
Termination reason:	01
Term Date:	20031107
Purpose of action:	1
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151767

CL528
East
2-4 mi
20353
Higher

SRDCCA200733148
Daycare

EDR ID:	SRDCCA200733148
Facility number:	304310376
Facility name:	"CAZAREZ DE ROEDER, ERIKA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5772 GARDEN GROVE BLVD. #657B
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	5772 GARDEN GROVE BLVD. #657-B
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"CAZAREZ DE ROEDER, ERIKA "
Licensee type:	A
License effective date:	60118
License expiration date:	Not Reported
License issue date:	060118

Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 051208
Facility closed date: Not Reported
Mailing address: 5772 GARDEN GROVE BLVD. #657B
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "CAZARE DE ROEDER, ERIKA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7143734685

529
WNW
2-4 mi
20364
Higher

SRDCCA200724413
Daycare

EDR ID: SRDCCA200724413
Facility number: 198010426
Facility name: CRAIN FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2200 JEANS CT.
City: SIGNAL HILL
State: CA
Zip: 90806
Alt. address: 2200 JEANS CT.
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: TAMMIE RENEA AND TIMOTHY JASON CRAIN
Licensee type: A
License effective date: 40511
License expiration date: Not Reported
License issue date: 040511
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040414
Facility closed date: Not Reported
Mailing address: 2200 JEANS CT.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "CRAIN, TAMMIE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629888676

CW530
North
2-4 mi
20369
Higher

SRDCCA200714998
Daycare

EDR ID: SRDCCA200714998
Facility number: 198006522
Facility name: QUIRKE FAMILY CHILD CARE

Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3634 STEVELY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3634 STEVELY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"QUIRKE, VANESSA "
Licensee type:	A
License effective date:	10410
License expiration date:	Not Reported
License issue date:	010410
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010105
Facility closed date:	Not Reported
Mailing address:	3634 STEVELY AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"QUIRKE, VANESSA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624960075

CM531
NW
2-4 mi
20380
Higher

SRPU20071014043
Public Schools

Ncessch:	062250002753
Schname05:	REID SENIOR HIGH
Mstreet05:	3701 EAST WILLOW ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90815
Mzip405:	Not Reported
Member05:	167
Phone05:	(562) 595-8893
Locale05:	1
Type05:	4
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071014043

CM532
NW
2-4 mi
20380
Higher

SRPU20071005777
Public Schools

Ncessch:	060010810921
Schname05:	LONG BEACH UNIFIED SCHOOL DISTRICT ROP
Mstreet05:	3701B EAST WILLOW ST.
Mcity05:	LONG BEACH

Mstate05:	CA	
Mzip05:	90815	
Mzip405:	1732	
Member05:	-1	
Phone05:	(562) 595-8893	
Locale05:	1	
Type05:	3	
Level05:	3	
Gslo05:	09	
Gshi05:	12	
Edr id:	SRPU20071005777	

CT533 SRDCCA200742267
West Daycare
2-4 mi

20422	EDR ID:	SRDCCA200742267
Higher	Facility number:	191601924
	Facility name:	BETHANY PRESCHOOL INFANT CARE CENTER
	Facility eval. code:	8140
	Facility office number:	33
	Facility county number:	19
	Facility type code:	830
	Facility status code:	03
	Address:	2217 E. 6TH STREET
	City:	LONG BEACH
	State:	CA
	Zip:	90814
	Alt. address:	2209 E. 6TH STREET
	City:	LONG BEACH
	State:	CA
	Zip:	90814
	Facility investor:	BETHANY MISSIONARY ASSN.
	Licensee type:	A
	License effective date:	930917
	License expiration date:	Not Reported
	License issue date:	880401
	Program type:	LICENSEE SERVES INFANTS 0-2 YEARS OLD.
	Original app. received date:	870908
	Facility closed date:	Not Reported
	Mailing address:	2209 E. 6TH STREET
	Mailing city:	LONG BEACH
	Mailing state:	CA
	Mailing zip:	90814
	Contact person:	REGINA ARCE
	Facility capacity:	20
	Type of clients served:	955
	Facility phone:	5624336202

CT534 SRDCCA200747450
West Daycare
2-4 mi

20422	EDR ID:	SRDCCA200747450
Higher	Facility number:	191601582
	Facility name:	BETHANY PRESCHOOL
	Facility eval. code:	8140
	Facility office number:	33
	Facility county number:	19
	Facility type code:	850

Facility status code:	03
Address:	2217 EAST 6TH ST.
City:	LONG BEACH
State:	CA
Zip:	90814
Alt. address:	2209 E. 6TH ST.
City:	LONG BEACH
State:	CA
Zip:	90814
Facility investor:	BETHANY MISSIONARY ASSN.
Licensee type:	C
License effective date:	930917
License expiration date:	Not Reported
License issue date:	870917
Program type:	CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	870708
Facility closed date:	Not Reported
Mailing address:	2209 E. 6TH ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90814
Contact person:	REGINA ARCE
Facility capacity:	52
Type of clients served:	950
Facility phone:	5624336202

CT535
West
2-4 mi
20422
Higher

SRPR20051024771
Private Schools

Pss school id:	K9500815
Pss inst:	CITY CHRISTIAN SCHOOL
Lograde:	K
Higrade:	6
Pss address:	2217 E 6TH ST
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90814
Pss phone:	5624335771
Pss sch days:	200
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	11
Pss enroll 1:	5
Pss enroll 2:	7
Pss enroll 3:	3
Pss enroll 4:	6
Pss enroll 5:	1
Pss enroll 6:	3
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported

Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	36
Pss enroll tk12:	36
Pss race ai:	0
Pss race as:	4
Pss race h:	8
Pss race b:	12
Pss race w:	12
Pss fte teach:	4.5
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	11.11
Pss hisp pct:	22.22
Pss black pct:	33.33
Pss white pct:	33.33
Pss stdtch rt:	8
Pss orient:	8
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024771

CV536
NW
2-4 mi
20444
Higher

SRHO20070011513
AHA Hospitals

Hospital type:	01
Num of times COO:	02
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030905
Medicare/Medicaid:	1
Facility name:	LONG BEACH PHYSICAL THERAPY/MA
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	19810511
Prior COO date:	19980511
Prior carrier:	00040
Provider ID:	056526
Record Status:	A
Region code:	09

Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	3760 KILROY AIRPORT WAY, STE 550
Phone num:	3105404601
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011513

CX537
ENE
2-4 mi
20512
Higher

SRDCCA200702581
Daycare

EDR ID:	SRDCCA200702581
Facility number:	300609706
Facility name:	"GLOVER, PATRICIA ANN "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5551 SANTA MONICA
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	5551 SANTA MONICA
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"GLOVER, PATRICIA ANN "
Licensee type:	A
License effective date:	930131
License expiration date:	Not Reported
License issue date:	900131
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	891027
Facility closed date:	Not Reported
Mailing address:	5551 SANTA MONICA
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845

Contact person:	"GLOVER, PATRICIA ANN "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7148942231

CQ538 SRDCCA200750299
NE
2-4 mi
20590
Higher
Daycare

EDR ID:	SRDCCA200750299
Facility number:	300613965
Facility name:	CYPRESS EARLY LEARNING CENTER
Facility eval. code:	1202
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4539 CERRITOS AVE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	4539 CERRITOS AVE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	JAMES D. BAKER
Licensee type:	A
License effective date:	940312
License expiration date:	Not Reported
License issue date:	920312
Program type:	AMBULATORY CHILDREN AGES 2 THRU 6 YEARS OLD. MONDAY THROUGH FRIDAY 06:00 AM TO 06:30 PM
Original app. received date:	911017
Facility closed date:	Not Reported
Mailing address:	4181 GREEN AVENUE
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"PELLERIN, WENDY "
Facility capacity:	68
Type of clients served:	950
Facility phone:	7148289000

CY539 SRHO20070144980
WNW
2-4 mi
20653
Higher
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NTM MEDICAL CLINIC
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	19940614
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0887536
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2315 EAST ANAHEIM STREET
Phone num:	5622183175
Termination reason:	00
Term Date:	20080613
Purpose of action:	Not Reported
Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144980

CY540
WNW
2-4 mi
20653
Higher

SRHO20070146534
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KHMER HEALTH GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960523
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0915288
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

street address:	2315 EAST ANAHEIM STREET
Phone num:	3104243358
Termination reason:	08
Term Date:	20020522
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146534

CN541
West
2-4 mi
20668
Higher

SRDCCA200731914
Daycare

EDR ID:	SRDCCA200731914
Facility number:	198011906
Facility name:	GARNER FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	826 DAWSON AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	826 DAWSON AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"GARNER, TIFFANY "
Licensee type:	A
License effective date:	50815
License expiration date:	Not Reported
License issue date:	050815
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050720
Facility closed date:	Not Reported
Mailing address:	826 DAWSON AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90804
Contact person:	"GARNER, TIFFANY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624383383

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

CX542 — SRDCCA200710378
ENE — Daycare
2-4 mi
20718
Higher

EDR ID:	SRDCCA200710378
Facility number:	304204170
Facility name:	"METIVIER, SUZANNE "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	11872 BLACKMER ST.
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	11872 BLACKMER ST.
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"METIVIER, SUZANNE "
Licensee type:	A
License effective date:	970905
License expiration date:	Not Reported
License issue date:	970905
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	970814
Facility closed date:	Not Reported
Mailing address:	11872 BLACKMER ST.
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"METIVIER, SUZANNE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7148998879

CZ543 — SRDCCA200705441
ESE — Daycare
2-4 mi
20738
Higher

EDR ID:	SRDCCA200705441
Facility number:	304200693
Facility name:	"GHERARDINI, YOLANDA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5552 DOLLAR DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	5552 DOLLAR DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"GHERARDINI, YOLANDA "
Licensee type:	A

License effective date: 950227
License expiration date: Not Reported
License issue date: 950227
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 941115
Facility closed date: Not Reported
Mailing address: 5552 DOLLAR DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "GHERARDINI, YOLANDA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148949625

CQ544 SRDCCA200722283
NE EDR ID: SRDCCA200722283 Daycare
2-4 mi Facility number: 304300117
20789 Facility name: "DRIVER, DAWN "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 4543 PATRICIA CIRCLE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4543 PATRICIA CIRCLE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "DRIVER, DAWN "
Licensee type: A
License effective date: 30616
License expiration date: Not Reported
License issue date: 030616
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030221
Facility closed date: Not Reported
Mailing address: 4543 PATRICIA CIRCLE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "DRIVER, DAWN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7145273455

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

CU545
ESE
2-4 mi
20799
Higher

SRDCCA200713784
Daycare

EDR ID:	SRDCCA200713784
Facility number:	304205403
Facility name:	"DU BOW, LAURA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15372 ANDAMAN LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	15372 ANDAMAN LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	"DU BOW, LAURA "
Licensee type:	A
License effective date:	10413
License expiration date:	Not Reported
License issue date:	010413
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	001121
Facility closed date:	Not Reported
Mailing address:	15372 ANDAMAN LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"DU BOW, LAURA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148930560

DA546
West
2-4 mi
20822
Higher

SRHO20070147326
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CAROL PARK MEDICAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930604
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0871815
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2126 E 7TH ST
Phone num:	3104347451
Termination reason:	15
Term Date:	19950603
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147326

CN547 SRDCCA200719758
WNW Daycare
2-4 mi
20868
Higher

EDR ID:	SRDCCA200719758
Facility number:	198008445
Facility name:	GODOY FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1074 DAWSON AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1074 DAWSON AVENUE
City:	LONG BEACH
State:	CA
Zip:	90804
Facility investor:	"GODOY, IRENE "
Licensee type:	A
License effective date:	30124
License expiration date:	Not Reported
License issue date:	030124
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	021202
Facility closed date:	Not Reported
Mailing address:	1074 DAWSON AVENUE

Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90804	
Contact person:	"GODOY, IRENE "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5624345877	

CP548 SRDCCA200708997
East
2-4 mi
20877
Higher

EDR ID:	SRDCCA200708997	Daycare
Facility number:	304204799	
Facility name:	"KLUVERS, ANNELIES "	
Facility eval. code:	3406	
Facility office number:	06	
Facility county number:	30	
Facility type code:	810	
Facility status code:	03	
Address:	5741 VALLECITO AVENUE	
City:	WESTMINSTER	
State:	CA	
Zip:	92683	
Alt. address:	5741 VALLECITO AVENUE	
City:	WESTMINSTER	
State:	CA	
Zip:	92683	
Facility investor:	"KLUVERS, ANNELIES "	
Licensee type:	A	
License effective date:	990225	
License expiration date:	Not Reported	
License issue date:	990225	
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
Original app. received date:	981020	
Facility closed date:	Not Reported	
Mailing address:	5741 VALLECITO AVENUE	
Mailing city:	WESTMINSTER	
Mailing state:	CA	
Mailing zip:	92685	
Contact person:	"KLUVERS, ANNELIES "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	7148913066	

DB549 SRHO20070164205
NW
2-4 mi
20895
Higher

Hospital type:	01	AHA Hospitals
Num of times COO:	00	
Owner date:	Not Reported	
City:	LONG BEACH	
Has plan of corr:	Not Reported	
Compliance status:	Not Reported	
SSA county code:	200	
Cross ref number:	Not Reported	

FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEMORIAL OCCUPATIONAL AND REHABILITATION CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060616
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1055403
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2600 REDONDO AVE 5TH FLOOR
Phone num:	5629330085
Termination reason:	00
Term Date:	20080615
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164205

DB550
NW
2-4 mi
20895
Higher

SRHO20070156719
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALLERGY ASTHMA & RESPIRATORY CARE MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010917
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0991302
Record Status:	A

Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2600 REDONDO AVENUE, 4TH FLOOR, SUITE 401
Phone num:	5629977888
Termination reason:	00
Term Date:	20070916
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156719

DB551 SRHO20070153129
NW AHA Hospitals
2-4 mi
20895
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HARRIMAN JONES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19991122
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0967736
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2600 REDONDO AVE STE 1
Phone num:	5629887198
Termination reason:	00
Term Date:	20080604
Purpose of action:	Not Reported
Provider control:	04

Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153129

DB552 SRHO20070164771
NW AHA Hospitals
2-4 mi
20895
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WEST COAST CLINICAL TRIALS LLC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060616
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1055444
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2600 REDONDO AVE 4TH FLR STE 401
Phone num:	5629978850
Termination reason:	00
Term Date:	20080615
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA

	Edr id:	SRHO20070164771

DB553 SRHO20070131661
NW AHA Hospitals
2-4 mi
20895
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19980805
Medicare/Medicaid:	1
Facility name:	UNILAB
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554382
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2600 REDONDO AVE
Phone num:	3109887000
Termination reason:	01
Term Date:	19991111
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131661

DB554 SRHO20070136655
NW AHA Hospitals
2-4 mi
20895
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HARRIMAN JONES - BELLFLOWER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930310
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642649
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2600 REDONDO
Phone num:	3108048800
Termination reason:	08
Term Date:	20000831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136655

DB555
NW
2-4 mi
20895
Higher

SRHO20070004901
AHA Hospitals

Hospital type:	01
Num of times COO:	01
Owner date:	20050101
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19910219
Medicare/Medicaid:	1
Facility name:	HEALTHCARE PARTNERS MEDICAL GROUP
Intermediary/Carrier:	31144
Medicaid number:	Not Reported
Partcipation date:	19910219
Prior COO date:	Not Reported
Prior carrier:	02050
Provider ID:	05C0001198

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2600 REDONDO AVENUE
Phone num:	2139887206
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070004901

CY556 SRHO20070147939
WNW AHA Hospitals
2-4 mi
20911
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	REYNALDO B CASTILLO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970325
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926505
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2220 E ANAHEIM STREET
Phone num:	6529872691
Termination reason:	08
Term Date:	19970325
Purpose of action:	Not Reported

Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147939

CY557 SRHO20070131237
WNW AHA Hospitals
2-4 mi
20911
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROSE FAMILY MEDICAL CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930310
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554088
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2220 E ANAHEIM ST
Phone num:	3104381185
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070131237

DC558 SRDCCA200710474
WNW EDR ID: SRDCCA200710474 Daycare
2-4 mi Facility number: 198003324
20919 Facility name: PERDOMO FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1774 STANLEY AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Alt. address: 1774 STANLEY AVENUE
City: LONG BEACH
State: CA
Zip: 90804
Facility investor: "PERDOMO, YOLANDA "
Licensee type: A
License effective date: 970820
License expiration date: Not Reported
License issue date: 970820
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 970804
Facility closed date: Not Reported
Mailing address: 1774 STANLEY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90804
Contact person: "PERDOMO, YOLANDA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624982492

CW559 SRPU20071014020
North Ncessch: 062250002729 Public Schools
2-4 mi Schname05: KELLER ELEMENTARY
20923 Mstreet05: 7020 EAST BRITTAIN ST.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90808
Mzip405: 2301
Member05: 528
Phone05: (562) 421-8851
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

Edr id: SRPU20071014020

CW560 SRDCCA200713893
North EDR ID: SRDCCA200713893 Daycare
2-4 mi Facility number: 198005840
20967 Facility name: VIVANCO FAMILY CHILD CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3703 KAREN AVE
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3703 KAREN AVE
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "VIVANCO, SHERI "
Licensee type: A
License effective date: 317
License expiration date: Not Reported
License issue date: 000317
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 000222
Facility closed date: Not Reported
Mailing address: 3703 KAREN AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "VIVANCO, SHERI "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629381174

DD561 SRHO20070160110
NE Hospital type: 01 AHA Hospitals
2-4 mi Num of times COO: 00
20983 Owner date: Not Reported
Higher City: LOS ALAMITOS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: KATELLA WELLNES CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported

Partcipation date:	20051004
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1046265
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5122 KATELLA AVENUE #210
Phone num:	5625980600
Termination reason:	00
Term Date:	20071003
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160110

DE562
SE
2-4 mi
21030
Higher

SRDCCA200719378
Daycare

EDR ID:	SRDCCA200719378
Facility number:	304300063
Facility name:	"EVERSGERD, JANE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	16052 BALLAD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	16052 BALLAD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	"EVERSGERD, JANE "
Licensee type:	A
License effective date:	30722
License expiration date:	Not Reported
License issue date:	030722
Program type:	INACTIVE: 08/01/06 - 07/31/07
Original app. received date:	030122
Facility closed date:	Not Reported
Mailing address:	16052 BALLAD LANE

Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"EVERSGERD, JANE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148463208

DF563 SRDCCA200717404
East Daycare
2-4 mi
21049
Higher

EDR ID:	SRDCCA200717404
Facility number:	304206677
Facility name:	"LAVOY-KEEFE, BEVERLEE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	12842 SPRING STREET
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	12842 SPRING STREET
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"LAVOY-KEEFE, BEVERLEE "
Licensee type:	A
License effective date:	20917
License expiration date:	Not Reported
License issue date:	020917
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	020523
Facility closed date:	Not Reported
Mailing address:	12842 SPRING STREET
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"LAVOY-KEEFE, BEVERLEE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7148984325

CZ564 SRDCCA200700634
ESE Daycare
2-4 mi
21062
Higher

EDR ID:	SRDCCA200700634
Facility number:	306000364
Facility name:	YOUNG LIFE ENRICHMENT - RIVIERA HOUSE
Facility eval. code:	0309
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	14302 RIVIERA DRIVE

City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 2696 SANTA ANA AVENUE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "YOUNG LIFE TREATMENT CENTERS, INC. "
Licensee type: C
License effective date: 960415
License expiration date: Not Reported
License issue date: 960415
Program type: SIX AMBULATORY ONLY. AGES 8 - 17.
Original app. received date: 960313
Facility closed date: Not Reported
Mailing address: 2696 SANTA ANA AVENUE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: WILLIAM YOUNG
Facility capacity: 6
Type of clients served: 970
Facility phone: 7143791472

CT565
West
2-4 mi
21067
Higher

SRDCCA200753355
Daycare

EDR ID: SRDCCA200753355
Facility number: 198010107
Facility name: CAROUSEL PRESCHOOL
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 366 CHERRY AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 366 CHERRY AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "BEGINNING PATHWAYS, INC. "
Licensee type: D
License effective date: 40521
License expiration date: Not Reported
License issue date: 040521
Program type: LICENSEE SERVES 42 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE.
Original app. received date: 040105
Facility closed date: Not Reported
Mailing address: 3128 PACIFIC COAST HIGHWAY
Mailing city: TORRANCE
Mailing state: CA
Mailing zip: 90505
Contact person: JOANNE PAIGE
Facility capacity: 42

	Type of clients served:	950
	Facility phone:	5624341938

CT566 — SRPR20051024055
West — Private Schools
2-4 mi
21067
Higher

Pss school id:	BB946134
Pss inst:	CAROUSEL PRE-SCHOOL
Lograde:	PK
Higrade:	5
Pss address:	366 CHERRY AVE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90802
Pss phone:	5624341938
Pss sch days:	250
Pss stu day hrs:	Not Reported
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	10
Pss enroll k:	Not Reported
Pss enroll 1:	3
Pss enroll 2:	6
Pss enroll 3:	5
Pss enroll 4:	1
Pss enroll 5:	1
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	26
Pss enroll tk12:	16
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	Not Reported
Pss locale:	1
Pss coed:	1
Pss type:	NR
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	Not Reported
Pss orient:	29

Pss county name:	LOS ANGELES
Pss assoc 1:	National Association for the Education of Young Children (NAEYC)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024055

DG567 SRHO20070008438
West AHA Hospitals
2-4 mi
21087
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20021010
Medicare/Medicaid:	1
Facility name:	WELLS HOUSE
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19980414
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051715
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	245 CHERRY AVENUE
Phone num:	5624359363
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008438

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DG568			SRHO20070148394
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
21087	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	WELLS HOUSE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19971024	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0935275	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	245 CHERRY AVENUE	
	Phone num:	5624359363	
	Termination reason:	00	
	Term Date:	20071023	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90802	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148394	

DA569			SRHO20070131238
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
21092	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	7TH ST MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554102
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2037 E 7TH ST
Phone num:	3104348402
Termination reason:	01
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131238

DH570
ENE
2-4 mi
21096
Higher

SRCL20051000195
Colleges

Unitid:	111513
Instnm:	CAREER ACADEMY OF BEAUTY
Addr:	12471 VALLEY VIEW
City:	WEST GARDEN GROVE
Stabbr:	CA
Zip:	92845
Zip4:	0
Unk:	Not Reported
Fips:	092845
Oberge:	8
Chfnm:	Dayna Pattison
Chftitle:	Director/ Owner
Gentele:	7148973010
Fintele:	7.15E+12
Admtele:	7148973010
Ein:	953633813
Duns:	39501440
Opeid:	2125000
Opeflag:	1
Webaddr:	BeautyCareers.com
Sector:	9

Iclevel:	3
Control:	3
Hloffer:	2
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	0
Deggrant:	2
Hbcu:	2
Hospital:	2
Medical:	2
Tribal:	2
Carnegie:	-3
Locale:	3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	2
Fte:	141
Enrtot:	220
Edr id:	SRCL20051000195

DD571 SRHO20070157957
NE AHA Hospitals
2-4 mi
21096
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALAMITOS ASSOCIATES IN OB/GYN INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040831
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1030188
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5152 KATELLA AVENUE, #106
Phone num:	5624315000

Termination reason:	00
Term Date:	20080830
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157957

CZ572
ESE
2-4 mi
21097
Higher

SRDCCA200709609
Daycare

EDR ID:	SRDCCA200709609
Facility number:	304204651
Facility name:	"LEOMBRUNI, MARISSA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5542 SPA DR.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	5542 SPA DR.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"LEOMBRUNI, MARISSA "
Licensee type:	A
License effective date:	981016
License expiration date:	Not Reported
License issue date:	981016
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	980706
Facility closed date:	Not Reported
Mailing address:	5542 SPA DR.
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"LEOMBRUNI, MARISSA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148941729

DI573 SRPU20071013799
NNW Public Schools
2-4 mi
21112
Higher

Ncessch:	062250002703
Schname05:	BURCHAM ELEMENTARY
Mstreet05:	5610 EAST MONLACO RD.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90808
Mzip405:	2627
Member05:	501
Phone05:	(562) 420-2685
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071013799

DI574 SRDCCA200716506
NNW Daycare
4-6 mi
21144
Higher

EDR ID:	SRDCCA200716506
Facility number:	198006859
Facility name:	DIONNE FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3514 BELLFLOWER BLVD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3514 BELLFLOWER BLVD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"DIONNE, KELLY "
Licensee type:	A
License effective date:	10724
License expiration date:	Not Reported
License issue date:	010724
Program type:	"10 CHILDREN, WITH NO MORE THAN 4 INFANTS. CAPACITY LIMITED TO 10 CHILDREN BY ORDER OF THE FIRE DEPARTMENT. "
Original app. received date:	010627
Facility closed date:	Not Reported
Mailing address:	3514 BELLFLOWER BLVD
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"DIONNE, KELLY "
Facility capacity:	10
Type of clients served:	960
Facility phone:	5624219240

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

DJ575 SRDCCA200725014
NNW Daycare
4-6 mi
21212
Higher

EDR ID:	SRDCCA200725014
Facility number:	198010023
Facility name:	CARAMELLA FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3424 HEATHER RD.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3424 HEATHER RD.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"CARAMELLA, LYNDA "
Licensee type:	A
License effective date:	40317
License expiration date:	Not Reported
License issue date:	040317
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031222
Facility closed date:	Not Reported
Mailing address:	3424 HEATHER RD.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"CARAMELLA, LYNDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624210930

DJ576 SRDCCA200713178
NNW Daycare
4-6 mi
21215
Higher

EDR ID:	SRDCCA200713178
Facility number:	198005917
Facility name:	BATH FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3360 CLARK AVE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3360 CLARK AVE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"BATH, DEBBIE "

Licensee type:	A
License effective date:	414
License expiration date:	Not Reported
License issue date:	000414
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000327
Facility closed date:	Not Reported
Mailing address:	3360 CLARK AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"BATH, DEBBIE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624203500

CT577 SRDCCA200717593
West
4-6 mi
21217
Higher

EDR ID:	SRDCCA200717593
Facility number:	198007940
Facility name:	CRESS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1940 FLORIDA STREET
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	1940 FLORIDA STREET
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	"CRESS, CYNTHIA "
Licensee type:	A
License effective date:	20819
License expiration date:	Not Reported
License issue date:	020819
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020724
Facility closed date:	Not Reported
Mailing address:	1940 FLORIDA STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	"CRESS, CYNTHIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625909790

Daycare

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CY578			SRHO20070130564
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21238	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HONG MAI MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930408	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0553985	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2146 E ANAHEIM STREET	
	Phone num:	3103497227	
	Termination reason:	00	
	Term Date:	20070226	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070130564	

CY579			SRHO20070153353
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21238	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	HONG T MAI MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010208
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0982887
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2146 E ANAHEIM
Phone num:	5625313102
Termination reason:	01
Term Date:	20030301
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153353

CY580
WNW
4-6 mi
21276
Higher

SRHO20070150553
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MACY MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0946459
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2135 E ANAHEIM ST
Phone num:	5624342312
Termination reason:	08
Term Date:	19980528
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150553

DK581
East
4-6 mi
21301
Higher

SRDCCA200755168
Daycare

EDR ID:	SRDCCA200755168
Facility number:	304370289
Facility name:	SEQUOIA PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5900 IROQUOIS ROAD
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	15151 TEMPLE STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	WESTMINSTER SCHOOL DISTRICT
Licensee type:	F
License effective date:	60829
License expiration date:	Not Reported
License issue date:	060829
Program type:	"24 AMBULATORY CHILDREN, 3-5 YEARS OF AGE, MON-FRI, 8:15 A.M. TO 11:1 A.M. ROOM R1. WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND. "
Original app. received date:	060717
Facility closed date:	Not Reported
Mailing address:	15151 TEMPLE STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"ROCHELLE, SANTA CRUZ "
Facility capacity:	24

Type of clients served:	950	
Facility phone:	7148947271	

DK582 SRPU20071010654
East Ncessch: 064215006914 Public Schools
4-6 mi Schname05: SEQUOIA ELEMENTARY
21301 Mstreet05: 5900 IROQUOIS RD.
Higher Mcity05: WESTMINSTER
Mstate05: CA
Mzip05: 92683
Mzip405: 2460
Member05: 446
Phone05: (714) 894-7271
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 06
Edr id: SRPU20071010654

CS583 SRPU20071014012
North Ncessch: 062250002721 Public Schools
4-6 mi Schname05: HENRY ELEMENTARY
21305 Mstreet05: 3720 CANEHILL AVE.
Higher Mcity05: LONG BEACH
Mstate05: CA
Mzip05: 90808
Mzip405: 2201
Member05: 485
Phone05: (562) 421-3754
Locale05: 1
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071014012

DI584 SRDCCA200710829
NNW EDR ID: SRDCCA200710829 Daycare
4-6 mi Facility number: 198005695
21305 Facility name: BURG-TOMLINSON FAMILY DAY CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3632 SAN ANSELINE AVE.
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3632 SAN ANSELINE AVE.
City: LONG BEACH
State: CA

Zip:	90808
Facility investor:	"BURG-TOMLINSON,SHARON LEE "
Licensee type:	A
License effective date:	112
License expiration date:	Not Reported
License issue date:	000112
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	991122
Facility closed date:	Not Reported
Mailing address:	3632 SAN ANSELINE AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"BURG-TOMLINSON,SHARON "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624257738

CZ585
ESE
4-6 mi
21308
Higher

SRDCCA200703116
Daycare

EDR ID:	SRDCCA200703116
Facility number:	300608391
Facility name:	"MONTGOMERY, LINDA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5591 SPA DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	5591 SPA DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"MONTGOMERY, LINDA "
Licensee type:	A
License effective date:	930628
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	5591 SPA DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"MONTGOMERY, LINDA "
Facility capacity:	6
Type of clients served:	960

Facility phone: 7148924984

DA586 SRHO20070108238
West Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
21328 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19960119
Medicare/Medicaid: 1
Facility name: ABILITY HOME CARE SOUTH BAY
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Partcipation date: 19960119
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 557645
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 1920 E BEVERLY WAY
Phone num: 3104354990
Termination reason: 01
Term Date: 19980131
Purpose of action: 1
Provider control: 04
Zip: 90802
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: 0
Num beds: 0000
Num cert beds: 0000
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070108238

DL587 SRHO20070150579
West Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
21339 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MED-CITY MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980819
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0950146
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2025 E 10TH STREET
Phone num:	5624397181
Termination reason:	08
Term Date:	19980820
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150579

DM588
NNE
4-6 mi
21367
Higher

SRDCCA200747584
Daycare

EDR ID:	SRDCCA200747584
Facility number:	191602251
Facility name:	SINGING FOUNTAINS PRESCH CTR EL DORADO COMM CHURCH
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3655 NORWALK BLVD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3655 NORWALK BLVD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	EL DORADO PARK COMMUNITY CHURCH OF LONG BEACH
Licensee type:	C

License effective date: 930517
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 THRU 5 YEARS. *CHILDREN ARE NOT PERMITTED TO SLEEP IN THE 3RD CLASSROOM (THE ROOM ACROSS THE OFFICE) "
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 3655 NORWALK BL
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "BILL,AUDREY "
Facility capacity: 48
Type of clients served: 950
Facility phone: 5624306570

DM589 SRDCCA200741077
NNE EDR ID: SRDCCA200741077 Daycare
4-6 mi Facility number: 198006058
21367 Facility name: SINGING FOUNTAIN PRESCHOOL & INFANT CARE
Higher Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 3655 NORWALK BLVD
City: LONG BEACH
State: CA
Zip: 90808
Alt. address: 3655 NORWALK BLVD
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: EL DORADO PARK COMMUNITY CHURCH
Licensee type: C
License effective date: 801
License expiration date: Not Reported
License issue date: 000801
Program type: INFANT PROGRAM: BIRTH TO 2 YEARS OLD. COMBINATION CENTER WITH PRESCHOOL PROGRAM #191602251.
Original app. received date: 000613
Facility closed date: Not Reported
Mailing address: 3655 NORWALK BLVD
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "BILL, AUDREY "
Facility capacity: 12
Type of clients served: 955
Facility phone: 5624306570

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
CY590			SRHO20070141427
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21379	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HENRICO V MUNGCAL, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930513	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0723583	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2100 EAST ANAHEIM ST, STE B	
	Phone num:	3104330337	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141427	

DA591			SRHO20070144492
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21415	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	COLONIAL MANOR CONVALESCENT
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940420
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0885428
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1913 EAST 5TH
Phone num:	3104325751
Termination reason:	00
Term Date:	20080419
Purpose of action:	Not Reported
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144492

DA592
West
4-6 mi
21415
Higher

SRHO20070011852
AHA Hospitals

Hospital type:	03
Num of times COO:	02
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051021
Medicare/Medicaid:	1
Facility name:	COLONIAL CARE CENTER
Intermediary/Carrier:	00040
Medicaid number:	940000034
Partcipation date:	19690227
Prior COO date:	19890101
Prior carrier:	Not Reported
Provider ID:	056043
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA	
ssa state:	05	
state region cd:	L4	
street address:	1913 E 5TH STREET	
Phone num:	5624325751	
Termination reason:	00	
Term Date:	Not Reported	
Purpose of action:	2	
Provider control:	03	
Zip:	90802	
Fips state:	06	
Fips cnty:	037	
SSA MSA:	328	
SSA MSA size code:	A	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0196	
Num cert beds:	0196	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070011852	

DA593
West
4-6 mi
21415
Higher

SRNH20060901028
Nursing Homes

Provnum:	056043
Nursinghomename:	COLONIAL CARE CENTER
Street:	1913 E 5TH STREET
City:	LONG BEACH
State:	CA
Zipcode:	90802
Phonenumber:	5624325751
Dateoflastinspection:	20051021
Certifiednumberofbeds:	196
Totalnumberofresidents:	185
Percofoccupiedbeds:	94
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060901028

DD594
NE
4-6 mi
21435
Higher

SRHO20070151189
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LOS ALAMITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HEALING ARTS MEDICAL CENTER

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0958868
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5242 KATELLA AVENUE SUITE 106
Phone num:	5624315010
Termination reason:	00
Term Date:	20070328
Purpose of action:	Not Reported
Provider control:	04
Zip:	90720
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151189

DC595 SRDCCA200732417
WNW Daycare
4-6 mi
21498
Higher

EDR ID:	SRDCCA200732417
Facility number:	198011836
Facility name:	KYEREMAA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1890JUNIPERO AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Alt. address:	1890JUNIPERO AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Facility investor:	"KYEREMAA, COMFORT "
Licensee type:	A
License effective date:	51005
License expiration date:	Not Reported
License issue date:	051005
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date:	050711
Facility closed date:	Not Reported
Mailing address:	1890JUNIPERO AVENUE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90755
Contact person:	"KYEREMAA, COMFORT "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625978676

DK596 SRDCCA200728941
East Daycare
4-6 mi
21516
Higher

EDR ID:	SRDCCA200728941
Facility number:	304300903
Facility name:	"LLOYD, BECKY & STEVEN "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5842 ABBEY DRIVE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	5842 ABBEY DRIVE
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"LLOYD, BECKY & STEVEN "
Licensee type:	A
License effective date:	40915
License expiration date:	Not Reported
License issue date:	040915
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	040903
Facility closed date:	Not Reported
Mailing address:	5842 ABBEY DRIVE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"LLOYD, BECKY & STEVE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148942381

DN597 SRDCCA200747328
NE Daycare
4-6 mi
21520
Higher

EDR ID:	SRDCCA200747328
Facility number:	300606798
Facility name:	A CHILD'S ADVENTURE PRESCHOOL AND DAYCARE CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30

Facility type code:	850
Facility status code:	03
Address:	10160 DENNI STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	3811 HOLDER
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"ROBERT A. MORRIS, INC. "
Licensee type:	A
License effective date:	940817
License expiration date:	Not Reported
License issue date:	880817
Program type:	48 AMBULATORY CHILDREN. AGES 2 YEARS - 6 YEARS. MONDAY THRU FRIDAY. ROOM (A) 24 CAPACITY 6:00 AM TO 6:00 PM. ROOM (B) 24 CAPACITY 8:15 AM TO 2:30 PM.
Original app. received date:	880615
Facility closed date:	Not Reported
Mailing address:	4545 MYRA AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"BEAUDOIN, JUDI "
Facility capacity:	48
Type of clients served:	950
Facility phone:	7148265850

DN598
NE
4-6 mi
21520
Higher

SRDCCA200744308
Daycare

EDR ID:	SRDCCA200744308
Facility number:	300608769
Facility name:	A CHILD'S ADVENTURE (ACA) CAWTHON ELEM SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	10160 DENNI STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	3811 HOLDEN CIRCLE
City:	"LOS ALAMITOS, "
State:	CA
Zip:	90720
Facility investor:	"ROBERT A. MORRIS, INC. "
Licensee type:	D
License effective date:	940817
License expiration date:	Not Reported
License issue date:	880817
Program type:	64 AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YEARS OLD. MON-FRI. 06:00 AM TO 6:00 PM. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOMS AND PLAY YARDS. PROGRAM USES PORTABLE.
Original app. received date:	880614

Facility closed date:	Not Reported
Mailing address:	3811 HOLDEN CIRCLE
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"BEAUDOIN, JUDI "
Facility capacity:	64
Type of clients served:	950
Facility phone:	7148265850

DL599 SRHO20070146134
WNW AHA Hospitals
4-6 mi
21539
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COMPRECARE MEDICAL ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950404
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0899661
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1125 CHERRY AVENUE
Phone num:	3106747900
Termination reason:	00
Term Date:	20070606
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146134

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DL600 WNW 4-6 mi 21539 Higher			SRHO20070158189 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HARVARD HEALTH CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000628	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0975147	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1125 CHERRY AVE	
	Phone num:	5625914848	
	Termination reason:	08	
	Term Date:	20060627	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158189	
DL601 WNW 4-6 mi 21539 Higher			SRHO20070153695 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	INTEDIV CORPORATION
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990729
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0963453
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1125 CHERRY AVE
Phone num:	5622561388
Termination reason:	08
Term Date:	19990729
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153695

DL602
WNW
4-6 mi
21539
Higher

SRHO20070164337
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KINTAUDI & ASSOCIATES MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060825
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1057981
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1125 CHERRY AVE
Phone num:	5622561633
Termination reason:	00
Term Date:	20080824
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164337

DO603
ESE
4-6 mi
21546
Higher

SRDCCA200703281
Daycare

EDR ID:	SRDCCA200703281
Facility number:	300608836
Facility name:	"DAVILA, GENOVEVA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	14231 HAMMON PLACE
City:	WESTMINISTER
State:	CA
Zip:	92683
Alt. address:	14231 HAMMON PLACE
City:	WESTMINISTER
State:	CA
Zip:	92683
Facility investor:	"DAVILA, GENOVEVA "
Licensee type:	A
License effective date:	940511
License expiration date:	Not Reported
License issue date:	890701
Program type:	"LICENSE INACTIVE AUGUST 17, 2006 TO APRIL 2007. "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	14231 HAMMON PLACE
Mailing city:	WESTMINISTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"DAVILA, GENOVEVA "
Facility capacity:	6
Type of clients served:	960

Facility phone: 7148942749

DF604 SRDCCA200718312
East EDR ID: SRDCCA200718312 Daycare
4-6 mi Facility number: 304206564
21583 Facility name: "HALE, PHYLLIS "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 12841 LONGDEN
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 12841 LONGDEN
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "HALE, PHYLLIS "
Licensee type: A
License effective date: 20418
License expiration date: Not Reported
License issue date: 020418
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020322
Facility closed date: Not Reported
Mailing address: 12841 LONGDEN
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "HALE, PHYLLIS "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148932655

DP605 SRDCCA200755744
ENE EDR ID: SRDCCA200755744 Daycare
4-6 mi Facility number: 304370192
21594 Facility name: MONTESSORI GREENHOUSE SCHOOL
Higher Facility eval. code: 1202
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 5856 BELGRAVE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5152 KATELLA AVE. SUITE 101
City: LOS ALAMITOS

State: CA
Zip: 90720
Facility investor: "MONTESSORI GREENHOUSE SCHOOLS, LLC "
Licensee type: E
License effective date: 51110
License expiration date: Not Reported
License issue date: 051110
Program type: "AMBULATORY CHILDREN AGES 2-6 YEARS OLD. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY. CLASSROOMS: #1, #2, #3, AND #5 ONLY. "
Original app. received date: 050721
Facility closed date: Not Reported
Mailing address: 17583 OAK STREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: R
Facility capacity: 88
Type of clients served: 950
Facility phone: 7148973833

DP606
ENE
4-6 mi
21594
Higher

SRDCCA200744406
Daycare

EDR ID: SRDCCA200744406
Facility number: 304370193
Facility name: MONTESSORI GREENHOUSE SCHOOL
Facility eval. code: 1202
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 5856 BELGRAVE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 5152 KATELLA AVE. SUITE 101
City: LOS ALAMITOS
State: CA
Zip: 90720
Facility investor: MONTESSORI GREENHOUSE SCHOOL
Licensee type: E
License effective date: 51110
License expiration date: Not Reported
License issue date: 051110
Program type: "AMBULATORY CHILDREN AGES 2 MOTHS TO 24 MONTHS. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY. CLASSROOM #4 ONLY. "
Original app. received date: 050721
Facility closed date: Not Reported
Mailing address: 17583 OAK STREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "TURNER, MARCI "
Facility capacity: 18
Type of clients served: 955

Facility phone: 7148973833

DP607 SRPR20051021965
ENE Pss school id: BB961314 Private Schools
4-6 mi Pss inst: MONTESSORI GREENHOUSE
21594 Lograde: PK
Higher Higrade: 6
Pss address: 5856 BELGRAVE
Pss city: GARDEN GROVE
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92845
Pss phone: 7148973833
Pss sch days: 180
Pss stu day hrs: 6
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 90
Pss enroll k: 10
Pss enroll 1: 13
Pss enroll 2: 8
Pss enroll 3: 9
Pss enroll 4: 7
Pss enroll 5: 11
Pss enroll 6: 2
Pss enroll 7: Not Reported
Pss enroll 8: Not Reported
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 150
Pss enroll tk12: 60
Pss race ai: Not Reported
Pss race as: 9
Pss race h: 4
Pss race b: 2
Pss race w: 45
Pss fte teach: 13.8
Pss locale: 3
Pss coed: 1
Pss type: 2
Pss level: 1
Pss relig: 3
Pss comm type: 2
Pss indian pct: Not Reported
Pss asian pct: 15
Pss hisp pct: 6.67
Pss black pct: 3.33
Pss white pct: 75
Pss stdtch rt: 4.35
Pss orient: 29
Pss county name: ORANGE

Pss assoc 1:	American Montessori Society (AMS)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051021965

DP608 SRCL20051000389
ENE Colleges
4-6 mi
21594
Higher

Unitid:	119128
Instnm:	MONTESSORI WESTERN TEACHER TRAINING PROGRAM
Addr:	5856 BELGRAVE AVENUE
City:	GARDEN GROVE
Stabbr:	CA
Zip:	92845
Zip4:	Not Reported
Unk:	Not Reported
Fips:	092845
Oberge:	8
Chfnm:	CATHERINE SMYTHE
Chftitle:	D1RECTOR
Gentele:	7148973833
Fintele:	7148973833
Admtele:	7148973833
Ein:	952660662
Duns:	930572771
Opeid:	3181300
Opeflag:	5
Webaddr:	www.gtesupersite.com/montgreen
Sector:	3
Iclevel:	1
Control:	3
Hloffer:	6
Ugoffer:	1
Groffer:	1
Fpoffer:	2
Hdegoffer:	0
Deggrant:	2
Hbcu:	2
Hospital:	2
Medical:	-1
Tribal:	2
Carnegie:	-3
Locale:	3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	2

Rptmth:	2
Fte:	Not Reported
Enrtot:	Not Reported
Edr id:	SRCL20051000389

CZ609
ESE
4-6 mi
21609
Higher

SRDCCA200702620
Daycare

EDR ID:	SRDCCA200702620
Facility number:	300609334
Facility name:	"WATSON, SYLVIA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	14331 HAMMON LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	14331 HAMMON LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"WATSON, SYLVIA "
Licensee type:	A
License effective date:	950822
License expiration date:	Not Reported
License issue date:	890822
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	14331 HAMMON LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"WATSON, SYLVIA "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7144707808

DA610
West
4-6 mi
21652
Higher

SRDCCA200733496
Daycare

EDR ID:	SRDCCA200733496
Facility number:	198012215
Facility name:	SUAREZ AND GARCIA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	819 GARDENIA AVENUE # 1
City:	LONG BEACH
State:	CA

Zip:	90813
Alt. address:	819 GARDENIA AVENUE # 1
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	CARMEN A. SUAREZ AND FELIPE GARCIA
Licensee type:	A
License effective date:	51121
License expiration date:	Not Reported
License issue date:	051121
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	051101
Facility closed date:	Not Reported
Mailing address:	819 GARDENIA AVENUE # 1
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"SUAREZ, CARMEN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624771171

DQ611
ENE
4-6 mi
21671
Higher

SRDCCA200737307
Daycare

EDR ID:	SRDCCA200737307
Facility number:	304310515
Facility name:	"SILVA, MARIA MADALENA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	11881 BAILEY STREET APT. #A
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	11881 BAILEY STREET APT. #A
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"SILVA, MARIA MADALENA "
Licensee type:	A
License effective date:	60817
License expiration date:	Not Reported
License issue date:	060817
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060726
Facility closed date:	Not Reported
Mailing address:	11881 BAILEY STREET APT. #A
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845

Contact person:	"SILVA, MARIA MADALENA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147994207

DR612 SRDCCA200706737
North Daycare
4-6 mi
21750
Higher

EDR ID:	SRDCCA200706737
Facility number:	198000276
Facility name:	PADILLA-SULLIVAN FAMILY DAY CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3829 KAREN AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3829 KAREN AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"PADILLA-SULLIVAN, STEPHANIE L. "
Licensee type:	A
License effective date:	941021
License expiration date:	Not Reported
License issue date:	941021
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	940425
Facility closed date:	Not Reported
Mailing address:	3829 KAREN AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"PADILLA-SULLIVAN, STEPHANI"
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624208922

CZ613 SRDCCA200752019
ESE Daycare
4-6 mi
21754
Higher

EDR ID:	SRDCCA200752019
Facility number:	304270231
Facility name:	TED FISHER HEAD START CENTER
Facility eval. code:	1202
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	14422 HAMMON LANE
City:	HUNTINGTON BEACH
State:	CA

Zip:	92647
Alt. address:	14422 HAMMON LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"ORANGE COUNTY HEAD START, INC. "
Licensee type:	C
License effective date:	960911
License expiration date:	Not Reported
License issue date:	960911
Program type:	"NOT TO EXCEED 44 NON-AMBULATORY. AGES 3 TO 5 YEARS OLD. HOURS: 6:30 AM TO 6:00 PM, MONDAY - FRIDAY. ROOMS K1,K2,A2,A3,A4, B2,B3,B4,C2 ONLY. CAPACITY DECREASE EFFECTIVE 6-17-99. "
Original app. received date:	960408
Facility closed date:	Not Reported
Mailing address:	"2900 HARBOR BLVD., SUITE 101 "
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	"WATSON, SHANNON "
Facility capacity:	221
Type of clients served:	950
Facility phone:	7149018922

CX614
ENE
4-6 mi
21757
Higher

SRDCCA200753633
Daycare

EDR ID:	SRDCCA200753633
Facility number:	304270918
Facility name:	LOOK WHO'S LEARNING PRESCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5802 SANTA CATALINA AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	5802 SANTA CATALINA AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"FIGLEWICZ, CHRISTY "
Licensee type:	A
License effective date:	20909
License expiration date:	Not Reported
License issue date:	020909
Program type:	"AMBULATORY CHILDREN: AGES 2 - 6 YEARS OF AGE. HOURS: MONDAY THROUGH FRIDAY, 6:30 AM TO 6:00 PM. ROOMS: 1-3,5 AND 6&7(IN SEPARATE BUILDING) "
Original app. received date:	020617
Facility closed date:	Not Reported
Mailing address:	14182 SAWSTON CIRCLE
Mailing city:	WESTMINSTER

Mailing state:	CA
Mailing zip:	92683
Contact person:	"FIGLEWICZ, CHRISTY "
Facility capacity:	90
Type of clients served:	950
Facility phone:	7148931980

DF615 SRDCCA200718390
East Daycare
4-6 mi

EDR ID:	SRDCCA200718390
Facility number:	304206579
Facility name:	"SOLOMAN, KATRINA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6031 STANFORD AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	6031 STANFORD AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"SOLOMAN, KATRINA "
Licensee type:	A
License effective date:	20424
License expiration date:	Not Reported
License issue date:	020424
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020402
Facility closed date:	Not Reported
Mailing address:	6031 STANFORD AVENUE
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"SOLOMON, KATRINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148924661

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616 SRHO20070130963
NW AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported

Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PEDIATRIC MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554448
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2921 REDONDO AVE
Phone num:	3104265551
Termination reason:	33
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130963

DA617
West
4-6 mi
21813
Higher

SRDCCA200740716
Daycare

EDR ID:	SRDCCA200740716
Facility number:	198013116
Facility name:	HAWES FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	527 ROSE
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	527 ROSE
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	"HAWES, ZANDRA "
Licensee type:	A
License effective date:	70124
License expiration date:	Not Reported

License issue date: 070124
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
"
Original app. received date: 061130
Facility closed date: Not Reported
Mailing address: 527 ROSE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "HAWES, ZANDRA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5627559949

DA618
West
4-6 mi
21817
Higher

SRDCCA200750935
Daycare

EDR ID: SRDCCA200750935
Facility number: 198004522
Facility name: OLE' KING COLE DEVELOPMENTAL CENTER
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1814 E. 7TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: P.O. BOX 9163
City: LONG BEACH
State: CA
Zip: 90810
Facility investor: "COLE, BONNIE "
Licensee type: A
License effective date: 981020
License expiration date: Not Reported
License issue date: 981020
Program type: AMBULATORY ONLY. PRE-SCHOOL PROGRAM AGES 2 THRU 5.9 YEARS OLD OR ENTRY INTO FIRST GRADE.
Original app. received date: 980902
Facility closed date: Not Reported
Mailing address: P.O. BOX 9163
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90810
Contact person: ANTONEE MODESTY
Facility capacity: 28
Type of clients served: 950
Facility phone: 5626246227

DN619
NE
4-6 mi
21837
Higher

SRPU20071014135
Public Schools

Ncessch: 061044001167
Schname05: ROBERT C. CAWTHON ELEMENTARY

Mstreet05:	4545 MYRA AVE.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	4261
Member05:	457
Phone05:	(714) 220-6970
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071014135

620
West
4-6 mi
21843
Higher

SRHO20070153046
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH ADULT DAY HEALTH CARE CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010430
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0985798
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1771 EAST 4TH STREET
Phone num:	5625909083
Termination reason:	00
Term Date:	20070429
Purpose of action:	Not Reported
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070153046

DE621 SRDCCA200755071
SE EDR ID: SRDCCA200755071 Daycare
4-6 mi Facility number: 304370242
21907 Facility name: MONTESSORI CHILDREN'S CENTER OF HUNTINGTON BEACH
Higher Facility eval. code: 1201
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 16081 WAIKIKI LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 16081 WAIKIKI LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "LEPORT EDUCATIONAL INSTITUTE, INC. "
Licensee type: D
License effective date: 60630
License expiration date: Not Reported
License issue date: 060630
Program type: AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE. MONDAY THROUGH FRIDAY. 7:00 AM TO 6:00 PM. TODDLER OPTION FOR 24 CHILDREN 18 TO 30 MONTHS OF AGE.TOTAL CAPACITY NOT TO EXCEED 202 CHILDREN.WAIVER FOR CO-MINGLING TODDLERS & PRESCHOOLERS AT AM. PM & NAPTIME.
Original app. received date: 060309
Facility closed date: Not Reported
Mailing address: 2920 OCEAN BLVD.
Mailing city: CORONA DEL MAR
Mailing state: CA
Mailing zip: 92625
Contact person: "BEACH, DONAJI "
Facility capacity: 202
Type of clients served: 950
Facility phone: 7143776035

DE622 SRDCCA200755132
SE EDR ID: SRDCCA200755132 Daycare
4-6 mi Facility number: 304370247
21907 Facility name: LEARNING CTR. P.S./BOYS & GIRLS CLUBS OF H.V.
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 16081 WAIKIKI LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 16582 BROOKHURST ST.

City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
Licensee type:	C
License effective date:	60609
License expiration date:	Not Reported
License issue date:	060609
Program type:	CHILDREN AGES: 2 YEARS TO 5 YEARS OF AGE. TODDLER OPTION: 36 CHILDREN 18 MONTHS TO 30 MONTHS. HOURS: MONDAY THRU FRIDAY. 6:30AM -6:00PM.
Original app. received date:	060327
Facility closed date:	Not Reported
Mailing address:	16582 BROOKHURST ST.
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"LOSHAK, CHELO "
Facility capacity:	164
Type of clients served:	950
Facility phone:	7148461303

DE623
SE
4-6 mi
21907
Higher

SRDCCA200743796
Daycare

EDR ID:	SRDCCA200743796
Facility number:	304370248
Facility name:	LEARNING CTR. P.S./BOYS & GIRLS CLUBS OF H.V.
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	16081 WAIKIKI LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	16582 BROOKHURST STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
Licensee type:	C
License effective date:	60609
License expiration date:	Not Reported
License issue date:	060609
Program type:	AGES: BIRTH TO 2 YEARS OF AGE. MONDAY THRU FRIDAY. HOURS: 6:30AM - 6:00PM
Original app. received date:	060327
Facility closed date:	Not Reported
Mailing address:	16582 BROOKHURST STREET
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"LOSHAK, CHELO "
Facility capacity:	12
Type of clients served:	955

Facility phone: 7149644526

DE624 SRPR20051023594
SE Pss school id: AA000652 Private Schools
4-6 mi Pss inst: GRACE LUTHERAN SCHOOL
21907 Lograde: PK
Higher Higrade: 8
Pss address: 16081 WAIKIKI LANE
Pss city: HUNTINGTON BEACH
Pss county no: 059
Pss county fips: 06059
Pss stabb: CA
Pss fips: 06
Pss zip5: 92649
Pss phone: 7143771500
Pss sch days: 196
Pss stu day hrs: 6.75
Pss library: Yes
Pss enroll ug: Not Reported
Pss enroll pk: 13
Pss enroll k: 35
Pss enroll 1: 31
Pss enroll 2: 35
Pss enroll 3: 22
Pss enroll 4: 22
Pss enroll 5: 20
Pss enroll 6: 17
Pss enroll 7: 3
Pss enroll 8: 1
Pss enroll 9: Not Reported
Pss enroll 10: Not Reported
Pss enroll 11: Not Reported
Pss enroll 12: Not Reported
Pss enroll t: 199
Pss enroll tk12: 186
Pss race ai: Not Reported
Pss race as: Not Reported
Pss race h: Not Reported
Pss race b: Not Reported
Pss race w: Not Reported
Pss fte teach: 14.8
Pss locale: 3
Pss coed: 1
Pss type: 1
Pss level: 1
Pss relig: 2
Pss comm type: 2
Pss indian pct: Not Reported
Pss asian pct: Not Reported
Pss hisp pct: Not Reported
Pss black pct: Not Reported
Pss white pct: Not Reported
Pss stdtch rt: 12.57
Pss orient: 20
Pss county name: ORANGE

Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Evangelical Lutheran Education Association (ELEA)
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023594

DP625
ENE
4-6 mi
21907
Higher

SRDCCA200728827
Daycare

EDR ID:	SRDCCA200728827
Facility number:	304310002
Facility name:	"HANSON, DINA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	12011 STONEGATE LANE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	12011 STONEGATE LANE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"HANSON, DINA "
Licensee type:	A
License effective date:	50113
License expiration date:	Not Reported
License issue date:	050113
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	041115
Facility closed date:	Not Reported
Mailing address:	12011 STONEGATE LANE
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"HANSON, DINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148923211

DS626
WNW
4-6 mi
21910
Higher

SRHO20070154984
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HORACIO F ARIZA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030108
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1008019
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1936 E ANAHEIM STREET
Phone num:	5625992248
Termination reason:	01
Term Date:	20030601
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154984

DS627
WNW
4-6 mi
21910
Higher

SRHO20070154311
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RICHARD KEECH MD DBA GAGA MEDICAL CLNC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010322
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0984498

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1936 E ANAHEIM STREET
Phone num:	5625992248
Termination reason:	00
Term Date:	20070321
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154311

DS628 SRHO20070144185
WNW AHA Hospitals
4-6 mi
21910
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PREMIUM CARE FAMILY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930920
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0876612
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1936 EAST ANAHEIM ST
Phone num:	3105995851
Termination reason:	01
Term Date:	19950330
Purpose of action:	Not Reported

Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144185

DL629
WNW
4-6 mi
21914
Higher

SRDCCA200727530
Daycare

EDR ID:	SRDCCA200727530
Facility number:	198011288
Facility name:	YUTH FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1127 GARDENIA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1127 GARDENIA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"YUTH, SAMBO "
Licensee type:	A
License effective date:	50413
License expiration date:	Not Reported
License issue date:	050413
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	041124
Facility closed date:	Not Reported
Mailing address:	1127 GARDENIA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"YUTH, SAMBO "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625997332

DO630
East
4-6 mi
21932
Higher

SRDCCA200712279
Daycare

EDR ID:	SRDCCA200712279
Facility number:	304205667
Facility name:	"OLMEDO, PATRICIA "

Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5821 WESTMORELAND CIRCLE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	5821 WESTMORELAND CIRCLE
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"OLMEDO, PATRICIA "
Licensee type:	A
License effective date:	912
License expiration date:	Not Reported
License issue date:	000912
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000731
Facility closed date:	Not Reported
Mailing address:	5821 WESTMORELAND CIRCLE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"OLMEDO, PATRICIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148946006

DT631
SE
4-6 mi
22051
Higher

SRDCCA200716083
Daycare

EDR ID:	SRDCCA200716083
Facility number:	304206456
Facility name:	"POWELL, DANA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15812 BLUEBIRD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	15812 BLUEBIRD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	"POWELL, DANA "
Licensee type:	A
License effective date:	20502
License expiration date:	Not Reported
License issue date:	020502

Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020108
Facility closed date:	Not Reported
Mailing address:	15812 BLUEBIRD LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"POWELL, DANA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148920260

DQ632
ENE
4-6 mi
22078
Higher

SRHO20070134993
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EDWARD C RUTH MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0585776
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5804 APIA DR
Phone num:	2095648923
Termination reason:	01
Term Date:	19980524
Purpose of action:	Not Reported
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070134993	

DC633 SRHO20070010457
WNW AHA Hospitals
4-6 mi
22084
Higher

Hospital type:	03
Num of times COO:	09
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	200
Cross ref number:	555785
FMS survey date:	Not Reported
Current survey date:	19961210
Medicare/Medicaid:	1
Facility name:	ST CHRISTOPHER CONVALESCENT HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19740916
Prior COO date:	19930701
Prior carrier:	00040
Provider ID:	056467
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1880 DAWSON AVENUE
Phone num:	3104945188
Termination reason:	05
Term Date:	19970415
Purpose of action:	2
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0059
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010457

DC634 SRHO20070108021
WNW AHA Hospitals
4-6 mi
22084
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	1

Compliance status:	A
SSA county code:	200
Cross ref number:	056467
FMS survey date:	Not Reported
Current survey date:	20060711
Medicare/Medicaid:	1
Facility name:	COURTYARD CARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	940000098
Partcipation date:	19970605
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555785
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1880 DAWSON AVENUE
Phone num:	5624945188
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0059
Num cert beds:	0059
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108021

DC635
WNW
4-6 mi
22084
Higher

SRHO20070143651
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COURTYARD CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930820
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0875354
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1880 DAWSON AVENUE
Phone num:	3104945188
Termination reason:	00
Term Date:	20070819
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143651

DC636
WNW
4-6 mi
22084
Higher

SRNH20060915176
Nursing Homes

Provnum:	555785
Nursinghomename:	COURTYARD CARE CENTER
Street:	1880 DAWSON AVENUE
City:	SIGNAL HILL
State:	CA
Zipcode:	90806
Phonenumber:	5624945188
Dateoflastinspection:	20060625
Certifiednumberofbeds:	59
Totalnumberofresidents:	58
Percofoccupiedbeds:	98
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060915176

DR637
North
4-6 mi
22104
Higher

SRDCCA200747693
Daycare

EDR ID:	SRDCCA200747693
Facility number:	191600391
Facility name:	GRACE FIRST PRESBYTERIAN CHURCH PRESCHOOL
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850

Facility status code:	03
Address:	3955 STUDEBAKER ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3955 STUDEBAKER ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	LAKEWOOD FIRST PRESBYTERIAN CHURCH
Licensee type:	C
License effective date:	931204
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS CHILDREN AGES 2 YRS 6 MOS THRU 5 YEARS. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	3955 STUDEBAKER ROAD
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"IRONS, JUDY "
Facility capacity:	64
Type of clients served:	950
Facility phone:	5624250080

DU638
SE
4-6 mi
22137
Higher

SRDCCA200743933
Daycare

EDR ID:	SRDCCA200743933
Facility number:	300605571
Facility name:	RAINBOW AFTER-SCHOOL CARE & PRE-K PROGRAM
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	4343 PICKWICK CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	20191 SEALPOINT LANE #104
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"NORTON,TAY "
Licensee type:	A
License effective date:	940314
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY CHILDREN. AGES 4.9 THROUGH 14 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. RMS. 34, 35 & MULTI-PURPOSE ROOM. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOMS AND OUTDOOR "ACTIVITY SPACE.
Original app. received date:	860303

Facility closed date:	Not Reported
Mailing address:	20191 SEALPOINT LANE #104
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	KRISTIN CHOMIN
Facility capacity:	215
Type of clients served:	950
Facility phone:	7148468386

DU639 SRDCCA200752761
SE Daycare
4-6 mi
22137
Higher

EDR ID:	SRDCCA200752761
Facility number:	304270963
Facility name:	RAINBOW AFTER-SCHOOL CARE & PRE-K PROGRAM
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4343 PICKWICK CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	20191 SEALPOINT LANE #104
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"NORTON, TAY "
Licensee type:	A
License effective date:	21016
License expiration date:	Not Reported
License issue date:	021016
Program type:	AMBULATORY CHILDREN. AGES 3 THROUGH 6 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. ROOM 36. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOM AND KINDERGARTEN PLAY YARD.
Original app. received date:	020917
Facility closed date:	Not Reported
Mailing address:	20191 SEALPOINT LANE #104
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	KRISTIN CHOMIN
Facility capacity:	21
Type of clients served:	950
Facility phone:	7148468386

DU640 SRPU20071009690
SE Public Schools
4-6 mi
22137
Higher

Ncessch:	062814004333
Schname05:	HARBOUR VIEW ELEMENTARY
Mstreet05:	4343 PICKWICK CIR.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92649
Mzip405:	3108

Member05:	783
Phone05:	(714) 846-6602
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009690

DS641 SRHO20070147419
WNW AHA Hospitals
4-6 mi
22141
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HOR B CHHAY, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970317
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926151
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1862 E ANAHEIM STREET
Phone num:	5622184298
Termination reason:	00
Term Date:	20070316
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147419

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DV642 WNW 4-6 mi 22151 Higher			SRHO20070148306 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MIDTOWN MEDICAL PLAZA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960815	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0918665	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2080 E PACIFIC COAST HWY	
	Phone num:	3105902282	
	Termination reason:	08	
	Term Date:	19980814	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90804	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148306	
DW643 WNW 4-6 mi 22153 Higher			SRDCCA200705055 Daycare
	EDR ID:	SRDCCA200705055	
	Facility number:	191605980	
	Facility name:	CASTILLO FAMILY DAY CARE	
	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2016 RAYMOND AVENUE	
	City:	SIGNAL HILL	

State:	CA
Zip:	90755
Alt. address:	2016 RAYMOND AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Facility investor:	"CASTILLO, JUDITH RUBY "
Licensee type:	A
License effective date:	940522
License expiration date:	Not Reported
License issue date:	910522
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	910220
Facility closed date:	Not Reported
Mailing address:	2016 RAYMOND AVENUE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90755
Contact person:	"CASTILLO, JUDITH RUBY "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5624948049

DM644 SRPR20051027423
NNE Private Schools
4-6 mi
22174
Higher

Pss school id:	A9900738
Pss inst:	WAY OUT MINISTRIES; CHRSTN ACD
Lograde:	7
Higrade:	12
Pss address:	22427 NORWALK BLVD
Pss city:	HAWAIIAN GARDENS
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90716
Pss phone:	5624292397
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	6
Pss enroll 8:	7
Pss enroll 9:	9
Pss enroll 10:	7
Pss enroll 11:	12

Pss enroll 12:	8
Pss enroll t:	49
Pss enroll tk12:	49
Pss race ai:	0
Pss race as:	1
Pss race h:	38
Pss race b:	3
Pss race w:	7
Pss fte teach:	Not Reported
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	2
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	2.04
Pss hisp pct:	77.55
Pss black pct:	6.12
Pss white pct:	14.29
Pss stdtch rt:	Not Reported
Pss orient:	28
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051027423

DV645
WNW
4-6 mi
22194
Higher

SRDCCA200734061
Daycare

EDR ID:	SRDCCA200734061
Facility number:	198012189
Facility name:	TAYLOR FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1615 CHERRY AVENUE #3
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1615 CHERRY AVENUE #3
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	TERRI LYNETTE TAYLOR
Licensee type:	A
License effective date:	51207
License expiration date:	Not Reported
License issue date:	051207

Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 051025
Facility closed date: Not Reported
Mailing address: 1615 CHERRY AVENUE #3
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "TAYLOR, TERRI "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625914520

DO646
ESE
4-6 mi
22205
Higher

SRDCCA200734585
Daycare

EDR ID: SRDCCA200734585
Facility number: 304310504
Facility name: "VAN HORN, MICHELLE "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5811 HACIENDA DRIVE
City: "HUNTINGTON BEACH, "
State: CA
Zip: 92647
Alt. address: 5811 HACIENDA DRIVE
City: "HUNTINGTON BEACH, "
State: CA
Zip: 92647
Facility investor: "VAN HORN, MICHELLE "
Licensee type: A
License effective date: 60715
License expiration date: Not Reported
License issue date: 060715
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060505
Facility closed date: Not Reported
Mailing address: 5811 HACIENDA DRIVE
Mailing city: "HUNTINGTON BEACH, "
Mailing state: CA
Mailing zip: 92647
Contact person: "VAN HORN, MICHELLE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148976422

DX647
West
4-6 mi
22268
Higher

SRDCCA200718854
Daycare

EDR ID: SRDCCA200718854
Facility number: 192010364
Facility name: RILEY FAMILY CHILD CARE

Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	775 GAVIOTA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	775 GAVIOTA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"RILEY, VERONICA "
Licensee type:	A
License effective date:	20527
License expiration date:	Not Reported
License issue date:	020527
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020220
Facility closed date:	Not Reported
Mailing address:	775 GAVIOTA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"RILEY, VERONICA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625917072

DY648
NNW
4-6 mi
22277
Higher

SRHO20070140280
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950221
Medicare/Medicaid:	1
Facility name:	KENNETH CARRELL MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0709618
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3780 WOODRUFF AVENUE, SUITE C
Phone num:	3104322927
Termination reason:	01
Term Date:	19950901
Purpose of action:	1
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140280

DY649
NNW
4-6 mi
22277
Higher

SRHO20070143904
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOHN KREGZDE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930915
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0876208
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3780 WOODRUFF AVE #G
Phone num:	3104206044
Termination reason:	08
Term Date:	19990914
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143904

DY650 SRHO20070139428
NNW AHA Hospitals
4-6 mi
22277
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROLAND A SCHAUMLOFFEL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930210
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0697380
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3780 WOODRUFF AVE STE G
Phone num:	3104296313
Termination reason:	07
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139428

DH651 SRDCCA200720519
ENE Daycare
4-6 mi
22301
Higher

EDR ID:	SRDCCA200720519
Facility number:	304206834
Facility name:	"BOURGEOIS, LINDA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6091 KILLARNEY AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	6091 KILLARNEY AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"BOURGEOIS, LINDA "
Licensee type:	A
License effective date:	30116
License expiration date:	Not Reported
License issue date:	030116
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	020903
Facility closed date:	Not Reported
Mailing address:	6091 KILLARNEY AVENUE
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"BOURGEOIS, LINDA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7148938845

DV652 SRDCCA200716142
WNW Daycare
4-6 mi
22329
Higher

EDR ID:	SRDCCA200716142
Facility number:	192010118
Facility name:	CAMACHO FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1879 ST. LOUIS AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90806
Alt. address:	1879 ST. LOUIS AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	"CAMACHO, ALEXANDRA "
Licensee type:	A

License effective date: 21118
License expiration date: Not Reported
License issue date: 021118
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020408
Facility closed date: Not Reported
Mailing address: 1879 ST. LOUIS AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "CAMACHO, ALEXANDRA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624989009

DM653 SRHO20070143138
NNE AHA Hospitals
4-6 mi
22348
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: BEST CARE MEDICAL GROUP
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19921229
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0856266
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 22408 NORWALK BLVD
Phone num: 3104208586
Termination reason: 04
Term Date: 19940302
Purpose of action: Not Reported
Provider control: 04
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported

Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143138

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654 SRDCCA200721207
ENE Daycare
4-6 mi
22372
Higher

EDR ID:	SRDCCA200721207
Facility number:	304300303
Facility name:	"MILLSPAUGH, DOTTIE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6082 KILLARNEY AVE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	6082 KILLARNEY AVE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"MILLSPAUGH, DOTTIE "
Licensee type:	A
License effective date:	31029
License expiration date:	Not Reported
License issue date:	031029
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030620
Facility closed date:	Not Reported
Mailing address:	6082 KILLARNEY AVE
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"MILLSPAUGH, DOTTIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148931590

DM655 SRDCCA200752073
NNE Daycare
4-6 mi
22385
Higher

EDR ID:	SRDCCA200752073
Facility number:	198002131
Facility name:	HAWAIIAN STATE PRESCHOOL
Facility eval. code:	9070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	12350 E. 226TH ST.

City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	12350 E. 226TH ST.
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Facility investor:	ABC UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	960905
License expiration date:	Not Reported
License issue date:	960905
Program type:	"AMBULATORY ONLY, LICENSEE SERVES CHILDREN AGES 3-5 YEARS. "
Original app. received date:	960423
Facility closed date:	Not Reported
Mailing address:	12350 E. 226TH ST.
Mailing city:	HAWAIIAN GARDENS
Mailing state:	CA
Mailing zip:	90716
Contact person:	CONSUELO GUZMAN
Facility capacity:	24
Type of clients served:	950
Facility phone:	5622297921

DM656
NNE
4-6 mi
22385
Higher

SRPU20071006140
Public Schools

Ncessch:	060162000017
Schname05:	HAWAIIAN ELEMENTARY
Mstreet05:	12350 EAST 226TH ST.
Mcity05:	HAWAIIAN GARDENS
Mstate05:	CA
Mzip05:	90716
Mzip405:	1721
Member05:	578
Phone05:	(562) 594-9525
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006140

DR657
North
4-6 mi
22417
Higher

SRPU20071014001
Public Schools

Ncessch:	062250002710
Schname05:	DEMILLE MIDDLE
Mstreet05:	7025 EAST PARKCREST ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90808
Mzip405:	2319
Member05:	1251
Phone05:	(562) 421-8424
Locale05:	1
Type05:	1

Level05:	2	
Gslo05:	06	
Gshi05:	08	
Edr id:	SRPU20071014001	

DP658 SRHO20070160409
ENE AHA Hospitals
4-6 mi
22421
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDEN GROVE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	REGENCY HOSPICE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038435
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	12062 VALLEY VIEW ST STE 225B
Phone num:	7148993398
Termination reason:	00
Term Date:	20070317
Purpose of action:	Not Reported
Provider control:	04
Zip:	92845
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160409

DP659 SRHO20070009385
ENE AHA Hospitals
4-6 mi
22421
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDEN GROVE

Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060126
Medicare/Medicaid:	1
Facility name:	REGENCY HOSPICE
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20060215
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051789
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	12062 VALLEY VIEW STREET, UNIT 225B
Phone num:	7148993398
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	06
Zip:	92845
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009385

DP660
ENE
4-6 mi
22421
Higher

SRHO20070133694
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDEN GROVE
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040108
Medicare/Medicaid:	1
Facility name:	VALLEY VIEW INTERNAL MEDICINE INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577177
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	12062 VALLEY VIEW STREET, #129
Phone num:	7148980252
Termination reason:	00
Term Date:	20081214
Purpose of action:	2
Provider control:	04
Zip:	92845
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070133694

DP661
ENE
4-6 mi
22421
Higher

SRHO20070107730
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDEN GROVE
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960812
Medicare/Medicaid:	2
Facility name:	ULTIMATE CARE, INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19920701
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557195
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	12062 VALLEY VIEW ST, #128
Phone num:	7143731107

Termination reason:	05
Term Date:	19961115
Purpose of action:	3
Provider control:	04
Zip:	92645
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107730

DP662 SRHO20070009419
ENE AHA Hospitals
4-6 mi
22421
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20040105
City:	GARDEN GROVE
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040406
Medicare/Medicaid:	1
Facility name:	LION OF JUDAH COMPREHENSIVE REHAB CTRS
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20031201
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	054551
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	12062 VALLEY VIEW ST, #116
Phone num:	7149999999
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	92845
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009419

DM663 SRDCCA200754243
NNE Daycare
4-6 mi
22429
Higher

EDR ID:	SRDCCA200754243
Facility number:	198007427
Facility name:	MAOF HAWAIIAN GARDENS PRESCHOOL
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	22325 NORWALK BLVD.
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	401 N. GARFIELD BLVD.
City:	MONTEBELLO
State:	CA
Zip:	90640
Facility investor:	M.A.O.F.
Licensee type:	C
License effective date:	20829
License expiration date:	Not Reported
License issue date:	020829
Program type:	LICENSEE SERVES 48 PRESCHOOL CHILDREN AGES 2 YRS UNTIL ENTRY INTO KINDERGARTEN. THIS PRESCHOOL HAS THREE SESSIONS FROM 7:30AM TO 6:00PM.
Original app. received date:	020312
Facility closed date:	Not Reported
Mailing address:	401 N. GARFIELD BLVD.
Mailing city:	MONTEBELLO
Mailing state:	CA
Mailing zip:	90640
Contact person:	"SANTOS,VICKY "
Facility capacity:	48
Type of clients served:	950
Facility phone:	5624293115

DT664 SRDCCA200735638
SE Daycare
4-6 mi
22435
Higher

EDR ID:	SRDCCA200735638
Facility number:	304310429
Facility name:	"PRATHER, JEANNE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5131 SKYLARK DRIVE
City:	HUNTINGTON BEACH
State:	CA

Zip:	92649
Alt. address:	5131 SKYLARK DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	"PRATHER, JEANNE "
Licensee type:	A
License effective date:	60420
License expiration date:	Not Reported
License issue date:	060420
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060307
Facility closed date:	Not Reported
Mailing address:	5131 SKYLARK DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"PRATHER, JEANNE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148932759

DY665 SRHO20070139437
NNW AHA Hospitals
4-6 mi
22444
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOODRUFF COMMUNITY HOSP PULMONARY LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0696610
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3800 WOODRUFF AVE
Phone num:	3104218241
Termination reason:	12
Term Date:	19971107
Purpose of action:	Not Reported
Provider control:	04

Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139437

DY666 SRHO20070007323
NNW AHA Hospitals
4-6 mi
22444
Higher

Hospital type:	01
Num of times COO:	03
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19940817
Medicare/Medicaid:	1
Facility name:	WOODRUFF COMMUNITY HOSPITAL INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19660701
Prior COO date:	19850420
Prior carrier:	52280
Provider ID:	050021
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	3800 WOODRUFF AVENUE
Phone num:	3104206000
Termination reason:	01
Term Date:	19971130
Purpose of action:	2
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19910901
Accred expire date:	19940831
Accred Org:	1
Num beds:	0096
Num cert beds:	0096
Source:	US_HOSPITAL_POSOTHER

Edr id: SRHO20070007323

DY667 SRHO20070136775
NNW AHA Hospitals
4-6 mi
22444
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOODRUFF COMMUNITY HOSPITAL INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930525
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0642675
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3800 WOODRUFF AVENUE
Phone num:	3104202611
Termination reason:	01
Term Date:	19971130
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136775

DY668 SRHO20070107763
NNW AHA Hospitals
4-6 mi
22444
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970116
Medicare/Medicaid:	1
Facility name:	-WOODRUFF COMMUNITY HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19910808
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555469
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	3800 WOODRUFF AVE
Phone num:	3104218241
Termination reason:	01
Term Date:	19971130
Purpose of action:	2
Provider control:	03
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0020
Num cert beds:	0020
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107763

DZ669
NNE
4-6 mi
22450
Higher

SRDCCA200749675
Daycare

EDR ID:	SRDCCA200749675
Facility number:	191607802
Facility name:	FURGESON ELEMENTARY SCHOOL--STATE PRESCHOOL
Facility eval. code:	9070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	22215 ELAINE AVENUE
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	16700 NORWALK BLVD
City:	CERRITOS
State:	CA
Zip:	90701
Facility investor:	ABC UNIFIED SCHOOL DISTRICT
Licensee type:	F

License effective date: 930316
License expiration date: Not Reported
License issue date: 930316
Program type: STATE PRESCHOOL PROGRAM SERVING CHILDREN AGES 3 TO KINDERGARTEN. OPERATES 2 HALF-DAY PROGRAMS.
Original app. received date: 920306
Facility closed date: Not Reported
Mailing address: 16700 NORWALK BLVD
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90701
Contact person: FELICITAS BARRIOS
Facility capacity: 24
Type of clients served: 950
Facility phone: 5624218285

DZ670 SRHO20070143687
NNE AHA Hospitals
4-6 mi
22450
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: ABC UNIFIED SCHOOL DISTRICT FURGESON
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19930302
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0862944
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 22215 ELAINE AVENUE
Phone num: 3104201559
Termination reason: 01
Term Date: 19960613
Purpose of action: Not Reported
Provider control: 06
Zip: 90716
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070143687	

DZ671 SRPU20071006136
NNE Public Schools
4-6 mi
22450
Higher

Ncessch:	060162000013
Schname05:	VENN W. FURGESON ELEMENTARY
Mstreet05:	22215 ELAINE AVE.
Mcity05:	HAWAIIAN GARDENS
Mstate05:	CA
Mzip05:	90716
Mzip405:	1417
Member05:	610
Phone05:	(562) 421-8285
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006136

DW672 SRDCCA200702002
WNW Daycare
4-6 mi
22470
Higher

EDR ID:	SRDCCA200702002
Facility number:	191604776
Facility name:	SIEBERT FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2021 DAWSON AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Alt. address:	2021 DAWSON AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Facility investor:	"SIEBERT, JOHANNA F. "
Licensee type:	A
License effective date:	930312
License expiration date:	Not Reported
License issue date:	900312
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	900125
Facility closed date:	Not Reported
Mailing address:	2021 DAWSON AVENUE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90755

Contact person:	"SIEBERT, JOHANNA F. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624941037

DY673 SRHO20070150416
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GERALD W MILLER MD, A PROF CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0936311
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVENUE #312
Phone num:	5624206070
Termination reason:	00
Term Date:	20071118
Purpose of action:	Not Reported
Provider control:	02
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150416

DY674 SRHO20070150671
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SRIVIDYA VENKATARAMAN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000131
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0969906
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3816 WOODRUFF AVENUE, #406
Phone num:	5624979314
Termination reason:	00
Term Date:	20080130
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150671

DY675
NNW
4-6 mi
22515
Higher

SRHO20070159557
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MAURICE A BELL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050426

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1039936
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3816 WOODRUFF AVENUE SUITE 412
Phone num:	5623771111
Termination reason:	00
Term Date:	20070425
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159557

DY676
NNW
4-6 mi
22515
Higher

SRHO20070163827
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MINOU P TRAN, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051110
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1047688
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3816 WOODRUFF AVE
Phone num:	5624298222

Termination reason:	00
Term Date:	20071109
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070163827

DY677
NNW
4-6 mi
22515
Higher

SRHO20070147717
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970424
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0927617
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE STE 401
Phone num:	5624208679
Termination reason:	00
Term Date:	20070423
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070147717	

DY678 SRHO20070137853
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960403
Medicare/Medicaid:	1
Facility name:	ALLERGY AND ASTHMA CARE CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0684450
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3816 WOODRUFF AVENUE, SUITE 209
Phone num:	3104964749
Termination reason:	00
Term Date:	20070213
Purpose of action:	2
Provider control:	02
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137853

DY679 SRHO20070145955
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DR DANONS OFFICE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941225
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0893014
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE STE 302
Phone num:	3104206888
Termination reason:	12
Term Date:	19950102
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145955

DY680
NNW
4-6 mi
22515
Higher

SRHO20070131124
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOODRUFF MEDICAL GROUP, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19930202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554764
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE, SUITE 304
Phone num:	3104218241
Termination reason:	01
Term Date:	19960430
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131124

DY681
NNW
4-6 mi
22515
Higher

SRHO20070157489
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ARIE WILDERHORN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000822
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0977175
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE #201

Phone num:	5626270772
Termination reason:	00
Term Date:	20080821
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157489

DY682
NNW
4-6 mi
22515
Higher

SRHO20070141934
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BIXBY-KNOLL MEDICAL GP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862437
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE, SUITE 204
Phone num:	Not Reported
Termination reason:	12
Term Date:	19940106
Purpose of action:	Not Reported
Provider control:	10
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070141934	

DY683 SRHO20070147596
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20010628
Current survey date:	20050216
Medicare/Medicaid:	1
Facility name:	PROFESSIONAL PATHOLOGY MED GROUP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0868100
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3816 WOODRUFF AVENUE SUITE 104
Phone num:	5623770389
Termination reason:	00
Term Date:	20071007
Purpose of action:	2
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147596

DY684 SRHO20070147039
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	B V SURY MD FACP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930528
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0871253
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE SUITE 202
Phone num:	3104206007
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	10
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147039

DY685
NNW
4-6 mi
22515
Higher

SRHO20070142204
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOODRUFF FAMILY FOOT CARE
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	19930209
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0861273
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVENUE SUITE 302
Phone num:	3104206888
Termination reason:	12
Term Date:	19950207
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142204

DY686
NNW
4-6 mi
22515
Higher

SRHO20070149342
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS A MEDICL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971028
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0935380
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	3816 WOODRUFF AVENUE SUITE 412
Phone num:	5623771111
Termination reason:	00
Term Date:	20071027
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149342

DY687 SRHO20070146898
NNW AHA Hospitals
4-6 mi

22515 Hospital type:	01
Higher Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOSEPH RIZZA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930507
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0868440
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE 406
Phone num:	3104206063
Termination reason:	12
Term Date:	20000525
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146898

DY688 SRHO20070154360
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DERCK DOBALIAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980409
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0944271
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE, SUTIE 307
Phone num:	5624206027
Termination reason:	08
Term Date:	19980410
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154360

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DY689 NNW 4-6 mi 22515 Higher			SRHO20070156268 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ANDREW E STANITSAS DO A MEDICAL CORP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000403	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0972241	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3816 WOODRUFF AVE #406	
	Phone num:	5624296663	
	Termination reason:	08	
	Term Date:	20060402	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156268	
DY690 NNW 4-6 mi 22515 Higher			SRHO20070140730 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	BIRINDER S BRARA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950628
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0719983
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF #205
Phone num:	3104206085
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140730

DY691
NNW
4-6 mi
22515
Higher

SRHO20070108908
AHA Hospitals

Hospital type:	01
Num of times COO:	01
Owner date:	20020116
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040211
Medicare/Medicaid:	1
Facility name:	LAWRENCE J ZIPSER, PT, INC
Intermediary/Carrier:	00450
Medicaid number:	Not Reported
Partcipation date:	20001031
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	556538
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	3816 WOODRUFF AVENUE, SUITE 407
Phone num:	5624259888
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108908

DY692 SRHO20070154359
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CYNTHIA MILLER-DOBALIAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980409
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0944270
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF AVE, SUITE 307
Phone num:	5624206027
Termination reason:	08
Term Date:	19980410
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154359

DY693 SRHO20070140732
NNW AHA Hospitals
4-6 mi
22515
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RONLOV-ROSALES MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961010
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0726653
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3816 WOODRUFF #412
Phone num:	3104206036
Termination reason:	08
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140732

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DY694 NNW 4-6 mi 22515 Higher			SRHO20070136776 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	20010628	
	Current survey date:	20050216	
	Medicare/Medicaid:	1	
	Facility name:	NATIONAL CYTO PATH LABORATORIES	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0642679	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3816 WOODRUFF AVE SUITE 104	
	Phone num:	5623770389	
	Termination reason:	00	
	Term Date:	20070424	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070136776	
DY695 NNW 4-6 mi 22515 Higher			SRHO20070143273 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20010920	

Medicare/Medicaid:	1
Facility name:	RAYMOND A SLEIMAN MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0857856
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3816 WOODRUFF SUITE 309
Phone num:	5624201945
Termination reason:	00
Term Date:	20071015
Purpose of action:	2
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143273

DV696
WNW
4-6 mi
22531
Higher

SRDCCA200734730
Daycare

EDR ID:	SRDCCA200734730
Facility number:	198012612
Facility name:	SPENCER FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1620 GARDENIA AVE.
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1620 GARDENIA AVE.
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	CYNTHIA SPENCER
Licensee type:	A
License effective date:	60718
License expiration date:	Not Reported
License issue date:	060718

Program type:	MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT) : 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
Original app. received date:	060607	
Facility closed date:	Not Reported	
Mailing address:	1620 GARDENIA AVE.	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90813	
Contact person:	"SPENCER, CYNTHIA "	
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5622257966	

DS697
WNW
4-6 mi
22549
Higher

SRDCCA200750981
Daycare

EDR ID:	SRDCCA200750981	
Facility number:	192001160	
Facility name:	GAVIOTA HEAD START	
Facility eval. code:	9070	
Facility office number:	33	
Facility county number:	19	
Facility type code:	850	
Facility status code:	03	
Address:	1131 GAVIOTA STREET	
City:	LONG BEACH	
State:	CA	
Zip:	90813	
Alt. address:	2898 ORANGE AVE	
City:	SIGNAL HILL	
State:	CA	
Zip:	90806	
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT	
Licensee type:	F	
License effective date:	331	
License expiration date:	Not Reported	
License issue date:	000331	
Program type:	"SERVING CHILDERN 3 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN. ROOMS 1,2,AND 3 HEADSTART PROGRAM. ROOM 4 FULL DAY, FULL YEAR. MAXIMUM 35 CHILDREN IN ROOM 4. "	
Original app. received date:	000111	
Facility closed date:	Not Reported	
Mailing address:	2898 ORANGE AVE	
Mailing city:	SIGNAL HILL	
Mailing state:	CA	
Mailing zip:	90806	
Contact person:	"JONES, JACQUELINE "	
Facility capacity:	90	
Type of clients served:	950	
Facility phone:	5625993843	

EA698
NE
4-6 mi
22581
Higher

SRDCCA200722767
Daycare

EDR ID:	SRDCCA200722767	
Facility number:	304300474	

Facility name:	"DOMINGUEZ, IRMA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10202 GREGORY STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	10202 GREGORY STREET
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"DOMINGUEZ, IRMA "
Licensee type:	A
License effective date:	40511
License expiration date:	Not Reported
License issue date:	040511
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031016
Facility closed date:	Not Reported
Mailing address:	10202 GREGORY STREET
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"DOMINGUEZ, IRMA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148286619

699
North
4-6 mi
22586
Higher

SRPR20051022053
Private Schools

Pss school id:	00071082
Pss inst:	ST MARIA GORETTI ELEM SCHOOL
Lograde:	K
Higrade:	8
Pss address:	3950 PALO VERDE AVENUE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808
Pss phone:	5624255112
Pss sch days:	180
Pss stu day hrs:	6.75
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	15
Pss enroll 1:	28
Pss enroll 2:	24

Pss enroll 3:	25
Pss enroll 4:	27
Pss enroll 5:	26
Pss enroll 6:	29
Pss enroll 7:	25
Pss enroll 8:	30
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	229
Pss enroll tk12:	229
Pss race ai:	0
Pss race as:	71
Pss race h:	71
Pss race b:	11
Pss race w:	76
Pss fte teach:	10.5
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	31
Pss hisp pct:	31
Pss black pct:	4.8
Pss white pct:	33.19
Pss stdtch rt:	21.81
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022053

EA700 SRDCCA200714147
NE EDR ID: SRDCCA200714147 Daycare
4-6 mi Facility number: 304206041
22604 Facility name: "PETERSON, KIMBERLEE "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10242 CHRISTOPHER STREET
City: CYPRESS
State: CA
Zip: 90630

Alt. address:	10242 CHRISTOPHER STREET
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"PETERSON, KIMBERLEE "
Licensee type:	A
License effective date:	10816
License expiration date:	Not Reported
License issue date:	010816
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010426
Facility closed date:	Not Reported
Mailing address:	10242 CHRISTOPHER STREET
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"PETERSON, KIMBERLEE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148210250

DY701
NNW
4-6 mi
22620
Higher

SRHO20070140379
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HARRIMAN JONES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0707453
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3840 WOODRUFF AVE SUITE 210
Phone num:	3109887000
Termination reason:	17
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04

Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140379

EB702 SRDCCA200711744
East Daycare
4-6 mi
22629
Higher

EDR ID:	SRDCCA200711744
Facility number:	304205037
Facility name:	"ALLTON, LEE A. "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6056 PAMELA LANE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	6056 PAMELA LANE
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"ALLTON, LEE A. "
Licensee type:	A
License effective date:	990630
License expiration date:	Not Reported
License issue date:	990630
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	990616
Facility closed date:	Not Reported
Mailing address:	6056 PAMELA LANE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"ALLTON, LEE A. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7148927220

DQ703 SRCL20051004741
ENE Colleges
4-6 mi
22635
Higher

Unitid:	371830
Instnm:	LOLA BEAUTY COLLEGE
Addr:	11883 VALLEY VIEW ST
City:	GARDEN GROVE

Stabbr:	CA
Zip:	92641
Zip4:	Not Reported
Unk:	Not Reported
Fips:	092641
Oberge:	8
Chfnm:	LOLA PARK
Chftitle:	PRESIDENT
Gentele:	7148943344
Fintele:	7148943366
Admtele:	7148943367
Ein:	330424110
Duns:	622494763
Opeid:	2494800
Opeflag:	1
Webaddr:	-1
Sector:	9
Iclevel:	3
Control:	3
Hloffer:	2
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	0
Deggrant:	2
Hbcu:	2
Hospital:	2
Medical:	2
Tribal:	2
Carnegie:	-3
Locale:	3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	2
Fte:	59
Enrtot:	59
Edr id:	SRCL20051004741

DS704
WNW
4-6 mi
22640
Higher

SRHO20070142007
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported

Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HEALTH AND HOPE FAMILY MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940104
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0881016
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1707 E ANAHEIM ST
Phone num:	3105990186
Termination reason:	07
Term Date:	19960103
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142007

EC705
East
4-6 mi
22741
Higher

SRHO20070107903
AHA Hospitals

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19921217
Medicare/Medicaid:	2
Facility name:	STANLEY CONV HOSP
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19871002
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555289
Record Status:	A
Region code:	09

Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	14102 SPRINGDALE ST
Phone num:	7148930026
Termination reason:	05
Term Date:	19930520
Purpose of action:	2
Provider control:	02
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0030
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107903

EC706
East
4-6 mi
22741
Higher

SRHO20070110258
AHA Hospitals

Hospital type:	03
Num of times COO:	01
Owner date:	20020101
City:	WESTMINSTER
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20020131
Current survey date:	20061003
Medicare/Medicaid:	1
Facility name:	STANLEY HEALTHCARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19951229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555651
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	14102 SPRINGDALE STREET
Phone num:	7148930026
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92683

Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0030
Num cert beds:	0030
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070110258

EC707 SRHO20070137362
East AHA Hospitals
4-6 mi
22741
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	STANLEY CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930108
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580207
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	14102 SPRINGDALE
Phone num:	7148930026
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137362

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
EC708			SRHO20070009847
East	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
22741	Owner date:	Not Reported	
Higher	City:	WESTMINSTER	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19851115	
	Medicare/Medicaid:	1	
	Facility name:	STANLEY CONV HOSP	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19770101	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	055690	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	14102 SPRINGDALE	
	Phone num:	7148930026	
	Termination reason:	04	
	Term Date:	19860131	
	Purpose of action:	2	
	Provider control:	06	
	Zip:	92683	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0030	
	Num cert beds:	0030	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070009847	

EC709			SRNH20060914752
East	Provnum:	555651	Nursing Homes
4-6 mi	Nursinghomename:	STANLEY HEALTHCARE CENTER	
22741	Street:	14102 SPRINGDALE STREET	
Higher	City:	WESTMINSTER	
	State:	CA	
	Zipcode:	92683	
	Phonenumber:	7148930026	
	Dateoflastinspection:	20051026	
	Certifiednumberofbeds:	30	
	Totalnumberofresidents:	28	

Percofoccupiedbeds:	93
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060914752

710
NW
4-6 mi
22783
Higher

SRHO20070152427
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GULFSTREAM AEROSPACE LB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990621
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0961936
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4150 DONALD DOUGLAS DRIVE
Phone num:	5626277835
Termination reason:	00
Term Date:	20070620
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152427

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
ED711			SRHO20070006247
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
22793	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19970211	
	Medicare/Medicaid:	2	
	Facility name:	ROBINS NEST	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950605	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G869	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	5031 CITATION AVENUE	
	Phone num:	7142369442	
	Termination reason:	06	
	Term Date:	19970227	
	Purpose of action:	3	
	Provider control:	02	
	Zip:	90630	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006247	

ED712			SRHO20070108595
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
22793	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	1	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	20041109	
	Current survey date:	20061023	

Medicare/Medicaid:	1
Facility name:	DE LEON HOME - CYPRESS
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC60984F
Partcipation date:	20011127
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G400
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	5031 CITATION
Phone num:	7148218672
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108595

ED713
NE
4-6 mi
22793
Higher

SRHO20070107863
AHA Hospitals

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19980826
Medicare/Medicaid:	2
Facility name:	ROBINS NEST
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980728
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G202
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	5031 CITATION AVENUE
Phone num:	7142369442
Termination reason:	06
Term Date:	19980928
Purpose of action:	3
Provider control:	02
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107863

ED714 — SRHO20070107703
NE — AHA Hospitals
4-6 mi
22793
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19980505
Medicare/Medicaid:	2
Facility name:	ROBINS NEST
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970502
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G091
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	5031 CITATION AVENUE
Phone num:	7142369442
Termination reason:	06
Term Date:	19980630
Purpose of action:	3
Provider control:	02
Zip:	90630
Fips state:	06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107703

EE715 SRDCCA200723741
NNE
4-6 mi
22833
Higher

EDR ID:	SRDCCA200723741
Facility number:	198009570
Facility name:	SANCHEZ FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12356 224TH STREET
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	12356 224TH STREET
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Facility investor:	"SANCHEZ, ANGELICA "
Licensee type:	A
License effective date:	30915
License expiration date:	Not Reported
License issue date:	030915
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	030905
Facility closed date:	Not Reported
Mailing address:	12356 224TH STREET
Mailing city:	HAWAIIAN GARDENS
Mailing state:	CA
Mailing zip:	90716
Contact person:	"SANCHEZ, ANGELICA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624219174

Daycare

EF716 SRCL20051003741
NW
4-6 mi
22833
Higher

Unitid:	443094
Instnm:	INSTITUTE OF NETWORK TECHNOLOGY
Addr:	2727 E WILLOW ST
City:	SIGNAL HILL
Stabbr:	CA
Zip:	90755

Colleges

Zip4:	Not Reported
Unk:	Not Reported
Fips:	090755
Oberge:	8
Chfnm:	MOHSEN MIRHOSSEINI
Chftitle:	PRESIDENT
Gentele:	5624249200
Fintele:	5264249200
Admtele:	5624249200
Ein:	680413548
Duns:	-1
Opeid:	3602400
Opeflag:	1
Webaddr:	ONLINEINT.COM
Sector:	9
Iclevel:	3
Control:	3
Hloffer:	1
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	0
Deggrant:	2
Hbcu:	2
Hospital:	2
Medical:	2
Tribal:	2
Carnegie:	-3
Locale:	-3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	1
Fte:	86
Enrtot:	86
Edr id:	SRCL20051003741

EC717
East
4-6 mi
22841
Higher

SRDCCA200722784
Daycare

EDR ID:	SRDCCA200722784
Facility number:	304300483
Facility name:	"GONZALEZ, ROSARIO "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	14195 SPRINGDALE #4
City:	WESTMINSTER
State:	CA

Zip:	92683
Alt. address:	14195 SPRINGDALE #4
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"GONZALEZ, ROSARIO "
Licensee type:	A
License effective date:	40416
License expiration date:	Not Reported
License issue date:	040416
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031027
Facility closed date:	Not Reported
Mailing address:	14195 SPRINGDALE #4
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"GONZALEZ, ROSARIO "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149013725

ED718
NE
4-6 mi
22882
Higher

SRDCCA200705768
Daycare

EDR ID:	SRDCCA200705768
Facility number:	304201044
Facility name:	"HERRICK, JEANNA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5141 LAUREL AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5141 LAUREL AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"HERRICK, JEANNA "
Licensee type:	A
License effective date:	950925
License expiration date:	Not Reported
License issue date:	950925
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950523
Facility closed date:	Not Reported
Mailing address:	5141 LAUREL AVENUE
Mailing city:	CYPRESS
Mailing state:	CA

Mailing zip:	90630	
Contact person:	"HERRICK, JEANNA "	
Facility capacity:	6	
Type of clients served:	960	
Facility phone:	7145271475	

DS719 SRHO20070131532
WNW AHA Hospitals
4-6 mi
22883
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MOLINA MEDICAL CENTERS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921230
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554928
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1627 EAST ANAHEIM STREET
Phone num:	5624370373
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131532

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720 SRDCCA200735319
SE Daycare
4-6 mi
22894
Higher

EDR ID:	SRDCCA200735319
Facility number:	304310462
Facility name:	"METZGER, LAURA "

Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5102 AUDREY DRIVE
City:	"HUNTINGTON BEACH, CA"
State:	CA
Zip:	92649
Alt. address:	5102 AUDREY DRIVE
City:	"HUNTINGTON BEACH, CA"
State:	CA
Zip:	92649
Facility investor:	"METZGER, LAURA "
Licensee type:	A
License effective date:	60620
License expiration date:	Not Reported
License issue date:	060620
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060328
Facility closed date:	Not Reported
Mailing address:	5102 AUDREY DRIVE
Mailing city:	"HUNTINGTON BEACH, CA"
Mailing state:	CA
Mailing zip:	92649
Contact person:	"METZGER, LAURA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7143770406

EF721
NW
4-6 mi
22919
Higher

SRHO20070159022
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WILLOW URGENT CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040122
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1021457
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA

ssa state:	05
state region cd:	LAB
street address:	2704 E WILLOW STREET
Phone num:	5625950203
Termination reason:	00
Term Date:	20080121
Purpose of action:	Not Reported
Provider control:	04
Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159022

DS722 SRHO20070007404
WNW AHA Hospitals
4-6 mi
22921
Higher

Hospital type:	02
Num of times COO:	01
Owner date:	19840416
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19840214
Medicare/Medicaid:	1
Facility name:	WALNUT CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19740331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05E129
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1201 WALNUT AVE
Phone num:	2135917621
Termination reason:	07
Term Date:	19850201
Purpose of action:	2
Provider control:	03
Zip:	90813
Fips state:	06
Fips cnty:	037

SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0078
Num cert beds:	0078
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007404

DS723 SRHO20070147418
WNW AHA Hospitals
4-6 mi
22921
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SKYLIGHT CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970317
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926115
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1201 WALNUT AVENUE
Phone num:	5625917621
Termination reason:	00
Term Date:	20070316
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147418

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DS724 WNW 4-6 mi 22921 Higher			SRHO20070107787 AHA Hospitals
	Hospital type:	03	
	Num of times COO:	07	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060307	
	Medicare/Medicaid:	1	
	Facility name:	SKYLIGHT CONVALESCENT HOSPITAL	
	Intermediary/Carrier:	52280	
	Medicaid number:	940000101	
	Partcipation date:	19790501	
	Prior COO date:	19920401	
	Prior carrier:	00040	
	Provider ID:	555010	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	1201 WALNUT AVENUE	
	Phone num:	5625917621	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0078	
	Num cert beds:	0078	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070107787	
DS725 WNW 4-6 mi 22921 Higher			SRNH20060915449 Nursing Homes
	Provnum:	555010	
	Nursinghomename:	SKYLIGHT CONVALESCENT HOSPITAL	
	Street:	1201 WALNUT AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zipcode:	90813	
	Phonenumber:	5625917621	
	Dateoflastinspection:	20060301	
	Certifiednumberofbeds:	78	
	Totalnumberofresidents:	72	

Percofoccupiedbeds:	92
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060915449

DY726 SRDCCA200754486
NNW Daycare
4-6 mi
22937
Higher

EDR ID:	SRDCCA200754486
Facility number:	198006529
Facility name:	MONTESSORI ACADEMY OF LONG BEACH
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3908 WOODRUFF AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3908 WOODRUFF AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"MONTESSORI ACADEMY OF LONG BEACH, INC. "
Licensee type:	A
License effective date:	10220
License expiration date:	Not Reported
License issue date:	010220
Program type:	LICENSEE SERVES AGE 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	010109
Facility closed date:	Not Reported
Mailing address:	3908 WOODRUFF AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	CYNTHIA MICINSKI
Facility capacity:	57
Type of clients served:	950
Facility phone:	5623773450

DY727 SRPR20051023351
NNW Private Schools
4-6 mi
22937
Higher

Pss school id:	BB000066
Pss inst:	MONTESSORI ACADEMY OF LONG BEA
Lograde:	PK
Higrade:	K
Pss address:	3908 WOODRUFF AVE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808

Pss phone:	5623773450
Pss sch days:	180
Pss stu day hrs:	6.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	40
Pss enroll k:	12
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	52
Pss enroll tk12:	12
Pss race ai:	0
Pss race as:	3
Pss race h:	5
Pss race b:	2
Pss race w:	2
Pss fte teach:	6
Pss locale:	1
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	25
Pss hisp pct:	41.67
Pss black pct:	16.67
Pss white pct:	16.67
Pss stdtch rt:	2
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Other school association(s)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023351

728
ESE
4-6 mi
22956
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

SRHO20070150728
AHA Hospitals

City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EMERGENCY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980522
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0946363
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5772 BOLSA AVENUE SUITE 230
Phone num:	5628093507
Termination reason:	08
Term Date:	20040521
Purpose of action:	Not Reported
Provider control:	03
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150728

EB729
East
4-6 mi
22967
Higher

SRDCCA200724519
Daycare

EDR ID:	SRDCCA200724519
Facility number:	304300705
Facility name:	"MONTOYA, LORENA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6101 APACHE ROAD
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	6101 APACHE ROAD
City:	WESTMINSTER

State: CA
Zip: 92683
Facility investor: "MONTOYA, LORENA "
Licensee type: A
License effective date: 40614
License expiration date: Not Reported
License issue date: 040614
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040420
Facility closed date: Not Reported
Mailing address: 6101 APACHE ROAD
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "MONTOYA, LORENA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148910310

EG730 SRDCCA200747747
East EDR ID: SRDCCA200747747 Daycare
4-6 mi Facility number: 300601652
23017 Facility name: TEMPLE BETH DAVID PRE SCHOOL
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 6100 HEFLEY ST
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 6100 HEFLEY ST
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: TEMPLE BETH DAVID
Licensee type: C
License effective date: 930912
License expiration date: Not Reported
License issue date: Not Reported
Program type: "63 AMBULATORY CHILDREN. AGES 2 THRU 6 YEARS OF AGE. HOURS: 7:15 AM TO 6:15 PM. MONDAY THRU FRIDAY. ROOMS 1, 2, 3, 5, 6, 12 & 13 ONLY. ROOM 6 NOT AVAILABLE AFTER 4:15 PM. AT WHICH TIME CAP. NOT EXCEED 55. "
Original app. received date: 750619
Facility closed date: Not Reported
Mailing address: 6100 HEFLEY ST
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: STELLA HAYNES

Facility capacity:	63	
Type of clients served:	950	
Facility phone:	7148933091	

EH731 SRPR20051027631
NW Private Schools
4-6 mi

23017	
Higher	
Pss school id:	BB944323
Pss inst:	WESTERLY SCHOOL OF LONG BEACH
Lograde:	K
Higrade:	8
Pss address:	2950 E 29TH ST
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90806
Pss phone:	5629813151
Pss sch days:	176
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	20
Pss enroll 1:	13
Pss enroll 2:	16
Pss enroll 3:	18
Pss enroll 4:	19
Pss enroll 5:	17
Pss enroll 6:	17
Pss enroll 7:	22
Pss enroll 8:	17
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	159
Pss enroll tk12:	159
Pss race ai:	0
Pss race as:	9
Pss race h:	10
Pss race b:	18
Pss race w:	122
Pss fte teach:	Not Reported
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	5.66
Pss hisp pct:	6.29
Pss black pct:	11.32
Pss white pct:	76.73
Pss stdtch rt:	Not Reported

Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	State or regional independent school association
Pss assoc 2:	Other school association(s)
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051027631

732
ENE
4-6 mi
23057
Higher

SRHO20070133708
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19981002
Medicare/Medicaid:	1
Facility name:	EASTGATE MEDICAL CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577251
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11741 VALLEY VIEW STREET
Phone num:	7148971071
Termination reason:	00
Term Date:	20071216
Purpose of action:	2
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070133708

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
EE733			SRHO20070152199
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23056	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	LAS FLORES MEDICAL CLINIC INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990727	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0963282	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	22110 NORWALK BOULEVARD	
	Phone num:	5626273943	
	Termination reason:	01	
	Term Date:	20030430	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90716	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070152199	

EE734			SRHO20070110539
NNE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
23067	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20051107	

Medicare/Medicaid:	1
Facility name:	HAWAIIAN HOUSE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960920
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G018
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	12440 224TH STREET
Phone num:	5624292616
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070110539

DY735
NNW
4-6 mi
23076
Higher

SRDCCA200726635
Daycare

EDR ID:	SRDCCA200726635
Facility number:	198010759
Facility name:	TRUJILLO FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3853 OCANA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3853 OCANA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"TRUJILLO, GAYLA "
Licensee type:	A
License effective date:	40813
License expiration date:	Not Reported
License issue date:	040813

Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040622
Facility closed date:	Not Reported
Mailing address:	3853 OCANA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"TRUJILLO, GAYLA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624964777

EE736 — SRDCCA200716672
NNE — Daycare
4-6 mi
23084
Higher

EDR ID:	SRDCCA200716672
Facility number:	192008720
Facility name:	MACIAS FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12446 E. 224TH STREET
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	12446 E. 224TH STREET
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Facility investor:	"MACIAS, MARICELA "
Licensee type:	A
License effective date:	11016
License expiration date:	Not Reported
License issue date:	011016
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	010829
Facility closed date:	Not Reported
Mailing address:	12446 E. 224TH STREET
Mailing city:	HAWAIIAN GARDENS
Mailing state:	CA
Mailing zip:	90716
Contact person:	"MACIAS, MARICELA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624292920

EI737 — SRPR20051023582
NE — Private Schools
4-6 mi
23164
Higher

Pss school id:	A9300091
Pss inst:	GRACE CHRISTIAN SCHOOL

Lograde:	K
Higrade:	6
Pss address:	5100 CERRITOS AVE BLDG A
Pss city:	CYPRESS
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	7147615200
Pss sch days:	179
Pss stu day hrs:	6
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	77
Pss enroll 1:	59
Pss enroll 2:	59
Pss enroll 3:	49
Pss enroll 4:	60
Pss enroll 5:	53
Pss enroll 6:	52
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	409
Pss enroll tk12:	409
Pss race ai:	Not Reported
Pss race as:	38
Pss race h:	15
Pss race b:	5
Pss race w:	351
Pss fte teach:	32.1
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	9.29
Pss hisp pct:	3.67
Pss black pct:	1.22
Pss white pct:	85.82
Pss stdtch rt:	12.74
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported

Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051023582	

EJ738 SRDCCA200747505
WNW
4-6 mi
23196
Higher

Daycare

EDR ID:	SRDCCA200747505
Facility number:	191601794
Facility name:	CREATIVE ARTS
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1423 WALNUT AVE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	816 MEADBROOK ST
City:	CARSON
State:	CA
Zip:	90745
Facility investor:	"BRYANT, CARRIE "
Licensee type:	A
License effective date:	931212
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 THRU 9 YEARS
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	816 MEADBROOK ST.
Mailing city:	CARSON
Mailing state:	CA
Mailing zip:	90746
Contact person:	"BRYANT, C B "
Facility capacity:	47
Type of clients served:	950
Facility phone:	5625912508

EJ739 SRPR20051023566
WNW
4-6 mi
23196
Higher

Private Schools

Pss school id:	02009136
Pss inst:	CREATIVE ARTS SCHOOL
Lograde:	PK
Higrade:	K
Pss address:	1423 WALNUT AVENUE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90813
Pss phone:	5625912508
Pss sch days:	Not Reported
Pss stu day hrs:	Not Reported
Pss library:	Yes

Pss enroll ug:	Not Reported
Pss enroll pk:	23
Pss enroll k:	12
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	35
Pss enroll tk12:	12
Pss race ai:	0
Pss race as:	0
Pss race h:	3
Pss race b:	7
Pss race w:	2
Pss fte teach:	1
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	25
Pss black pct:	58.33
Pss white pct:	16.67
Pss stdtch rt:	12
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023566

DY740
NNW
4-6 mi
23249
Higher

SRDCCA200747579
Daycare

EDR ID:	SRDCCA200747579
Facility number:	191602162
Facility name:	PARKCREST EARLY CHILDHOOD SCHOOL
Facility eval. code:	7030
Facility office number:	33
Facility county number:	19
Facility type code:	850

Facility status code:	06
Address:	5950 PARKCREST ST
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3936 WOODRUFF AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	PARKCREST CHURCH OF CHRIST
Licensee type:	C
License effective date:	931206
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LICENSEE SERVES CHILDREN AGES TWO UNTIL ENTRY INTO FIRST GRADE. M-F 8:45 AND 1:30PM.
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	3936 WOODRUFF AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"HENDERSON, CHARYL "
Facility capacity:	72
Type of clients served:	950
Facility phone:	5624215333

DX741
West
4-6 mi
23259
Higher

SRDCCA200728330
Daycare

EDR ID:	SRDCCA200728330
Facility number:	198011287
Facility name:	SYSAWANG FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1418 E. 9TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1418 E. 9TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"SYSAWANG, MELODY "
Licensee type:	A
License effective date:	50413
License expiration date:	Not Reported
License issue date:	050413
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	041206
Facility closed date:	Not Reported
Mailing address:	1418 E. 9TH STREET

Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90813	
Contact person:	"SYSAWANG, MELODY "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5625911595	

EK742 SRDCCA200727351
WNW
4-6 mi
23259
Higher
Daycare

EDR ID:	SRDCCA200727351
Facility number:	198010632
Facility name:	FRANCO FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1717 GAVIOTA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1717 GAVIOTA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	ALEJANDRA FRANCO
Licensee type:	A
License effective date:	40721
License expiration date:	Not Reported
License issue date:	040721
Program type:	LICENSEE IS APPROVED FOR 10 CHILDREN AND 1 INFANT. MAY NOT EXCHANGE THE 1 INFANT FOR ANOTHER CHILDREN.
Original app. received date:	040524
Facility closed date:	Not Reported
Mailing address:	1717 GAVIOTA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"FRANCO, ALEJANDRA "
Facility capacity:	11
Type of clients served:	960
Facility phone:	5625916764

EL743 SRHO20070157158
North
4-6 mi
23273
Higher
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	VANGUARD MEDICAL CENTER INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040817
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1029466
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11401 CARSON ST UNIT #J
Phone num:	5628094646
Termination reason:	01
Term Date:	20050606
Purpose of action:	Not Reported
Provider control:	04
Zip:	90715
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157158

EL744
North
4-6 mi
23273
Higher

SRHO20070158268
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VANGUARD MEDICAL CENTER INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040823
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1029756
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11401 CARSON ST UNIT # J
Phone num:	5628094646
Termination reason:	08
Term Date:	20050222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90715
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158268

EM745 SRDCCA200711214
NNW
4-6 mi
23324
Higher Daycare

EDR ID:	SRDCCA200711214
Facility number:	198005534
Facility name:	CORDOVA FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5423 E. HARCO ST.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	5423 E. HARCO ST.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"CORDOVA, DEBRA AND MIKE "
Licensee type:	A
License effective date:	991227
License expiration date:	Not Reported
License issue date:	991227
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	990907
Facility closed date:	Not Reported
Mailing address:	5423 E. HARCO ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"CORDOVA, DEBRA AND MIKE "
Facility capacity:	14

Type of clients served: 960
Facility phone: 5626271081

DZ746 SRDCCA200715166
NNE EDR ID: SRDCCA200715166 Daycare
4-6 mi Facility number: 192006656
23335 Facility name: VARELA FAMILY CHILD CARE
Higher Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 11960 CIVIC CENTER DRIVE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 11960 CIVIC CENTER DRIVE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Facility investor: "VARELA, MARIA "
Licensee type: A
License effective date: 10619
License expiration date: Not Reported
License issue date: 010619
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 010314
Facility closed date: Not Reported
Mailing address: 11960 CIVIC CENTER DRIVE
Mailing city: HAWAIIAN GARDENS
Mailing state: CA
Mailing zip: 90716
Contact person: "VARELA, MARIA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624207367

DZ747 SRDCCA200713093
NNE EDR ID: SRDCCA200713093 Daycare
4-6 mi Facility number: 192001714
23342 Facility name: JIMENEZ FAMILY CHILD CARE
Higher Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 21916 ELAINE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: 21916 ELAINE

City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Facility investor:	"JIMENEZ, TRINIDAD "
Licensee type:	A
License effective date:	20522
License expiration date:	Not Reported
License issue date:	020522
Program type:	MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS OR CAPACITY 14 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.
Original app. received date:	000313
Facility closed date:	Not Reported
Mailing address:	21916 ELAINE
Mailing city:	HAWAIIAN GARDENS
Mailing state:	CA
Mailing zip:	90716
Contact person:	"JIMENEZ, TRINIDAD "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624297744

EJ748
WNW
4-6 mi
23380
Higher

SRDCCA200726268
Daycare

EDR ID:	SRDCCA200726268
Facility number:	198010978
Facility name:	GALICIA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1339 PETERSON AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1339 PETERSON AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	NORMA ALICIA GALICIA
Licensee type:	A
License effective date:	50203
License expiration date:	Not Reported
License issue date:	050203
Program type:	FIRE DEPARTMENT CLEARANCE FOR 9 CHILDREN AND MAXIMUM 2 INFANTS. TOTAL MAXIMUM CAPACITY 11 CHILDREN.
Original app. received date:	040825
Facility closed date:	Not Reported
Mailing address:	1339 PETERSON AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"GALICIA, NORMA "
Facility capacity:	11
Type of clients served:	960

Facility phone: 5625912180

EN749
West
4-6 mi
23424
Higher

SRDCCA200727361
Daycare

EDR ID:	SRDCCA200727361
Facility number:	198010553
Facility name:	GUYTON FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	24 ESPERANZA
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	24 ESPERANZA
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	TAMMY DENISE GUYTON
Licensee type:	A
License effective date:	40623
License expiration date:	Not Reported
License issue date:	040623
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040503
Facility closed date:	Not Reported
Mailing address:	24 ESPERANZA
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	"GUYTON, TAMMY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624959665

EO750
NE
4-6 mi
23471
Higher

SRPU20071014141
Public Schools

Ncessch:	061044002336
Schname05:	MARGARET LANDELL ELEMENTARY
Mstreet05:	9739 DENNI ST.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	3447
Member05:	546
Phone05:	(714) 220-6960
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06

Edr id: SRPU20071014141

EE751 SRHO20070164779
NNE AHA Hospitals
4-6 mi
23477
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HAWAIIAN GARDENS HEALTH CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060731
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1057012
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	22310 WARDHAM AVENUE
Phone num:	5624202433
Termination reason:	00
Term Date:	20080730
Purpose of action:	Not Reported
Provider control:	03
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164779

EM752 SRDCCA200726080
NNW Daycare
4-6 mi
23529
Higher

EDR ID:	SRDCCA200726080
Facility number:	198010976
Facility name:	CALDERON FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810

Facility status code:	03
Address:	5325 E. HARCO STREET
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	5325 E. HARCO STREET
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"CALDERON, JESSICA "
Licensee type:	A
License effective date:	41005
License expiration date:	Not Reported
License issue date:	041005
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	040907
Facility closed date:	Not Reported
Mailing address:	5325 E. HARCO STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"CALDERON, JESSICA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5626273969

EP753
NNW
4-6 mi
23541
Higher

SRDCCA200705927
Daycare

EDR ID:	SRDCCA200705927
Facility number:	198000721
Facility name:	"REBELLON, EDILMA FAMILY DAY CARE "
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5806 PARKCREST ST.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	5806 PARKCREST ST.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"REBELLON, EDILMA "
Licensee type:	A
License effective date:	941108
License expiration date:	Not Reported
License issue date:	941108
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	941003
Facility closed date:	Not Reported

Mailing address:	5806 PARKCREST ST.	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90808	
Contact person:	"REBELLON, EDILMA "	
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5624255473	

EQ754 SRPU20071014266
WNW Public Schools
4-6 mi
23574
Higher

Ncessch:	062250009902
Schname05:	ALVARADO (JUAN BAUTISTA) ELEMENTARY
Mstreet05:	1900 EAST 21ST ST.
Mcity05:	SIGNAL HILL
Mstate05:	CA
Mzip05:	90806
Mzip405:	5858
Member05:	430
Phone05:	(562) 985-0019
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014266

EO755 SRDCCA200743031
NE Daycare
4-6 mi
23607
Higher

EDR ID:	SRDCCA200743031
Facility number:	300614144
Facility name:	A CHILD'S ADVENTURE - LANDELL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	9705 DENNI STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	3811 HOLDEN CIRCLE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"ROBERT A. MORRIS, INC. "
Licensee type:	D
License effective date:	930803
License expiration date:	Not Reported
License issue date:	930803
Program type:	64 AMBULATORY CHILDREN. AGES 5-12 YEARS. MONDAY-FRIDAY 6:00 A.M.-6:00 P.M. ROOMS A & B
Original app. received date:	930716
Facility closed date:	Not Reported
Mailing address:	3811 HOLDEN CIRCLE
Mailing city:	LOS ALAMITOS

Mailing state:	CA	
Mailing zip:	90720	
Contact person:	NICOLE PURCELL	
Facility capacity:	64	
Type of clients served:	950	
Facility phone:	7142206916	

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756 SRHO20070139318
SE AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060721
Medicare/Medicaid:	1
Facility name:	DONALD J GRECO MD INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0686346
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	16899-A ALGONQUIN STREET
Phone num:	7148402447
Termination reason:	00
Term Date:	20070331
Purpose of action:	2
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139318

23636
Higher

EA757 SRDCCA200725272
NE Daycare
4-6 mi

EDR ID:	SRDCCA200725272
Facility number:	304300587

23644
Higher

Facility name:	"REDMAN, BRIGITT "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10001 ST FRANCIS
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	10001 ST FRANCIS
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"REDMAN, BRIGITT "
Licensee type:	A
License effective date:	40127
License expiration date:	Not Reported
License issue date:	040127
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040114
Facility closed date:	Not Reported
Mailing address:	10001 ST FRANCIS
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"REDMAN, BRIGITT "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7149522372

EG758
East
4-6 mi
23645
Higher

SRDCCA200747743
Daycare

EDR ID:	SRDCCA200747743
Facility number:	300601052
Facility name:	WESTMINSTER LUTHERAN CHURCH PRE SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	13841 MILTON AVENUE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	13841 MILTON AVENUE
City:	WESTMINISTER
State:	CA
Zip:	92683
Facility investor:	WESTMINSTER LUTHERAN CHURCH
Licensee type:	C
License effective date:	941012
License expiration date:	Not Reported
License issue date:	Not Reported

Program type: "AMBULATORY. AGES 2 YRS TO 6 YRS. OLD.
MONDAY THRU FRIDAY, 6:30 A.M. TO 6:00 P.M.
"
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 13841 MILTON AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: IRIS MC CRAY
Facility capacity: 79
Type of clients served: 950
Facility phone: 7148938289

EG759 SRDCCA200744166
East EDR ID: SRDCCA200744166 Daycare
4-6 mi Facility number: 300607019
23645 Facility name: WESTMINSTER LUTHERAN CHURCH
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 13841 MILTON AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 13841 MILTON AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: WESTMINSTER LUTHERAN CHURCH
Licensee type: C
License effective date: 941012
License expiration date: Not Reported
License issue date: 900124
Program type: 45 AMBULATORY CHILDREN AGES 6-12 YEARS OLD.
MONDAY - FRIDAY 06:30 AM TO 6:00 PM.
Original app. received date: 890310
Facility closed date: Not Reported
Mailing address: 13841 MILTON AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: IRIS MC CRAY
Facility capacity: 45
Type of clients served: 950
Facility phone: 7148938289

EG760 SRPR20051027722
East Pss school id: K9300602 Private Schools
4-6 mi Pss inst: WESTMINSTER LUTH PRESCH/DAY CA
23645 Lograde: K
Higher Higrade: K

Pss address:	13841 MILTON AVE
Pss city:	WESTMINSTER
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92683
Pss phone:	7148938289
Pss sch days:	Not Reported
Pss stu day hrs:	Not Reported
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	10
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	10
Pss enroll tk12:	10
Pss race ai:	0
Pss race as:	1
Pss race h:	2
Pss race b:	0
Pss race w:	7
Pss fte teach:	Not Reported
Pss locale:	3
Pss coed:	NR
Pss type:	7
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	10
Pss hisp pct:	20
Pss black pct:	0
Pss white pct:	70
Pss stdtch rt:	Not Reported
Pss orient:	20
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

Edr id: SRPR20051027722

EK761
WNW
4-6 mi
23659
Higher

SRDCCA200756031
Daycare

EDR ID:	SRDCCA200756031
Facility number:	198011311
Facility name:	WHITTIER HEAD START
Facility eval. code:	9070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1761 WALNUT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	2898 ORANGE AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	50209
License expiration date:	Not Reported
License issue date:	050209
Program type:	LICENSEE TO SERVE PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date:	041214
Facility closed date:	Not Reported
Mailing address:	2898 ORANGE AVENUE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90755
Contact person:	REBECCA AGDIGOS
Facility capacity:	20
Type of clients served:	950
Facility phone:	5625996263

EK762
WNW
4-6 mi
23659
Higher

SRPU20071014056
Public Schools

Ncessch:	062250002767
Schname05:	WHITTIER ELEMENTARY
Mstreet05:	1761 WALNUT AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90813
Mzip405:	2430
Member05:	919
Phone05:	(562) 599-6263
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014056

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

EE763 SRDCCA200726397
NNE EDR ID: SRDCCA200726397 Daycare
4-6 mi Facility number: 198010810
23682 Facility name: WILLIAMS FAMILY CHILD CARE
Higher Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 12401 221ST STREET
City: HAWAIIAN GARDEN
State: CA
Zip: 90716
Alt. address: 12401 221ST STREET
City: HAWAIIAN GARDEN
State: CA
Zip: 90716
Facility investor: VETRICE ELISE WILLIAMS
Licensee type: A
License effective date: 40907
License expiration date: Not Reported
License issue date: 040907
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040719
Facility closed date: Not Reported
Mailing address: 12401 221ST STREET
Mailing city: HAWAIIAN GARDEN
Mailing state: CA
Mailing zip: 90716
Contact person: "WILLIAMS, VETRICE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624211467

ER764 SRDCCA200712952
ENE EDR ID: SRDCCA200712952 Daycare
4-6 mi Facility number: 304205656
23684 Facility name: "ANDREYKA, LORI "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6241 VANGUARD AVE.
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6241 VANGUARD AVE.
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "ANDREYKA, LORI "

Licensee type:	A
License effective date:	10126
License expiration date:	Not Reported
License issue date:	010126
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000719
Facility closed date:	Not Reported
Mailing address:	6241 VANGUARD AVE.
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"ANDREYKA, LORI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148945177

765
ENE
4-6 mi
23706
Higher

SRHO20070133921
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950411
Medicare/Medicaid:	1
Facility name:	PACIFICARE WELLNESS COMPANY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0594086
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5701 KATELLA AVENUE MAILSTOP 6200
Phone num:	7142365200
Termination reason:	08
Term Date:	20010719
Purpose of action:	1
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070133921

EN766 SRDCCA200710275
West Daycare
4-6 mi
23704
Higher

EDR ID:	SRDCCA200710275
Facility number:	198003379
Facility name:	BERNTSEN FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1216 APPLETON ST.
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	1216 APPLETON ST.
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	"BERNTSEN, PATRICIA "
Licensee type:	A
License effective date:	971002
License expiration date:	Not Reported
License issue date:	971002
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	970822
Facility closed date:	Not Reported
Mailing address:	1216 E. APPLETON ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	"BERNTSEN, PATRICIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624374702

ES767 SRHO20070145038
NNE AHA Hospitals
4-6 mi
23716
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported

FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALOHA MEDICAL - MAY WANG
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940715
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0888891
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11803 CARSON STREET
Phone num:	3109244455
Termination reason:	00
Term Date:	20080714
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145038

EH768 SRHO20070156947
NW AHA Hospitals
4-6 mi
23739
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HYE QUALITY HOME HEALTH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011101
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0993026
Record Status:	A

Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2855 TEMPLE AVENUE
Phone num:	5622900558
Termination reason:	00
Term Date:	20071031
Purpose of action:	Not Reported
Provider control:	04
Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156947

EH769 SRHO20070011644
NW AHA Hospitals
4-6 mi
23739
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040115
Medicare/Medicaid:	1
Facility name:	HAVEN HOME HEALTH
Intermediary/Carrier:	00454
Medicaid number:	HHA08121F
Partcipation date:	20020625
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	058121
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2855 TEMPLE AVENUE, SUITE A
Phone num:	5622900558
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04

Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	1
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011644

EI770 SRDCCA200704495
NE Daycare
4-6 mi
23772
Higher

EDR ID:	SRDCCA200704495
Facility number:	300612858
Facility name:	"MC NEELY, ALICE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10412 WHIRLAWAY
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	10412 WHIRLAWAY
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"MC NEELY, ALICE "
Licensee type:	A
License effective date:	950624
License expiration date:	Not Reported
License issue date:	920624
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	920403
Facility closed date:	Not Reported
Mailing address:	10412 WHIRLAWAY
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"MC NEELY, ALICE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7142202392

EJ771 SRDCCA200721285
WNW Daycare
4-6 mi
23836
Higher

EDR ID:	SRDCCA200721285
Facility number:	198009192
Facility name:	PARHAM FAMILY CHILD CARE
Facility eval. code:	8160

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site	EDR ID / Database

Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1428 GUNDRY AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1428 GUNDRY AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "PARHAM, MELANIE "
Licensee type: A
License effective date: 40518
License expiration date: Not Reported
License issue date: 040518
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 030529
Facility closed date: Not Reported
Mailing address: 1428 GUNDRY AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "PARHAM, MELANIE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625911988

ES772
NNE
4-6 mi
23849
Higher

SRHO20070159560
AHA Hospitals

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HAWAIIAN GARDENS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: UNICARE FAMILY MEDICAL GROUP INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20050426
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1039939
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA

ssa state:	05
state region cd:	M1
street address:	11904 E CARSON ST SUITE 101
Phone num:	5623770670
Termination reason:	00
Term Date:	20070425
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159560

ET773
West
4-6 mi
23852
Higher

SRDCCA200708928
Daycare

EDR ID:	SRDCCA200708928
Facility number:	198004536
Facility name:	PIPER FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	722 ORANGE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	722 ORANGE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"PIPER, KADESHA "
Licensee type:	A
License effective date:	981214
License expiration date:	Not Reported
License issue date:	981214
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	980903
Facility closed date:	Not Reported
Mailing address:	722 ORANGE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"PIPER, KADESHA "
Facility capacity:	14
Type of clients served:	960

Facility phone: 5625918813

774
North
4-6 mi
23865
Higher

SRDCCA200700890
Daycare

EDR ID:	SRDCCA200700890
Facility number:	197803159
Facility name:	PENNACLE FOUNDATION GROUP HOME
Facility eval. code:	2001
Facility office number:	32
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	6133 E. CARSON ST.
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	8119 MAITLAND AVE
City:	INGLEWOOD
State:	CA
Zip:	90305
Facility investor:	"PENNACLE FOUNDATION, INC. "
Licensee type:	C
License effective date:	711
License expiration date:	Not Reported
License issue date:	000711
Program type:	LICENSEE WILL SERVE AMBULATORY CHILDREN WITH DEVELOPMENTAL DISABILITIES AGES 10-17.
Original app. received date:	000225
Facility closed date:	Not Reported
Mailing address:	8119 MAITLAND AVE
Mailing city:	INGLEWOOD
Mailing state:	CA
Mailing zip:	90305
Contact person:	"DAVIS, GREER YVONNE "
Facility capacity:	4
Type of clients served:	950
Facility phone:	5624293433

ET775
West
4-6 mi
23864
Higher

SRDCCA200729117
Daycare

EDR ID:	SRDCCA200729117
Facility number:	198011074
Facility name:	CLARK FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	742 ORANGE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	742 ORANGE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813

Facility investor: DENNISE DEANNA CLARK
Licensee type: A
License effective date: 41105
License expiration date: Not Reported
License issue date: 041105
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 040922
Facility closed date: Not Reported
Mailing address: 742 ORANGE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "CLARK, DENNISE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625910453

EN776
West
4-6 mi
23902
Higher

SRDCCA200718258
Daycare

EDR ID: SRDCCA200718258
Facility number: 192010730
Facility name: SHAHID FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 127 ORANGE AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 127 ORANGE AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "SHAHID, NADIA "
Licensee type: A
License effective date: 20531
License expiration date: Not Reported
License issue date: 020531
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020325
Facility closed date: Not Reported
Mailing address: 127 ORANGE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "SHAHID, NADIA ZAZMY "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624375998

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

EU777 SRDCCA200707578
North EDR ID: SRDCCA200707578 Daycare
4-6 mi Facility number: 198003106
23904 Facility name: MC LAUGHLIN FAMILY CHILD CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4159 MONOGRAM
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4159 MONOGRAM
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "MC LAUGHLIN, TERI "
Licensee type: A
License effective date: 970521
License expiration date: Not Reported
License issue date: 970521
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED IF "MORE THAN 6 CHILDREN IN CARE.
Original app. received date: 970507
Facility closed date: Not Reported
Mailing address: 4159 MONOGRAM
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "MC LAUGHLIN, TERI "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624210437

EV778 SRDCCA200747129
NNE EDR ID: SRDCCA200747129 Daycare
4-6 mi Facility number: 191602406
23914 Facility name: HAWAIIAN GARDENS HEAD START
Higher Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 22150 WARDHAM AVENUE
City: HAWAIIAN GARDENS
State: CA
Zip: 90716
Alt. address: "2900 S. HARBOR BLVD, SUITE 101"
City: SANTA ANA
State: CA
Zip: 92704
Facility investor: ORANGE COUNTY HEAD START

Licensee type:	C
License effective date:	940517
License expiration date:	Not Reported
License issue date:	880517
Program type:	AMBULATORY; INCLUSIVE TWO NONAMBULATORY CLIENTS. LICENSEE SERVES CHILDREN AGES 3 TO 5 YEARS. FACILITY OPERATES HALF DAY PROGRAM IN CLASSROOMS #1 & 2 AND FULL DAY IN CLASSROOM #3.
Original app. received date:	880211
Facility closed date:	Not Reported
Mailing address:	"2900 S. HARBOR BLVD, SUITE 101"
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	"ROSAS, HELEN "
Facility capacity:	65
Type of clients served:	950
Facility phone:	5624211843

EH779 SRHO20070008985
NW AHA Hospitals
4-6 mi
23920
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030510
Medicare/Medicaid:	1
Facility name:	HAVEN HOSPICE
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20030510
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051760
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L2
street address:	2895 TEMPLE AVENUE
Phone num:	5624262500
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	06
Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported	
Accred Org:	1	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070008985	

EH780 SRHO20070156741
NW AHA Hospitals
4-6 mi
23920
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOS ANGELES HAVEN HOSPICE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021101
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1005889
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2895 TEMPLE AVENUE
Phone num:	5624267500
Termination reason:	00
Term Date:	20081031
Purpose of action:	Not Reported
Provider control:	04
Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156741

EW781 SRHO20070131387
WNW AHA Hospitals
4-6 mi
23997
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VU HONG CUNG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554859
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1269 E ANAHEIM
Phone num:	3105910050
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131387

EE782
NNE
4-6 mi
24001
Higher

SRDCCA200714288
Daycare

EDR ID:	SRDCCA200714288
Facility number:	192007750
Facility name:	PEREZ FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	22010 CLARETTA AVENUE
City:	HAWAIIN GARDENS
State:	CA
Zip:	90716
Alt. address:	22010 CLARETTA AVENUE

City:	HAWAIIN GARDENS
State:	CA
Zip:	90716
Facility investor:	"PEREZ, NOEMI "
Licensee type:	A
License effective date:	10830
License expiration date:	Not Reported
License issue date:	010830
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	010531
Facility closed date:	Not Reported
Mailing address:	22010 CLARETTA AVENUE
Mailing city:	HAWAIIN GARDENS
Mailing state:	CA
Mailing zip:	90716
Contact person:	"PEREZ, NOEMI "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624210129

EG783 SRHO20070135832
East AHA Hospitals
4-6 mi

24040 Hospital type:	01
Higher Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	B RIFAT MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921230
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0663207
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13950 MILTON AVE, SUITE 404
Phone num:	7148957944
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070135832

EG784 SRHO20070148380
East AHA Hospitals
4-6 mi
24040
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BRISTOL PARK MEDICAL INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970829
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0932854
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13950 MILTON AVE STE 100
Phone num:	9494379000
Termination reason:	08
Term Date:	20010828
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148380

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EG785 East 4-6 mi 24040 Higher			SRHO20070137363 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	WESTMINSTER	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MULLIKIN MEDICAL CENTER - MILTON	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930204	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0580218	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	13950 MILTON	
	Phone num:	7148920622	
	Termination reason:	12	
	Term Date:	19970905	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92683	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137363	
EX786 NE 4-6 mi 24048 Higher			SRHO20070149879 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	CYPRESS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19971229	

Medicare/Medicaid:	1
Facility name:	QUALITY REFERENCE LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19970929
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0934072
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5555 CORPORATE AVENUE SUITE 105
Phone num:	7142295906
Termination reason:	08
Term Date:	19980428
Purpose of action:	1
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149879

EY787
NE
4-6 mi
24132
Higher

SRDCCA200748660
Daycare

EDR ID:	SRDCCA200748660
Facility number:	300606141
Facility name:	LITTLE SCHOOL OF THE WEST OF CYPRESS PARK COMM CH
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5471 CERRITOS AVE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5471 CERRITOS AVE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	CYPRESS PARK COMMUNITY CHURCH
Licensee type:	C
License effective date:	950806
License expiration date:	Not Reported
License issue date:	Not Reported

Program type: "94 AMB CHILDREN, AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI 06:30 AM TO 6:00 PM ROOMS 101,102,103,104,105,106,107. "
Original app. received date: 860604
Facility closed date: Not Reported
Mailing address: 5471 CERRITOS AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: DEBORAH HAGEN
Facility capacity: 94
Type of clients served: 950
Facility phone: 7148281484

EZ788 SRDCCA200725168
ESE EDR ID: SRDCCA200725168 Daycare
4-6 mi Facility number: 304300566
24144 Facility name: "BREMER, CHARLENE "
Higher Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6212 CHINOOK AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 6212 CHINOOK AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "BREMER, CHARLENE "
Licensee type: A
License effective date: 40529
License expiration date: Not Reported
License issue date: 040529
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 031231
Facility closed date: Not Reported
Mailing address: 6212 CHINOOK AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "BREMER, CHARLENE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148922802

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789 SRPR20051022298
ESE Pss school id: A9900593 Private Schools
4-6 mi Pss inst: PETRA CHRISTIAN ACADEMY
24165
Higher

Lograde:	K
Higrade:	11
Pss address:	5772 MC FADDEN AVE.
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92649
Pss phone:	7148919495
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	1
Pss enroll 1:	1
Pss enroll 2:	9
Pss enroll 3:	2
Pss enroll 4:	8
Pss enroll 5:	3
Pss enroll 6:	5
Pss enroll 7:	6
Pss enroll 8:	1
Pss enroll 9:	8
Pss enroll 10:	3
Pss enroll 11:	3
Pss enroll 12:	Not Reported
Pss enroll t:	50
Pss enroll tk12:	50
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	26
Pss locale:	3
Pss coed:	1
Pss type:	6
Pss level:	3
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	1.92
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported

Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051022298	

EP790 SRDCCA200743230
NNW Daycare
4-6 mi
24180
Higher

EDR ID:	SRDCCA200743230
Facility number:	198000062
Facility name:	YMCA GLB WEINGART-LAKEWOOD YMCA SITE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	5835 E. CARSON ST.
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	5835 E. CARSON ST.
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	YMCA OF GREATER LONG BEACH
Licensee type:	C
License effective date:	960411
License expiration date:	Not Reported
License issue date:	960411
Program type:	FACILITY AUTHORIZED TO CARE FOR 60 SCHOOL AGE CHILDREN. HOURS OF OPERATION: A.M. HOURS 7:00 A.M. TO 9:00 A.M. P.M. HOURS 11:30 A.M. TO 6:00 P.M.
Original app. received date:	940201
Facility closed date:	Not Reported
Mailing address:	5835 E. CARSON ST.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	JOLENE GUTIERREZ-MARK
Facility capacity:	60
Type of clients served:	950
Facility phone:	5624257431

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791 SRPU20071006346
NNE Public Schools
4-6 mi
24186
Higher

Ncessch:	060263000179
Schname05:	LEXINGTON JUNIOR HIGH
Mstreet05:	4351 ORANGE AVE.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	2799
Member05:	1136
Phone05:	(714) 220-4201
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	07

Gshi05:	08	
Edr id:	SRPU20071006346	

EK792 SRDCCA200746894
WNW 4-6 mi 24211 Higher — Daycare

EDR ID:	SRDCCA200746894
Facility number:	191670908
Facility name:	WHITTIER CHILD DEVELOPMENT CENTER
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1424 EAST ESTHER STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	2209 SEA BRIGHT AVE.
City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNITED SCHOOL DISTRICT
Licensee type:	F
License effective date:	940227
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY CHILDREN AGES 2 UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date:	870619
Facility closed date:	Not Reported
Mailing address:	2209 SEABRIGHT
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90810
Contact person:	"ROBBINS, CAROLYN "
Facility capacity:	39
Type of clients served:	950
Facility phone:	5625912518

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793 SRPU20071009699
SE 4-6 mi 24216 Higher — Public Schools

Ncessch:	062814004349
Schname05:	VILLAGE VIEW ELEMENTARY
Mstreet05:	5361 SISSON DR.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92649
Mzip405:	2442
Member05:	624
Phone05:	(714) 846-2801
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009699

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FA794			SRHO20070158223
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24219	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	NICHOLAS A DIKIO MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040419	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1024660	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	12090 CARSON STREET SUITE H-2	
	Phone num:	5624215124	
	Termination reason:	00	
	Term Date:	20080418	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90716	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158223	

FB795			SRPU20071013702
East	Ncessch:	061488001825	Public Schools
4-6 mi	Schname05:	LOYAL BARKER ELEMENTARY	
24224	Mstreet05:	12565 SPRINGDALE ST.	
Higher	Mcity05:	GARDEN GROVE	
	Mstate05:	CA	
	Mzip05:	92845	
	Mzip405:	2841	
	Member05:	296	
	Phone05:	(714) 663-6164	
	Locale05:	3	

Type05:	1	
Level05:	1	
Gslo05:	KG	
Gshi05:	06	
Edr id:	SRPU20071013702	

FC796
SE
4-6 mi
24225
Higher

SRHO20070160130
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAV ON PHARMACY #6102
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050328
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038797
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	16600 BOLSA CHICA STREET
Phone num:	7148461381
Termination reason:	00
Term Date:	20070327
Purpose of action:	Not Reported
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160130

ET797
West
4-6 mi
24254
Higher

SRPU20071014004
Public Schools

Ncessch:	062250002713
Schname05:	FRANKLIN CLASSICAL MIDDLE
Mstreet05:	540 CERRITOS AVE.

Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90802
Mzip405:	1623
Member05:	1279
Phone05:	(562) 435-4952
Locale05:	1
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071014004

798
NW
4-6 mi
24264
Higher

SRHO20070142597
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19971024
Medicare/Medicaid:	1
Facility name:	PHYSICIAN'S LABORATORY INSTITUTE
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0857970
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2501 E 28TH ST STE 106
Phone num:	3109882048
Termination reason:	10
Term Date:	19991011
Purpose of action:	2
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA

Edr id: SRHO20070142597

FD799 SRDCCA200750424
NNW Daycare
4-6 mi
24284
Higher

EDR ID:	SRDCCA200750424
Facility number:	191602044
Facility name:	LONG BEACH DAY NURSERY - EAST BRANCH
Facility eval. code:	8070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	3965 BELLFLOWER BLVD.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	3965 BELLFLOWER BLVD.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"LONG BEACH DAY NURSERY, INC "
Licensee type:	D
License effective date:	930727
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	LAUP FACILITY AGE 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	1548 CHESTNUT AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"BUCHANON, ROBIN "
Facility capacity:	91
Type of clients served:	950
Facility phone:	5624211488

FD800 SRDCCA200741299
NNW Daycare
4-6 mi
24284
Higher

EDR ID:	SRDCCA200741299
Facility number:	198006682
Facility name:	LONG BEACH DAY NURSERY - EAST BRANCH
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	3965 BELLFLOWER BOULEVARD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	1548 CHESTNUT AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813

Facility investor: "LONG BEACH DAY NURSERY, INC. "
Licensee type: C
License effective date: 10508
License expiration date: Not Reported
License issue date: 010508
Program type: "57 INFANTS (6 WEEKS TO 18 MONTHS OLD) USING ROOMS #1,2,3,4,5, AND 6;
38 TODDLERS (18 TO 36 MONTHS OLD) USING ROOMS #5 AND 6.
COMBINATION CENTER: PRESCHOOL PROGRAM #191602044.
"
Original app. received date: 010402
Facility closed date: Not Reported
Mailing address: 1548 CHESTNUT AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "BIGELOW, AMY "
Facility capacity: 95
Type of clients served: 955
Facility phone: 5624211488

FE801 SRHO20070152378
WNW AHA Hospitals
4-6 mi
24287
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SIGNAL HILL
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COSTCO #242-PATIENT CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19990326
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0958817
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 2200 E WILLOW ST
Phone num: 5624242838
Termination reason: 08
Term Date: 20010325
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328

SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152378

EX802
NE
4-6 mi
24294
Higher

SRHO20070136836
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960906
Medicare/Medicaid:	1
Facility name:	CENTRAL MEDICAL DIAGNOSTIC LABORATORY INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0664072
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10554 PROGRESS WAY SUITE J
Phone num:	7148266830
Termination reason:	00
Term Date:	20080415
Purpose of action:	1
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136836

ET803 SRDCCA200734826
West EDR ID: SRDCCA200734826 Daycare
4-6 mi Facility number: 198012524
24294 Facility name: LENNEAR FAMILY CHILD CARE
Higher Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 629 CERRITOS AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 629 CERRITOS AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "LENNEAR, REGIKA "
Licensee type: A
License effective date: 60620
License expiration date: Not Reported
License issue date: 060620
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060405
Facility closed date: Not Reported
Mailing address: 629 CERRITOS AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "LENNEAR, REGIKA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624357918

EO804 SRDCCA200702209
NE EDR ID: SRDCCA200702209 Daycare
4-6 mi Facility number: 300611178
24297 Facility name: "KHAMIS, NAJWA JOSEPH "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 4574 SHERINGTON COURT
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4574 SHERINGTON COURT
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "KHAMIS, NAJWA JOSEPH "
Licensee type: A

License effective date: 941218
License expiration date: Not Reported
License issue date: 901004
Program type: "LICENSE INACTIVE AS OF FEBRUARY 15, 2007
"
Original app. received date: 900823
Facility closed date: Not Reported
Mailing address: 4574 SHERINGTON COURT
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KHAMIS, NAJWA JOSEPH "
Facility capacity: 12
Type of clients served: 960
Facility phone: 7148218350

FF805 SRHO20070145731
ESE AHA Hospitals
4-6 mi
24302
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: HUNTINGTON BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: 20010823
Current survey date: 20010823
Medicare/Medicaid: 1
Facility name: MEMORIAL PEDIATRICS
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Partcipation date: 19950607
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0901849
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6042 BOLSA AVENUE
Phone num: 7148981448
Termination reason: 00
Term Date: 20071130
Purpose of action: 2
Provider control: 04
Zip: 92647
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070145731	

EV806 SRDCCA200723154
NNE Daycare
4-6 mi
24305
Higher

EDR ID:	SRDCCA200723154
Facility number:	198009629
Facility name:	RIVAS FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	21922 CLARETTA AVENUE
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	21922 CLARETTA AVENUE
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Facility investor:	"RIVAS, GUADALUPE "
Licensee type:	A
License effective date:	31231
License expiration date:	Not Reported
License issue date:	031231
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	030904
Facility closed date:	Not Reported
Mailing address:	21922 CLARETTA AVENUE
Mailing city:	HAWAIIAN GARDENS
Mailing state:	CA
Mailing zip:	90716
Contact person:	"RIVAS, GUADALUPE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624962059

ET807 SRHO20070131400
West AHA Hospitals
4-6 mi
24306
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SUWAT SUWANICH MD

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930510
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554866
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1101 E 7TH ST
Phone num:	3105919837
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131400

FA808
NNE
4-6 mi
24319
Higher

SRHO20070130952
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHUNG MIN LEE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553202
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	12121 E CARSON ST
Phone num:	3104021449
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130952

EW809
West
4-6 mi
24324
Higher

SRDCCA200750716
Daycare

EDR ID:	SRDCCA200750716
Facility number:	191605034
Facility name:	LINCOLN CHILD DEVELOPMENT CENTER
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1175 E. 11TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	2209 SEABRIGHT AVE.
City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	931106
License expiration date:	Not Reported
License issue date:	900806
Program type:	CALIFORNIA STATE PRESCHOOL AGES 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date:	900420
Facility closed date:	Not Reported
Mailing address:	2209 SEABRIGHT AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90810
Contact person:	BETTIE FOSTER
Facility capacity:	44
Type of clients served:	950
Facility phone:	2135917121

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EW810 West 4-6 mi 24324 Higher			SRHO20070154231 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HEALTHY KIDS COALITION CLINIC AT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980225	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0941470	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1175 EAST 11TH STREET	
	Phone num:	5625995005	
	Termination reason:	01	
	Term Date:	20051223	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154231	
EW811 West 4-6 mi 24324 Higher			SRPU20071014026 Public Schools
	Ncessch:	062250002735	
	Schname05:	LINCOLN ELEMENTARY	
	Mstreet05:	1175 EAST 11TH ST.	
	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90813	
	Mzip405:	3659	
	Member05:	1339	
	Phone05:	(562) 599-5005	
	Locale05:	1	

Type05:	1	
Level05:	1	
Gslo05:	KG	
Gshi05:	05	
Edr id:	SRPU20071014026	

FA812 SRHO20070155083
NNE
4-6 mi
24341
Higher
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HEALTH CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011205
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0994148
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	12131 CARSON STREET
Phone num:	5628090299
Termination reason:	00
Term Date:	20071204
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155083

EQ813 SRDCCA200745835
WNW
4-6 mi
24347
Higher
Daycare

EDR ID:	SRDCCA200745835
Facility number:	192006084
Facility name:	SIGNAL HILL YOUTH CENTER

Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	1780 E. HILL STREET
City:	SIGNAL HILL
State:	CA
Zip:	90755
Alt. address:	2175 CHERRY AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Facility investor:	CITY OF SIGNAL HILL
Licensee type:	F
License effective date:	10510
License expiration date:	Not Reported
License issue date:	010510
Program type:	MAXIMUM CAPACITY - 50 SCHOOL AGE CHILDREN AGES 4 YEARS NINE MONTHS TO 12 YEARS OLD. WAIVER ON FILE.
Original app. received date:	010109
Facility closed date:	Not Reported
Mailing address:	2175 CHERRY AVENUE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90806
Contact person:	MARTHA BAEZ
Facility capacity:	50
Type of clients served:	950
Facility phone:	5629897329

FG814
NE
4-6 mi
24360
Higher

SRDCCA200730120
Daycare

EDR ID:	SRDCCA200730120
Facility number:	304310100
Facility name:	"CHAMANARA, FATEMEH "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5162 BELLE AVE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5162 BELLE AVE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"CHAMANARA, FATEMEH "
Licensee type:	A
License effective date:	50511
License expiration date:	Not Reported
License issue date:	050511
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date:	050317
Facility closed date:	Not Reported
Mailing address:	5162 BELLE AVE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"CHAMANARA, FATEMEH "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149955917

ES815
NNE
4-6 mi
24400
Higher

SRHO20070130261
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TRI-CITY REGIONAL MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0059575
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21530 SOUTH PIONEER BOULEVARD
Phone num:	5628600401
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported
Provider control:	02
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130261

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

ES816 SRHO20070007217
NNE AHA Hospitals
4-6 mi
24400
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19940630
Medicare/Medicaid:	1
Facility name:	TRI-CITY REGIONAL MEDICAL CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19720128
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	050575
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	21530 S PIONEER BLVD
Phone num:	5628600401
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	08
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19910501
Accred expire date:	19940501
Accred Org:	1
Num beds:	0150
Num cert beds:	0150
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007217

ES817 SRHO20070136260
NNE AHA Hospitals
4-6 mi
24400
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	TRI-CITY REG MED CTR PULMONARY LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0665952
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21530 SOUTH PIONEER BLVD
Phone num:	5628600401
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported
Provider control:	02
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136260

FH818
NNW
4-6 mi
24408
Higher

SRHO20070159294
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAV ON DRUGS #9463
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050310
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038095
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4141 WOODRUFF AVE
Phone num:	5624201403
Termination reason:	00
Term Date:	20070309
Purpose of action:	Not Reported
Provider control:	04
Zip:	90714
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159294

ES819 SRHO20070149200
NNE AHA Hospitals
4-6 mi
24434
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NEW HORIZON MEDICAL CORPORATION
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970619
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0929617
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21520 S PIONEER BLVD SUITE 202
Phone num:	5624022811
Termination reason:	12
Term Date:	19990507
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149200

ES820 SRHO20070163966
NNE AHA Hospitals
4-6 mi
24434
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VLADIMIR SAMONTE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060717
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1056433
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21520 S PIONEER BLVD SUITE 203
Phone num:	5628602001
Termination reason:	00
Term Date:	20080716
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070163966

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
ES821			SRHO20070151351
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24434	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JOHN MAGRANN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990824	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0964399	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	21520 S PIONEER BLVD	
	Phone num:	5628098100	
	Termination reason:	08	
	Term Date:	20010823	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90716	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151351	

ES822			SRHO20070144350
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24434	Owner date:	Not Reported	
Higher	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	FHP CHARTER MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940714
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0888807
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21520 SOUTH PIONEER BOULEVARD
Phone num:	3108094411
Termination reason:	08
Term Date:	19980713
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144350

FH823
NNW
4-6 mi
24434
Higher

SRHO20070141864
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MULLIKIN MEDICAL CENTER-LAKEWOOD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930806
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0874425
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4144 S WOODRUFF AVENUE
Phone num:	3104206901
Termination reason:	12
Term Date:	19941121
Purpose of action:	Not Reported
Provider control:	04
Zip:	90713
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141864

FB824
ENE
4-6 mi
24467
Higher

SRDCCA200742150
Daycare

EDR ID:	SRDCCA200742150
Facility number:	300611707
Facility name:	CHILDTIME CHILDREN'S CENTER INC.
Facility eval. code:	1206
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	12421 SPRINGDALE ST
City:	GARDEN GROVE
State:	CA
Zip:	92645
Alt. address:	151 CANYON CREST DRIVE
City:	ANAHEIM HILLS
State:	CA
Zip:	92808
Facility investor:	"CHILDTIME CHILDCARE, INC. "
Licensee type:	D
License effective date:	940104
License expiration date:	Not Reported
License issue date:	910104
Program type:	"MONDAY THRU FRIDAY, 6:00AM TO 6:00PM. 6 WEEKS TO 2 YEARS OF AGE. ROOMS 11 & 12 ONLY. "
Original app. received date:	901101
Facility closed date:	Not Reported
Mailing address:	"21333 HAGGERTY ROAD, STE. 300 "
Mailing city:	NORI
Mailing state:	MI
Mailing zip:	48375
Contact person:	"DURAN, CATHY "
Facility capacity:	20

Type of clients served: 955
Facility phone: 7148944250

FB825 SRDCCA200743559
ENE EDR ID: SRDCCA200743559 Daycare
4-6 mi Facility number: 300611706
24467 Facility name: CHILDTIME CHILDREN'S CENTER INC.
Higher Facility eval. code: 1206
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 12421 SPRINGDALE ST
City: GARDEN GROVE
State: CA
Zip: 92645
Alt. address: 151 CANYON CREST DRIVE
City: ANAHEIM HILLS
State: CA
Zip: 92808
Facility investor: "CHILDTIME CHILDCARE, INC. "
Licensee type: D
License effective date: 940104
License expiration date: Not Reported
License issue date: 910104
Program type: "CHILDREN SCHOOL AGES 5 YRS. TO 12 YRS. OLD. MONDAY THRU FRIDAY. HOURS: 6:00AM TO 6:00PM, ROOMS 3,4,9,10 & ROOM 6 IN THE PM ONLY. 1 NON AMBULATORY. "
Original app. received date: 901101
Facility closed date: Not Reported
Mailing address: "21333 HAGGERTY ROAD, STE. 300 "
Mailing city: NORI
Mailing state: MI
Mailing zip: 48375
Contact person: "DURAN, CATHY "
Facility capacity: 75
Type of clients served: 950
Facility phone: 7148944250

FB826 SRDCCA200749945
ENE EDR ID: SRDCCA200749945 Daycare
4-6 mi Facility number: 300611708
24467 Facility name: CHILDTIME CHILDREN'S CENTER INC.
Higher Facility eval. code: 1206
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 12421 SPRINGDALE STREET
City: GARDEN GROVE
State: CA
Zip: 92645
Alt. address: 151 CANYON CREST DRIVE
City: ANAHEIM HILLS

State:	CA
Zip:	92808
Facility investor:	"CHILDTIME CHILDCARE, INC. "
Licensee type:	D
License effective date:	940104
License expiration date:	Not Reported
License issue date:	910104
Program type:	AMBULATORY CHILDREN. AGES 2 YEARS THRU 5 YEARS OLD. MONDAY THROUGH FRIDAY. HOURS: 6:00A.M. TO 6:00P.M.
Original app. received date:	901101
Facility closed date:	Not Reported
Mailing address:	"21333 HAGGERTY ROAD, STE. 300 "
Mailing city:	NORI
Mailing state:	MI
Mailing zip:	48375
Contact person:	"DURAN, CATHY "
Facility capacity:	65
Type of clients served:	950
Facility phone:	7148944250

FB827
East
4-6 mi
24474
Higher

SRPR20051023010
Private Schools

Pss school id:	01899423
Pss inst:	ROSSIER PARK ELEMENTARY SCHOOL
Lograde:	K
Higrade:	6
Pss address:	6562 STANFORD AVE
Pss city:	GARDEN GROVE
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92845
Pss phone:	7145163370
Pss sch days:	180
Pss stu day hrs:	5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	1
Pss enroll 1:	2
Pss enroll 2:	8
Pss enroll 3:	7
Pss enroll 4:	15
Pss enroll 5:	24
Pss enroll 6:	36
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	93
Pss enroll tk12:	93
Pss race ai:	2
Pss race as:	5

Pss race h:	35
Pss race b:	10
Pss race w:	41
Pss fte teach:	9
Pss locale:	3
Pss coed:	1
Pss type:	4
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	2.15
Pss asian pct:	5.38
Pss hisp pct:	37.63
Pss black pct:	10.75
Pss white pct:	44.09
Pss stdtch rt:	10.33
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023010

FB828
East
4-6 mi
24474
Higher

SRPU20071013960
Public Schools

Ncessch:	061488010570
Schname05:	GARDEN PARK ELEMENTARY
Mstreet05:	6562 STANFORD AVE.
Mcity05:	GARDEN GROVE
Mstate05:	CA
Mzip05:	92645
Mzip405:	Not Reported
Member05:	268
Phone05:	(714) 663-6074
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071013960

ER829
ENE
4-6 mi
24483
Higher

SRDCCA200731224
Daycare

EDR ID:	SRDCCA200731224
Facility number:	304310315
Facility name:	"FARIAS, MISAILDA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	06

Address:	6362 SANTA RITA
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	6362 SANTA RITA
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"FARIAS, MISAILDA "
Licensee type:	A
License effective date:	51006
License expiration date:	Not Reported
License issue date:	051006
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050928
Facility closed date:	Not Reported
Mailing address:	6362 SANTA RITA
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"FARIAS, MISAILDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7143795059

EZ830 SRDCCA200747744
East
4-6 mi
24502
Higher

EDR ID:	SRDCCA200747744
Facility number:	300601063
Facility name:	WILLOW LANE PRE SCHOOL
Facility eval. code:	1202
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	14205 WILLOW LN.
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	4181 GREEN AVE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	SMALL WORLD INC.
Licensee type:	D
License effective date:	931031
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, LICENSEE PREFERS AGES 2 THRU 6 YEARS. HOURS: 6:30 A.M. TO 6:00 P.M. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	9181 GREEN AVENUE

Daycare

Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"TRUSSELL, BONNIE "
Facility capacity:	44
Type of clients served:	950
Facility phone:	7148944036

ES831 SRHO20070147935
NNE AHA Hospitals
4-6 mi
24500
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MICHAEL C CHAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970312
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926017
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21500 SOUTH PIONEER BOULEVARD, #208
Phone num:	5628603120
Termination reason:	08
Term Date:	20060327
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147935

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
ES832 NNE 4-6 mi 24500 Higher			SRHO20070150519 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	TRI-CITY WOMENS CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990622	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0962017	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	21500 PIONEER BLVD STE 102	
	Phone num:	5628609981	
	Termination reason:	08	
	Term Date:	20010621	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90716	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150519	
ES833 NNE 4-6 mi 24500 Higher			SRHO20070154084 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	HAWAIIAN GARDENS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	AMABLE MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0943650
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21500 PIONEER BOULEVARD SUITE 108
Phone num:	5628093038
Termination reason:	08
Term Date:	20000330
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154084

ES834
NNE
4-6 mi
24500
Higher

SRHO20070153722
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HANAA N HANNA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0937935
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21500 SOUTH PIONEER BLVD, #103
Phone num:	5628652090
Termination reason:	08
Term Date:	19991223
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153722

ES835
NNE
4-6 mi
24500
Higher

SRHO20070152604
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LOWELL SY ERENSTOFT, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980611
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0947252
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21500 SO PIONEER BLVD STE 207
Phone num:	5628086585
Termination reason:	08
Term Date:	20060610
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152604

ES836
NNE
4-6 mi
24500
Higher

SRHO20070145161
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NICHOLAS S C LEE MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941104
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0894032
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21500 S PIONEER BLVD #104
Phone num:	3104255155
Termination reason:	08
Term Date:	20041103
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145161

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

ET837 SRDCCA200730034
West EDR ID: SRDCCA200730034 Daycare
4-6 mi Facility number: 198011702
24514 Facility name: ENCLADE FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1066 HELLMAN STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1066 HELLMAN STREET
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "ENCLADE, TONI M. "
Licensee type: A
License effective date: 50615
License expiration date: Not Reported
License issue date: 050615
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 050429
Facility closed date: Not Reported
Mailing address: 1066 HELLMAN STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "ENCLADE, TONI M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625997880

FH838 SRHO20070147972
NNW Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
24529 Owner date: Not Reported
Higher City: LAKEWOOD
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: PETER T HAN MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19970522
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0928647

Record Status:	A	
Region code:	09	
Is Partial Record:	Not Reported	
state abbrev:	CA	
ssa state:	05	
state region cd:	LAB	
street address:	4156 WOODRUFF AVENUE-SEE MAILING ADDR	
Phone num:	5625994334	
Termination reason:	01	
Term Date:	19981030	
Purpose of action:	Not Reported	
Provider control:	10	
Zip:	90713	
Fips state:	06	
Fips cnty:	037	
SSA MSA:	328	
SSA MSA size code:	A	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070147972	

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839 SRPU20071013999
WNW Public Schools
4-6 mi

24560	Ncessch:	062250002708
Higher	Schname05:	MARY BUTLER ELEMENTARY
	Mstreet05:	1400 EAST 20TH ST.
	Mcity05:	LONG BEACH
	Mstate05:	CA
	Mzip05:	90806
	Mzip405:	5757
	Member05:	1009
	Phone05:	(562) 591-7477
	Locale05:	1
	Type05:	1
	Level05:	1
	Gslo05:	KG
	Gshi05:	08
	Edr id:	SRPU20071013999

FA840 SRHO20070159708
NNE AHA Hospitals
4-6 mi

24565	Hospital type:	01
Higher	Num of times COO:	00
	Owner date:	Not Reported
	City:	HAWAIIAN GARDENS
	Has plan of corr:	Not Reported
	Compliance status:	Not Reported
	SSA county code:	200
	Cross ref number:	Not Reported
	FMS survey date:	Not Reported
	Current survey date:	Not Reported
	Medicare/Medicaid:	Not Reported

Facility name:	SAV-ON DRUGS #9589
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050411
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1039319
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	12221 CARSON STREET
Phone num:	5624687011
Termination reason:	00
Term Date:	20070410
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159708

FI841
ENE
4-6 mi
24598
Higher

SRPU20071013703
Public Schools

Ncessch:	061488001826
Schname05:	HILTON D. BELL INTERMEDIATE
Mstreet05:	12345 SPRINGDALE ST.
Mcity05:	GARDEN GROVE
Mstate05:	CA
Mzip05:	92845
Mzip405:	2238
Member05:	821
Phone05:	(714) 663-6466
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	07
Gshi05:	08
Edr id:	SRPU20071013703

FG842
NE
4-6 mi
24601
Higher

SRHO20070130944
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MULLIKIN MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930201
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0551866
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5155 BALL ROAD
Phone num:	7148280110
Termination reason:	08
Term Date:	20000531
Purpose of action:	Not Reported
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130944

FG843
NE
4-6 mi
24655
Higher

SRDCCA200755073
Daycare

EDR ID:	SRDCCA200755073
Facility number:	304370243
Facility name:	VISTA SCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5340 MYRA AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5340 MYRA AVENUE
City:	CYPRESS
State:	CA

Zip:	90630
Facility investor:	"VISTA SCHOOL, INC. "
Licensee type:	D
License effective date:	60710
License expiration date:	Not Reported
License issue date:	060710
Program type:	"AMBULATORY CHILDREN, AGES 2-6 YEARS OLD.HOURS: 8:00 AM TO 5:00 PM, MONDAY THROUGH FRIDAY. "
Original app. received date:	060315
Facility closed date:	Not Reported
Mailing address:	5340 MYRA AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"KIESEL, PAMELLA "
Facility capacity:	24
Type of clients served:	950
Facility phone:	7148286400

FJ844 SRDCCA200749044
WNW Daycare
4-6 mi
24669
Higher

EDR ID:	SRDCCA200749044
Facility number:	198004998
Facility name:	LONG BEACH CITY COLLEGE CHILD DEVELOPMENT-PCC
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1305 E. PACIFIC COAST HWY.
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	1305 E. PACIFIC COAST HWY.
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	LONG BEACH CITY COLLEGE
Licensee type:	F
License effective date:	990506
License expiration date:	Not Reported
License issue date:	990506
Program type:	"LICENSED TO PORVIDE CARE FOR CHILDREN: AGES 2 UNTIL ENTRY INTO FIRST GRADE IN BUILDING ""H"". MONDAY - THURSDAY: 7:00 A.M. - 5:30 P.M.; FRIDAY: 7:00 A.M. - 11:30 A.M. PROGRAM LOCATED ON N. PCH OFF ORANGE. "ENTER OFF OF ORANGE AVE.
Original app. received date:	980304
Facility closed date:	Not Reported
Mailing address:	1305 E. PACIFIC COAST HWY.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	STACEY SMITH
Facility capacity:	106
Type of clients served:	950

	Facility phone:	5629383079

FJ845 SRHO20070161225
WNW AHA Hospitals
4-6 mi
24678
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAV ON DRUGS #9557
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038028
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1250 PACIFIC COAST HIGHWAY
Phone num:	5622180080
Termination reason:	00
Term Date:	20070308
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070161225

FI846 SRPU20071013712
ENE Public Schools
4-6 mi
24687
Higher

Ncessch:	061488001839
Schname05:	ENDERS ELEMENTARY
Mstreet05:	12302 SPRINGDALE ST.
Mcity05:	GARDEN GROVE
Mstate05:	CA
Mzip05:	92845
Mzip405:	2239

Member05:	598
Phone05:	(714) 663-6205
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071013712

FG847 SRHO20070157412
NE AHA Hospitals
4-6 mi
24749
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ACACIA ADULT DAY SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040317
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1023493
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5175 BALL ROAD
Phone num:	7145273686
Termination reason:	00
Term Date:	20080316
Purpose of action:	Not Reported
Provider control:	02
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157412

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FK848 WNW 4-6 mi 24755 Higher			SRHO20070152554 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	KHEMARA FAMILY MEDICAL CLINIC INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19991005	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0966008	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1533 ALAMITOS AVENUE, SUITE B	
	Phone num:	5622185350	
	Termination reason:	00	
	Term Date:	20071004	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070152554	
FL849 NE 4-6 mi 24762 Higher			SRDCCA200755735 Daycare
	EDR ID:	SRDCCA200755735	
	Facility number:	304370190	
	Facility name:	OC KIDS	
	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	10191 SAINT ALBAN STREET	
	City:	CYPRESS	

State:	CA
Zip:	90630
Alt. address:	10191 SAINT ALBAN STREET
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"DEGENER, KARISSA & HOLLENBECK, CASIE "
Licensee type:	B
License effective date:	50908
License expiration date:	Not Reported
License issue date:	050908
Program type:	"AMB. 18 TOD OPTION KIDS, 18 TO 30 MONTHS. 24 P/S, AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI. 06:00AM-6:00PM. WAIVERS FOR P/S & TOD OPT TO SHARE RESTROOMS WITH ELEM SCHOOL, COMBINE TOD ""OPT WITH P/S @ NAP, & TOD OPTION & P/S TO SHARE OUTDOOR SPACE. "
Original app. received date:	050815
Facility closed date:	Not Reported
Mailing address:	5182 CITATION AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	KARISSA DEGENER
Facility capacity:	42
Type of clients served:	950
Facility phone:	7142260040

FL850
NE
4-6 mi
24762
Higher

SRDCCA200744405
Daycare

EDR ID:	SRDCCA200744405
Facility number:	304370191
Facility name:	OC KIDS
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	10191 SAINT ALBAN STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	10191 SAINT ALBAN STREET
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"DEGENER, KARISSA & HOLLENBECK, CASIE "
Licensee type:	B
License effective date:	50908
License expiration date:	Not Reported
License issue date:	050908
Program type:	AMBULATORY. 6 WEEKS THROUGH 18 MONTHS OLD. MON-FRI. 06:00 AM TO 6:00 PM. WAIVERS TO SHARE RESTROOMS WITH ELEM SCHOOL AND SHARE OUTDOOR ACTIVITY SPACE WITH THE P/S. INFANTSHAVE OWN AREA WITHIN LG. FENCED OUTDOOR AREA.
Original app. received date:	050815
Facility closed date:	Not Reported

Mailing address:	5182 CITATION AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	KARISSA DEGENER
Facility capacity:	12
Type of clients served:	955
Facility phone:	7142260040

EQ851 SRDCCA200713555
WNW
4-6 mi
24773
Higher
Daycare

EDR ID:	SRDCCA200713555
Facility number:	192002470
Facility name:	HUOT FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2204 WALNUT AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Alt. address:	2204 WALNUT AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	"HUOT, SARIEM "
Licensee type:	A
License effective date:	713
License expiration date:	Not Reported
License issue date:	000713
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000508
Facility closed date:	Not Reported
Mailing address:	2204 WALNUT AVENUE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90806
Contact person:	"HUOT, SARIEM "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624263056

FM852 SRHO20070155120
NNE
4-6 mi
24791
Higher
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CLINICA MERCED MEDICAL OFFICE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021008
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1004859
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	12321 E CARSON STREET SUITE 2
Phone num:	5628609660
Termination reason:	08
Term Date:	20050422
Purpose of action:	Not Reported
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155120

FN853
East
4-6 mi
24800
Higher

SRDCCA200753529
Daycare

EDR ID:	SRDCCA200753529
Facility number:	304270947
Facility name:	CALVARY CHAPEL PACIFIC COAST-LITTLE LIGHT P/S
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	06
Address:	6400 WESTMINSTER BLVD.
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	6400 WESTMINSTER BLVD.
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	CALVARY CHAPEL PACIFIC COAST
Licensee type:	C

License effective date: 20909
License expiration date: Not Reported
License issue date: 020909
Program type: "30 AMBULATORY CHILDREN. AGES 24 MONTHS T0 6 YEARS OLD MON-FRI. 07:00 AM TO 6:00 PM. ROOMS 1,2,3. "
Original app. received date: 020813
Facility closed date: Not Reported
Mailing address: 6400 WESTMINSTER BLVD.
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: MOJAN GERSONDE
Facility capacity: 30
Type of clients served: 950
Facility phone: 7143192416

FO854 SRDCCA200750283
North EDR ID: SRDCCA200750283 Daycare
4-6 mi Facility number: 191606624
24871 Facility name: ALOHA HEAD START/STATE PRESCHOOL
Higher Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 11737 E. 214TH STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 11737 E. 214TH STREET
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: ABC UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 950731
License expiration date: Not Reported
License issue date: 920731
Program type: HEAD START PROGRAM SERVING AMBULATORY CHILDREN AGE 3 UNTIL ENTRY INTO KINDERGARTEN. THE PROGRAM OPERATES FROM SEPTEMBER TO JUNE FROM 8:30AMTO NOON.
Original app. received date: 910708
Facility closed date: Not Reported
Mailing address: 16700 NORWALK BLVD.
Mailing city: CERRITOS
Mailing state: CA
Mailing zip: 90701
Contact person: VERA SPEAKE
Facility capacity: 20
Type of clients served: 950
Facility phone: 5629242076

FO855 SRDCCA200745917
North Daycare
4-6 mi
24871
Higher

EDR ID:	SRDCCA200745917
Facility number:	192006383
Facility name:	YMCA OF GREATER LONG BEACH ALOHA SITE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	11737 E. 214TH STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	11737 E. 214TH STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	YMCA OF GREATER LONG BEACH
Licensee type:	C
License effective date:	11102
License expiration date:	Not Reported
License issue date:	011102
Program type:	MAXIMUM CAPACITY - 90 SCHOOL AGE CHILDREN AGES 4 YRS. 9 MONTHS TO TWELVE YEARS. FACILITY OPERATES FROM 7:00-9:30 A.M. AND FROM 12:00-6:00 P.M..
Original app. received date:	010724
Facility closed date:	Not Reported
Mailing address:	11737 E. 214TH STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	KRISTY KINNEAR
Facility capacity:	90
Type of clients served:	950
Facility phone:	5629248329

FO856 SRPU20071006126
North Public Schools
4-6 mi
24871
Higher

Ncessch:	060162000001
Schname05:	ALOHA ELEMENTARY
Mstreet05:	11737 EAST 214TH ST.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90715
Mzip405:	2101
Member05:	453
Phone05:	(310) 824-8329
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006126

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

FA857
NNE
4-6 mi
24903
Higher

SRDCCA200736790
Daycare

EDR ID:	SRDCCA200736790
Facility number:	198012683
Facility name:	SMITH FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12102 E. 216TH ST.
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	12102 E. 216TH ST.
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Facility investor:	LANICE SMITH
Licensee type:	A
License effective date:	60905
License expiration date:	Not Reported
License issue date:	060905
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060626
Facility closed date:	Not Reported
Mailing address:	12102 E. 216TH ST.
Mailing city:	HAWAIIAN GARDENS
Mailing state:	CA
Mailing zip:	90716
Contact person:	"SMITH, LANICE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624028083

FP858
North
4-6 mi
24928
Higher

SRDCCA200703621
Daycare

EDR ID:	SRDCCA200703621
Facility number:	191608935
Facility name:	COHEN FAMILY DAY CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4319 PETALUMA AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4319 PETALUMA AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"COHEN, HARRY & ANGELA "
Licensee type:	A

License effective date: 930702
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 811203
Facility closed date: Not Reported
Mailing address: 4319 PETALUMA AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "COHEN, ANGELA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 5624291718

FG859 SRDCCA200704451
NE EDR ID: SRDCCA200704451 Daycare
4-6 mi Facility number: 300612850
24933 Facility name: "ZIEMER, NATALIE "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10012 SAINT MICHAEL CIR.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10012 SAINT MICHAEL CIR.
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "ZIEMER, NATALIE "
Licensee type: A
License effective date: 950414
License expiration date: Not Reported
License issue date: 920414
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 920310
Facility closed date: Not Reported
Mailing address: 10012 SAINT MICHAEL CIR.
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "ZIEMER, NATALIE "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149954668

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

860 SRDCCA200716034
North EDR ID: SRDCCA200716034 Daycare
4-6 mi Facility number: 192009768
24941 Facility name: HALL FAMILY CHILD CARE
Higher Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 11309 GRADWELL STREET
City: LAKEWOOD
State: CA
Zip: 90715
Alt. address: 11309 GRADWELL STREET
City: LAKEWOOD
State: CA
Zip: 90715
Facility investor: "HALL, LATONYA DENISE "
Licensee type: A
License effective date: 20210
License expiration date: Not Reported
License issue date: 020210
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 011218
Facility closed date: Not Reported
Mailing address: 11309 GRADWELL STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "HALL, LATONYA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628604479

FQ861 SRDCCA200703118
ESE EDR ID: SRDCCA200703118 Daycare
4-6 mi Facility number: 300608376
24953 Facility name: "TEDESCO, BLANCA "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5652 EDINGER
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 5652 EDINGER
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "TEDESCO, BLANCA "

Licensee type: A
License effective date: 950408
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YERARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 5652 EDINGER
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "TEDESCO, BLANCA "
Facility capacity: 12
Type of clients served: 960
Facility phone: 7148404309

FR862 SRDCCA200727760
East
4-6 mi
24959
Higher

EDR ID: SRDCCA200727760 Daycare
Facility number: 304310061
Facility name: "PARRA, ALMA "
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6492 KIOWA ROAD
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 6492 KIOWA ROAD
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "PARRA, ALMA "
Licensee type: A
License effective date: 50516
License expiration date: Not Reported
License issue date: 050516
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 050125
Facility closed date: Not Reported
Mailing address: 6492 KIOWA ROAD
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "PARRA, ALMA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7143790268

FC863
SE
4-6 mi
24960
Higher

SRDCCA200713603
Daycare

EDR ID:	SRDCCA200713603
Facility number:	304205366
Facility name:	"KAPLAN, FLORENCE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5152 STALLION CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	5152 STALLION CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	"KAPLAN, FLORENCE "
Licensee type:	A
License effective date:	825
License expiration date:	Not Reported
License issue date:	000825
Program type:	"INACTIVE STATUS: DECEMBER 1, 2006 - DECEMBER 1, 2008. "
Original app. received date:	000119
Facility closed date:	Not Reported
Mailing address:	5152 STALLION CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"KAPLAN, FLORENCE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148406611

FS864
ESE
4-6 mi
24960
Higher

SRDCCA200707636
Daycare

EDR ID:	SRDCCA200707636
Facility number:	304202741
Facility name:	"POLENA, CHARLOTTE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	14601 ASPEN CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	14601 ASPEN CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"POLENA, CHARLOTTE "
Licensee type:	A
License effective date:	961031

License expiration date: Not Reported
License issue date: 961031
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 961001
Facility closed date: Not Reported
Mailing address: 14601 ASPEN CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "POLENA, CHARLOTTE "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148988658

FE865 SRHO20070155168
NW AHA Hospitals
4-6 mi
24965
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: SIGNAL HILL
Has plan of corr: Not Reported
Compliance status: B
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 20001107
Medicare/Medicaid: 1
Facility name: UNITED CLINICAL LABORATORY
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20000814
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0976779
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 2099 EAST 27TH STREET
Phone num: 5629971494
Termination reason: 10
Term Date: 20010614
Purpose of action: 1
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070155168	

ET866 — SRHO20070131371
West — AHA Hospitals
4-6 mi
24971
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARIO O LOPEZ MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554828
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	720 ALAMITOS AVE
Phone num:	3104364933
Termination reason:	00
Term Date:	20071031
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131371

EU867 — SRDCCA200707016
North — Daycare
4-6 mi
24995
Higher

EDR ID:	SRDCCA200707016
Facility number:	191610092
Facility name:	FIELD FAMILY DAY CARE
Facility eval. code:	7110

Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4329 LADOGA
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4329 LADOGA
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"FIELD, JANET L. "
Licensee type:	A
License effective date:	940301
License expiration date:	Not Reported
License issue date:	940301
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	931013
Facility closed date:	Not Reported
Mailing address:	4329 LADOGA
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	JANET L. FIELD
Facility capacity:	6
Type of clients served:	960
Facility phone:	5624216428

EX868
NE
4-6 mi
24998
Higher

SRHO20070135947
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FOCUS DIAGNOSTICS INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0644251
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	5785 CORPORATE AVENUE SUITE 200
Phone num:	7142201900
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070135947

869
WNW
4-6 mi
25001
Higher

SRDCCA200749952
Daycare

EDR ID:	SRDCCA200749952
Facility number:	191605720
Facility name:	SIGNAL HILL HEAD START
Facility eval. code:	9070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2285 WALNUT AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90806
Alt. address:	2898 ORANGE AVE.
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	940115
License expiration date:	Not Reported
License issue date:	910115
Program type:	"AMBULATORY, CHILDREN AGES 3-5 YEARS. BUNGLOW #21 & 22. "
Original app. received date:	901019
Facility closed date:	Not Reported
Mailing address:	2898 ORANGE AVE.
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90806
Contact person:	"WILLIAMS, PAT "
Facility capacity:	39
Type of clients served:	950
Facility phone:	3104275901

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

FF870 SRDCCA200718122
ESE EDR ID: SRDCCA200718122 Daycare
4-6 mi Facility number: 304206684
25028 Facility name: "MISTOFSKY, JEANETTE "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 14932 OAKTREE CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 14932 OAKTREE CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "MISTOFSKY, JEANETTE "
Licensee type: A
License effective date: 20729
License expiration date: Not Reported
License issue date: 020729
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020528
Facility closed date: Not Reported
Mailing address: 14932 OAKTREE CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "MISTOFSKY, JEANETTE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148982329

FR871 SRDCCA200749608
East EDR ID: SRDCCA200749608 Daycare
4-6 mi Facility number: 300614019
25034 Facility name: BETHANY BIBLE FELLOWSHIP BETHANY CHRISTIAN PRE.
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 13431 EDWARDS STREET
City: WESTMINISTER
State: CA
Zip: 92683
Alt. address: 13431 EDWARDS STREET
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: BETHANY BIBLE FELLOWSHIP

Licensee type:	C
License effective date:	950619
License expiration date:	Not Reported
License issue date:	920619
Program type:	"MONDAY THRU FRIDAY, HOURS: 6:30AM TO 6:00PM, AGES: 2 YRS. TO 5 YRS. ROOMS: 1, 2, 4, & B BLDG. "
Original app. received date:	920225
Facility closed date:	Not Reported
Mailing address:	13431 EDWARDS STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	DEBRA WHITE
Facility capacity:	86
Type of clients served:	950
Facility phone:	7148940144

FR872
East
4-6 mi
25034
Higher

SRPR20051024846
Private Schools

Pss school id:	A9300142
Pss inst:	BETHANY CHRISTIAN ACADEMY
Lograde:	K
Higrade:	8
Pss address:	13431 EDWARDS STREET
Pss city:	WESTMINSTER
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92683
Pss phone:	7148919783
Pss sch days:	175
Pss stu day hrs:	6.25
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	27
Pss enroll 1:	27
Pss enroll 2:	27
Pss enroll 3:	30
Pss enroll 4:	19
Pss enroll 5:	35
Pss enroll 6:	26
Pss enroll 7:	26
Pss enroll 8:	23
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	240
Pss enroll tk12:	240
Pss race ai:	0
Pss race as:	21
Pss race h:	28
Pss race b:	6

Pss race w:	185
Pss fte teach:	14.5
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	8.75
Pss hisp pct:	11.67
Pss black pct:	2.5
Pss white pct:	77.08
Pss stdtch rt:	16.55
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024846

FT873
East
4-6 mi
25050
Higher

SRDCCA200749389
Daycare

EDR ID:	SRDCCA200749389
Facility number:	304270013
Facility name:	WESTMINSTER SCHOOL DISTRICT-FINLEY STATE PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	13521 EDWARDS ST.
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	15151 TEMPLE STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	WESTMINSTER SCH. DIST. STATE PRESCHOOL PROGRAM
Licensee type:	F
License effective date:	941004
License expiration date:	Not Reported
License issue date:	941004
Program type:	3 NON-AMB. AGES 3-5 YRS. OLD. MON-FRI. 07:00 AM TO 5:00 PM. RM 31 & RM 32. PER FIRE DEPT. RM 31 MAXIMUM CAPACITY IS 24 RM 32 MAX. CAPACITYIS 25. APPROVED WAIVERS TO SHARE B/R & PLAY YD. WITH ELEM. SCHOOL.
Original app. received date:	940330
Facility closed date:	Not Reported
Mailing address:	14121 CEDARWOOD AVENUE

Mailing city:	WESTMINSTER	
Mailing state:	CA	
Mailing zip:	92683	
Contact person:	RICKI MORALES	
Facility capacity:	49	
Type of clients served:	950	
Facility phone:	7148957764	

FT874 SRPU20071010659
East
4-6 mi
25050
Higher

Ncessch:	064215010266
Schname05:	FINLEY ELEMENTARY
Mstreet05:	13521 EDWARDS ST.
Mcity05:	WESTMINSTER
Mstate05:	CA
Mzip05:	92683
Mzip405:	2502
Member05:	521
Phone05:	(714) 895-7764
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071010659

Public Schools

EX875 SRDCCA200745592
NE
4-6 mi
25106
Higher

EDR ID:	SRDCCA200745592
Facility number:	304370287
Facility name:	TUTOR TIME CHILD CARE/LEARNING CENTER
Facility eval. code:	1201
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	5805 CORPORATE AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	"21333 HAGGERTY RD., SUITE #300"
City:	NOVI
State:	MI
Zip:	48375
Facility investor:	TUTOR TIME LEARNING CENTERS. LLC.
Licensee type:	G
License effective date:	61027
License expiration date:	Not Reported
License issue date:	061027
Program type:	AMBULATORY CHILDREN. 5 TO 12 YEARS OF AGE. MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.
Original app. received date:	060731
Facility closed date:	Not Reported
Mailing address:	"21333 HAGGERTY RD., SUITE #300"
Mailing city:	NOVI
Mailing state:	MI

Daycare

Mailing zip:	48375
Contact person:	"OLSEN, DENISE "
Facility capacity:	25
Type of clients served:	950
Facility phone:	7144841000

EX876 SRDCCA200744619
NE Daycare
4-6 mi
25106
Higher

EDR ID:	SRDCCA200744619
Facility number:	304370286
Facility name:	TUTOR TIME CHILD CARE/LEARNING CENTER
Facility eval. code:	1201
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	5805 CORPORATE AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	"21333 HAGGERTY RD., SUITE 300 "
City:	NOVI
State:	MI
Zip:	48375
Facility investor:	"TUTOR TIME LEARNING CENTERS, LLC. "
Licensee type:	G
License effective date:	61027
License expiration date:	Not Reported
License issue date:	061027
Program type:	AMBULATORY CHILDREN. BIRTH TO 2 YEARS OF AGE. MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.
Original app. received date:	060731
Facility closed date:	Not Reported
Mailing address:	"21333 HAGGERTY RD., SUITE 300 "
Mailing city:	NOVI
Mailing state:	MI
Mailing zip:	48375
Contact person:	"OLSEN, DENISE "
Facility capacity:	41
Type of clients served:	955
Facility phone:	7144841000

EX877 SRDCCA200755227
NE Daycare
4-6 mi
25106
Higher

EDR ID:	SRDCCA200755227
Facility number:	304370285
Facility name:	TUTOR TIME CHILD CARE/LEARNING CENTER
Facility eval. code:	1201
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5805 CORPORATE AVENUE
City:	CYPRESS
State:	CA
Zip:	90630

Alt. address:	"21333 HAGGERTY RD., SUITE 300 "
City:	NOVI
State:	MI
Zip:	48375
Facility investor:	"TUTOR TIME LEARNING CENTERS, LLC. "
Licensee type:	G
License effective date:	61027
License expiration date:	Not Reported
License issue date:	061027
Program type:	AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE. MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.
Original app. received date:	060731
Facility closed date:	Not Reported
Mailing address:	"21333 HAGGERTY RD., SUITE 300 "
Mailing city:	NOVI
Mailing state:	MI
Mailing zip:	48375
Contact person:	"OLSEN, DENISE "
Facility capacity:	95
Type of clients served:	950
Facility phone:	7144841000

FT878
East
4-6 mi
25107
Higher

SRPU20071010650
Public Schools

Ncessch:	064215006908
Schname05:	JOHNSON MIDDLE
Mstreet05:	13603 EDWARDS ST.
Mcity05:	WESTMINSTER
Mstate05:	CA
Mzip05:	92683
Mzip405:	3006
Member05:	969
Phone05:	(714) 894-7244
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071010650

FU879
West
4-6 mi
25130
Higher

SRHO20070130549
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970626
Medicare/Medicaid:	1
Facility name:	TALBERT MEDICAL GROUP INC/TALBERT MED
Intermediary/Carrier:	02050
Medicaid number:	Not Reported

Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553866
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	500 ALAMITOS AVENUE
Phone num:	5624325661
Termination reason:	00
Term Date:	20071010
Purpose of action:	2
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130549

FU880
West
4-6 mi
25130
Higher

SRHO20070142676
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FHP LONG BEACH MEDICAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940131
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0882221
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	500 ALAMITOS

Phone num:	3104325661
Termination reason:	08
Term Date:	19980130
Purpose of action:	Not Reported
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142676

881
North
4-6 mi
25149
Higher

SRDCCA200726436
Daycare

EDR ID:	SRDCCA200726436
Facility number:	198010781
Facility name:	CONNER FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4327 PALO VERDE AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4327 PALO VERDE AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"CONNER, SHARON "
Licensee type:	A
License effective date:	40907
License expiration date:	Not Reported
License issue date:	040907
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040723
Facility closed date:	Not Reported
Mailing address:	4327 PALO VERDE AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"CONNER, SHARON "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624210781

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

FI882 SRDCCA200711453
ENE EDR ID: SRDCCA200711453 Daycare
4-6 mi Facility number: 304204987
25163 Facility name: "DICKERSON, CARLOITA "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 12162 WUTZKE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 12162 WUTZKE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "DICKERSON, CARLOITA "
Licensee type: A
License effective date: 990922
License expiration date: Not Reported
License issue date: 990922
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990416
Facility closed date: Not Reported
Mailing address: 12162 WUTZKE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "DICKERSON, CARLOITA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148946645

FS883 SRDCCA200709398
ESE EDR ID: SRDCCA200709398 Daycare
4-6 mi Facility number: 304204681
25231 Facility name: "MORGAN, VICKIE "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 14622 ZANE CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 14622 ZANE CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "MORGAN, VICKIE "

Licensee type:	A
License effective date:	980914
License expiration date:	Not Reported
License issue date:	980914
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	980720
Facility closed date:	Not Reported
Mailing address:	14622 ZANE CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"MORGAN, VICKIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148931090

FV884
WNW
4-6 mi
25265
Higher

SRHO20070157131
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NEHA MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1021366
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 E ANAHEIM ST
Phone num:	5629021033
Termination reason:	00
Term Date:	20080120
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157131

FS885 SRDCCA200755167
ESE
4-6 mi
25275
Higher
Daycare

EDR ID:	SRDCCA200755167
Facility number:	304370288
Facility name:	CLEGG PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	6311 LARCHWOOD DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	6311 LARCHWOOD DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	WESTMINSTER SCHOOL DISTRICT
Licensee type:	F
License effective date:	60829
License expiration date:	Not Reported
License issue date:	060829
Program type:	"24 AMBULATORY CHILDREN, 3-5 YEARS OF AGE, 8:15 A.M. TO 11:15 A.M. ROOM A1.WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND. "
Original app. received date:	060717
Facility closed date:	Not Reported
Mailing address:	1515 TEMPLE STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	JENNIFER WOJTKIEWICZ
Facility capacity:	24
Type of clients served:	950
Facility phone:	7148947218

FS886 SRPU20071010655
ESE
4-6 mi
25275
Higher
Public Schools

Ncessch:	064215006915
Schname05:	STACEY MIDDLE
Mstreet05:	6311 LARCHWOOD DR.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92647
Mzip405:	2320
Member05:	-2
Phone05:	(714) 894-7212

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
	Locale05:	N	
	Type05:	1	
	Level05:	4	
	Gslo05:	N	
	Gshi05:	N	
	Edr id:	SRPU20071010655	

FS887			SRPU20071010646
ESE	Ncessch:	064215006903	Public Schools
4-6 mi	Schname05:	CLEGG ELEMENTARY	
25275	Mstreet05:	6311 LARCHWOOD DR.	
Higher	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92647	
	Mzip405:	2320	
	Member05:	1378	
	Phone05:	(714) 894-7212	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	08	
	Edr id:	SRPU20071010646	

EY888			SRDCCA200703323
NE	EDR ID:	SRDCCA200703323	Daycare
4-6 mi	Facility number:	300608968	
25292	Facility name:	"WARDELL, DEBRA "	
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5641 CATHY LANE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	5641 CATHY LANE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Facility investor:	"WARDELL, DEBRA "	
	Licensee type:	A	
	License effective date:	941130	
	License expiration date:	Not Reported	
	License issue date:	890701	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "	
	Original app. received date:	890630	
	Facility closed date:	Not Reported	
	Mailing address:	5641 CATHY LANE	
	Mailing city:	CYPRESS	

Mailing state:	CA	
Mailing zip:	90630	
Contact person:	"WARDELL, DEBRA "	
Facility capacity:	12	
Type of clients served:	960	
Facility phone:	7148281560	

FU889 SRDCCA200752247
West
4-6 mi
25299
Higher Daycare

EDR ID:	SRDCCA200752247
Facility number:	198001941
Facility name:	ST. ANTHONY PRESCHOOL
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	855 EAST 5TH ST.
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	855 EAST 5TH ST.
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	ST. ANTHONY PRESCHOOL
Licensee type:	C
License effective date:	961015
License expiration date:	Not Reported
License issue date:	961015
Program type:	FACILITY CLOSES DURING SUMMER RECCESS. LICENSED FOR PRESCHOOL AGES 2-START OF 1ST GRADE. AMBULATORY ONL.
Original app. received date:	960220
Facility closed date:	Not Reported
Mailing address:	855 EAST 5TH ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	BARBARA LEARY
Facility capacity:	20
Type of clients served:	950
Facility phone:	5624325946

FU890 SRPR20051023294
West
4-6 mi
25299
Higher Private Schools

Pss school id:	00068943
Pss inst:	ST ANTHONY ELEMENTARY SCHOOL
Lograde:	PK
Higrade:	8
Pss address:	855 EAST 5TH STREET
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90802

Pss phone:	5624325946
Pss sch days:	184
Pss stu day hrs:	6.08
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	15
Pss enroll k:	28
Pss enroll 1:	28
Pss enroll 2:	25
Pss enroll 3:	25
Pss enroll 4:	27
Pss enroll 5:	27
Pss enroll 6:	32
Pss enroll 7:	30
Pss enroll 8:	35
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	272
Pss enroll tk12:	257
Pss race ai:	3
Pss race as:	29
Pss race h:	131
Pss race b:	30
Pss race w:	64
Pss fte teach:	10
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	1.17
Pss asian pct:	11.28
Pss hisp pct:	50.97
Pss black pct:	11.67
Pss white pct:	24.9
Pss stdtch rt:	25.7
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023294

FW891
NNE
4-6 mi
25318
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

SRHO20070143689
AHA Hospitals

City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ABC UNIFIED SCHOOL DIST-FEDDE JR HIGH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930302
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862946
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	21409 SOUTH ELAINE AVENUE
Phone num:	3109265566
Termination reason:	08
Term Date:	20060831
Purpose of action:	Not Reported
Provider control:	06
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143689

FW892
NNE
4-6 mi
25318
Higher

SRPU20071006143
Public Schools

Ncessch:	060162000020
Schname05:	PHARIS F. FEDDE MIDDLE
Mstreet05:	21409 SOUTH ELAINE AVE.
Mcity05:	HAWAIIAN GARDENS
Mstate05:	CA
Mzip05:	90716
Mzip405:	1025
Member05:	578
Phone05:	(562) 924-2309
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	07
Gshi05:	08

Edr id: SRPU20071006143

FA893 SRHO20070131207
NNE AHA Hospitals
4-6 mi
25327
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960116
Medicare/Medicaid:	1
Facility name:	BURTON BRAND MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553204
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21508 SOUTH NORWALK BOULEVARD
Phone num:	3108655214
Termination reason:	01
Term Date:	20030501
Purpose of action:	1
Provider control:	04
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131207

FA894 SRHO20070155218
NNE AHA Hospitals
4-6 mi
25327
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HAWAIIAN GARDENS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JACQUELINE B AGUILUZ DO INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020313
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0997345
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	21508 SOUTH NORWALK BOULEVAERD
Phone num:	5624023141
Termination reason:	00
Term Date:	20080312
Purpose of action:	Not Reported
Provider control:	02
Zip:	90716
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155218

FP895
North
4-6 mi
25347
Higher

SRPU20071014037
Public Schools

Ncessch:	062250002746
Schname05:	MONROE ELEMENTARY
Mstreet05:	4400 LADOGA AVE.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90713
Mzip405:	2749
Member05:	919
Phone05:	(562) 429-8911
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	08
Edr id:	SRPU20071014037

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
FD896 NNW 4-6 mi 25368 Higher			SRHO20070131112 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19960223	
	Medicare/Medicaid:	1	
	Facility name:	VILLAGE ROAD MEDICAL GRP	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554762	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	5406 E VILLAGE RD	
	Phone num:	3104251209	
	Termination reason:	08	
	Term Date:	19981208	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131112	
FH897 NNW 4-6 mi 25395 Higher			SRDCCA200729501 Daycare
	EDR ID:	SRDCCA200729501	
	Facility number:	198011765	
	Facility name:	ANTONINI FAMILY CHILD CARE	
	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	06	
	Address:	5903 HARVEY WAY	
	City:	LAKEWOOD	

State:	CA
Zip:	90713
Alt. address:	5903 HARVEY WAY
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"ANTONINI, MARLA "
Licensee type:	A
License effective date:	50608
License expiration date:	Not Reported
License issue date:	050608
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050526
Facility closed date:	Not Reported
Mailing address:	5903 HARVEY WAY
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"ANTONINI, MARLA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624202396

FX898
NNE
4-6 mi
25399
Higher

SRDCCA200743318
Daycare

EDR ID:	SRDCCA200743318
Facility number:	304270046
Facility name:	ABC DEVELOPMENT PRESCHOOL #4
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	4440 SURREY AVE.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	16633 E. BLACKBURN DR.
City:	LA MIRADA
State:	CA
Zip:	90638
Facility investor:	"LEBRUN,JANICE & ABC 4 B & J INC. "
Licensee type:	D
License effective date:	940830
License expiration date:	Not Reported
License issue date:	940830
Program type:	"AMB. CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI.RM B & C. 06:30AM TO 8:15AM & 2:30PM TO 6:00PM. INCLUDES DAYSELEM SCHOOL IS CLOSED-M-F, 06:30AM TO 6:00PM RM B & C. WAIVER-COMBINE P/S & "SCH-AGE KIDS FIRST & LAST HR OF DAY.
Original app. received date:	940623
Facility closed date:	Not Reported
Mailing address:	16633 E. BLACKBURN DR.
Mailing city:	LA MIRADA

Mailing state:	CA
Mailing zip:	90638
Contact person:	NIKKI BRZUSKA
Facility capacity:	60
Type of clients served:	950
Facility phone:	7148284222

FX899 SRDCCA200750953
NNE Daycare
4-6 mi
25399
Higher

EDR ID:	SRDCCA200750953
Facility number:	304270045
Facility name:	ABC DEVELOPMENT PRESCHOOL #4
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	4440 SURREY AVE.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	16633 E. BLACKBURN DR.
City:	LA MIRADA
State:	CA
Zip:	90638
Facility investor:	"LEBRUN, JANICE & ABC 4 B & J INC. "
Licensee type:	D
License effective date:	940830
License expiration date:	Not Reported
License issue date:	940830
Program type:	"AMB. CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD.MON-FRI. 06:30AM TO 6:00PM, RM A AND 8:15AM TO 2:30PM, RMS B & C. WAIVER-COMBINE P/S AND SCH-AGE CHILDREN FIRST AND LAST "HOUR OF THE DAY.
Original app. received date:	940623
Facility closed date:	Not Reported
Mailing address:	16633 E. BLACKBURN DR.
Mailing city:	LA MIRADA
Mailing state:	CA
Mailing zip:	90638
Contact person:	NIKKI BRZUSKA
Facility capacity:	60
Type of clients served:	950
Facility phone:	7148284222

FQ900 SRDCCA200754851
SE Daycare
4-6 mi
25401
Higher

EDR ID:	SRDCCA200754851
Facility number:	304370315
Facility name:	"KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR. "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5702 CLARK DRIVE

City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	5702 CLARK DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	"GILLESPIE, KELLIE "
Licensee type:	D
License effective date:	70214
License expiration date:	Not Reported
License issue date:	070214
Program type:	AMBULATORY - MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM. PRESCHOOL PROGRAM 2 TO 6 YEARS OF AGE.
Original app. received date:	060926
Facility closed date:	Not Reported
Mailing address:	16311 NASSAU LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"GILLESPIE, KELLIE "
Facility capacity:	84
Type of clients served:	950
Facility phone:	7143770533

FQ901
SE
4-6 mi
25401
Higher

SRDCCA200752491
Daycare

EDR ID:	SRDCCA200752491
Facility number:	304270040
Facility name:	CARDEN DEVELOPMENTAL PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5702 CLARK DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	5702 CLARK DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	"CARDEN CONSERVATORY, INC. "
Licensee type:	D
License effective date:	940911
License expiration date:	Not Reported
License issue date:	940911
Program type:	"MONDAY-FRIDAY, 6:30 A.M.-6:00 P.M. ROOM 17,18,19. AGES 2 YEARS THROUGH 6 YEARS OLD. "
Original app. received date:	940617
Facility closed date:	Not Reported
Mailing address:	5702 CLARK DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA

Mailing zip:	92649	
Contact person:	"TCHAKALSKA, ROSSITZA "	
Facility capacity:	60	
Type of clients served:	950	
Facility phone:	7148402197	

FQ902 SRDCCA200748479
SE
4-6 mi
25401
Higher

EDR ID:	SRDCCA200748479	Daycare
Facility number:	300604107	
Facility name:	NORTH HUNTINGTON BEACH COMMUNITY NURSERY SCHOOL	
Facility eval. code:	1207	
Facility office number:	06	
Facility county number:	30	
Facility type code:	850	
Facility status code:	03	
Address:	5702 CLARK DRIVE	
City:	HUNTINGTON BEACH	
State:	CA	
Zip:	92649	
Alt. address:	5702 CLARK DRIVE	
City:	HUNTINGTON BEACH	
State:	CA	
Zip:	92649	
Facility investor:	NORTH HUNTINGTON BEACH COMMUNITY NURSERY SCHOOL	
Licensee type:	C	
License effective date:	931102	
License expiration date:	Not Reported	
License issue date:	Not Reported	
Program type:	"AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MON, WED, AND FRI 08:00 AM TO 4:00 PM; AND TUES AND THURS 8:30 AM TO 4:00 PM. "	
Original app. received date:	790731	
Facility closed date:	Not Reported	
Mailing address:	5702 CLARK DRIVE	
Mailing city:	HUNTINGTON BEACH	
Mailing state:	CA	
Mailing zip:	92649	
Contact person:	TRACY HOLLOWAY	
Facility capacity:	25	
Type of clients served:	950	
Facility phone:	7148462713	

FQ903 SRDCCA200744740
SE
4-6 mi
25401
Higher

EDR ID:	SRDCCA200744740	Daycare
Facility number:	304370316	
Facility name:	"KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR. "	
Facility eval. code:	1207	
Facility office number:	06	
Facility county number:	30	
Facility type code:	830	
Facility status code:	03	
Address:	5702 CLARK DRIVE	
City:	HUNTINGTON BEACH	

State: CA
Zip: 92649
Alt. address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "GILLESPIE, KELLIE "
Licensee type: D
License effective date: 70214
License expiration date: Not Reported
License issue date: 070214
Program type: "AMBULATORY , MONDAY THROUGH FIRDAY, 6:30 AM TO 6:30 PM. INFANTS 0 TO 2 YEARS OLD.
"
Original app. received date: 060926
Facility closed date: Not Reported
Mailing address: 16311 NASSAU LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "GILLESPIE, KELLIE "
Facility capacity: 28
Type of clients served: 955
Facility phone: 7143770533

FQ904 SRDCCA200744803
SE EDR ID: SRDCCA200744803 Daycare
4-6 mi Facility number: 304370317
25401 Facility name: "KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR. "
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 5702 CLARK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "GILLESPIE, KELLIE "
Licensee type: D
License effective date: 70214
License expiration date: Not Reported
License issue date: 070214
Program type: AMBULATORY - MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM. SCHOOL-AGE 5 TO 14 YEARS OF AGE.
Original app. received date: 060926
Facility closed date: Not Reported
Mailing address: 16311 NASSAU LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649

Contact person:	"GILLESPIE, KELLIE "
Facility capacity:	50
Type of clients served:	950
Facility phone:	7143770533

FQ905
SE
4-6 mi
25401
Higher

SRPR20051023955
Private Schools

Pss school id:	02158359
Pss inst:	CARDEN CONSERVATORY
Lograde:	PK
Higrade:	8
Pss address:	5702 CLARK DR
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92649
Pss phone:	7148405127
Pss sch days:	168
Pss stu day hrs:	7.25
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	36
Pss enroll k:	20
Pss enroll 1:	12
Pss enroll 2:	20
Pss enroll 3:	13
Pss enroll 4:	14
Pss enroll 5:	15
Pss enroll 6:	15
Pss enroll 7:	15
Pss enroll 8:	15
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	175
Pss enroll tk12:	139
Pss race ai:	0
Pss race as:	27
Pss race h:	0
Pss race b:	1
Pss race w:	111
Pss fte teach:	15.9
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	19.42
Pss hisp pct:	0
Pss black pct:	0.72
Pss white pct:	79.86

Pss stdtch rt:	8.74
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023955

FY906 SRDCCA200703278
East Daycare
4-6 mi
25402
Higher

EDR ID:	SRDCCA200703278
Facility number:	300608712
Facility name:	"CLAPHAN, SHARON "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6751 ANTHONY
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	6751 ANTHONY
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"CLAPHAN, SHARON "
Licensee type:	A
License effective date:	960109
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	6751 ANTHONY
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"CLAPHAN, SHARON "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148935188

FJ907 SRDCCA200720288
WNW Daycare
4-6 mi
25416
Higher

EDR ID:	SRDCCA200720288
Facility number:	198008295
Facility name:	GRAVES FAMILY CHILD CARE
Facility eval. code:	8160

Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1700 LEMON AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1700 LEMON AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"GRAVES, TONNETTE' "
Licensee type:	A
License effective date:	21126
License expiration date:	Not Reported
License issue date:	021126
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	021010
Facility closed date:	Not Reported
Mailing address:	1700 LEMON AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"GRAVES, TONNETTE' "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625992121

FZ908
West
4-6 mi
25429
Higher

SRDCCA200734324
Daycare

EDR ID:	SRDCCA200734324
Facility number:	198012570
Facility name:	BRIDGES FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	907 E. 9TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	907 E. 9TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"BRIDGES, GINA "
Licensee type:	A
License effective date:	60530
License expiration date:	Not Reported
License issue date:	060530
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date:	060426
Facility closed date:	Not Reported
Mailing address:	907 E. 9TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"BRIDGES, GINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624327673

FX909 — SRPU20071014134
NNE — Public Schools
4-6 mi
25444
Higher

Ncessch:	061044001166
Schname05:	A. E. ARNOLD ELEMENTARY
Mstreet05:	9281 DENNI ST.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	2724
Member05:	605
Phone05:	(714) 220-6965
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071014134

FN910 — SRDCCA200752241
East — Daycare
4-6 mi
25466
Higher

EDR ID:	SRDCCA200752241
Facility number:	304270282
Facility name:	MONTESSORI CHILDREN'S WORLD
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	14212 EDWARDS BLVD.
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	14212 EDWARDS BLVD.
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	A & L ENTERPRISES
Licensee type:	B
License effective date:	961122
License expiration date:	Not Reported
License issue date:	961122
Program type:	60 TOTAL AMBULATORY CHILDREN MON-FRI. 6:30 A.M. TO 6:00 P.M. 50 PRESCHOOL CHILDREN AGES 24 MONTHS TO 6 YEARS OLD. RM-3 TODDLER OPTION- 10 CHILDREN AGES 18 MONTHS TO 30 MONTHS.EFFECTIVE 6/17/02.

Original app. received date:	961023
Facility closed date:	Not Reported
Mailing address:	14212 EDWARDS BLVD.
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	BRIGITTE WHITEHOUSE
Facility capacity:	60
Type of clients served:	950
Facility phone:	7148944924

FN911 SRPR20051021873
East Private Schools
4-6 mi
25466
Higher

Pss school id:	BB961340
Pss inst:	MONTESSORI CHILDRENS WORLD
Lograde:	PK
Higrade:	K
Pss address:	14212 EDWARDS ST
Pss city:	WESTMINSTER
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92683
Pss phone:	7148944924
Pss sch days:	225
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	47
Pss enroll k:	3
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	50
Pss enroll tk12:	3
Pss race ai:	0
Pss race as:	0
Pss race h:	0
Pss race b:	1
Pss race w:	2
Pss fte teach:	4.9
Pss locale:	3
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3

Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	0
Pss black pct:	33.33
Pss white pct:	66.67
Pss stdtch rt:	0.61
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	Other Montessori association(s)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051021873

FU912
West
4-6 mi
25576
Higher

SRDCCA200713149
Daycare

EDR ID:	SRDCCA200713149
Facility number:	198005900
Facility name:	CASEY FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	439 OLIVE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	439 OLIVE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	"CASEY, CHARLOTTE "
Licensee type:	A
License effective date:	621
License expiration date:	Not Reported
License issue date:	000621
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000321
Facility closed date:	Not Reported
Mailing address:	439 OLIVE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	"CASEY, CHARLOTTE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624365057

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

913
SE
4-6 mi
25599
Higher

SRDCCA200755623
Daycare

EDR ID:	SRDCCA200755623
Facility number:	304370218
Facility name:	SURF CITY CHRISTIAN CHILD DEVELOPMENT PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5432 HEIL
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	5432 HEIL
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	SURF CITY CHRISTIAN CHILD DEVELOPMENT PRESCHOOL
Licensee type:	D
License effective date:	60223
License expiration date:	Not Reported
License issue date:	060223
Program type:	"MONDAY THRU FRIDAY, 7:00AM TO 6:00PM, AGES: 2 TO 6 YEARS OLD. "
Original app. received date:	051117
Facility closed date:	Not Reported
Mailing address:	5432 HEIL
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"HOPKINS, TAMARA ANN "
Facility capacity:	63
Type of clients served:	960
Facility phone:	7148126407

GA914
SE
4-6 mi
25608
Higher

SRHO20070133441
AHA Hospitals

Hospital type:	01
Num of times COO:	01
Owner date:	19960601
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960628
Medicare/Medicaid:	1
Facility name:	ST JUDE HERITAGE HLTH FDNTN-BRISTOL PK
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577727
Record Status:	A

Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4952 WARNER AVENUE 110
Phone num:	7148467702
Termination reason:	12
Term Date:	19990208
Purpose of action:	2
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070133441

FK915
WNW
4-6 mi
25608
Higher

SRDCCA200738721
Daycare

EDR ID:	SRDCCA200738721
Facility number:	198012891
Facility name:	HOY FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1060 E. 17TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1060 E. 17TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	ROM HOY
Licensee type:	A
License effective date:	61206
License expiration date:	Not Reported
License issue date:	061206
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060918
Facility closed date:	Not Reported
Mailing address:	1060 E. 17TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813

Contact person:	"HOY, ROM "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5622184594

GA916 — SRHO20070150939
SE — AHA Hospitals
4-6 mi
25614
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HUNTINGTON BEACH DIALYSIS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990623
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0962065
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	16892 BOLSA CHICA AVENUE
Phone num:	7148462102
Termination reason:	00
Term Date:	20070622
Purpose of action:	Not Reported
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150939

GA917 — SRHO20070008890
SE — AHA Hospitals
4-6 mi
25614
Higher

Hospital type:	01
Num of times COO:	03
Owner date:	Not Reported
City:	HUNTINGTON BEACH

Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040903
Medicare/Medicaid:	1
Facility name:	HUNTINGTON BEACH DIALYSIS
Intermediary/Carrier:	00101
Medicaid number:	052641
Partcipation date:	19860206
Prior COO date:	20000101
Prior carrier:	00040
Provider ID:	052641
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	16892 BOLSA CHICA AVENUE
Phone num:	7148462102
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008890

FX918
NNE
4-6 mi
25637
Higher

SRDCCA200740101
Daycare

EDR ID:	SRDCCA200740101
Facility number:	304310694
Facility name:	"GAGE, NICOLE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	4442 CASA GRANDE CIRCLE #85
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	4442 CASA GRANDE CIRCLE #85
City:	CYPRESS
State:	CA

Zip:	90630
Facility investor:	"GAGE, NICOLE "
Licensee type:	A
License effective date:	61226
License expiration date:	Not Reported
License issue date:	061226
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	061204
Facility closed date:	Not Reported
Mailing address:	4442 CASA GRANDE CIRCLE #85
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"GAGE, NICOLE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148284363

FU919
West
4-6 mi
25637
Higher

SRPR20051023295
Private Schools

Pss school id:	00070602
Pss inst:	ST ANTHONY HIGH SCHOOL
Lograde:	9
Higrade:	12
Pss address:	620 OLIVE AVENUE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90802
Pss phone:	5624354496
Pss sch days:	180
Pss stu day hrs:	7.17
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	50
Pss enroll 10:	55
Pss enroll 11:	75
Pss enroll 12:	60
Pss enroll t:	240
Pss enroll tk12:	240
Pss race ai:	1
Pss race as:	58

Pss race h:	85
Pss race b:	35
Pss race w:	61
Pss fte teach:	19
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	2
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0.42
Pss asian pct:	24.17
Pss hisp pct:	35.42
Pss black pct:	14.58
Pss white pct:	25.42
Pss stdtch rt:	12.63
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023295

920
NE
4-6 mi
25657
Higher

SRDCCA200704321
Daycare

EDR ID:	SRDCCA200704321
Facility number:	300612624
Facility name:	"LAUFER, MARGIE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9368 DANBURY ST.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	9368 DANBURY ST.
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"LAUFER, MARGIE "
Licensee type:	A
License effective date:	950707
License expiration date:	Not Reported
License issue date:	920707
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	911230
Facility closed date:	Not Reported

Mailing address:	9368 DANBURY ST.	
Mailing city:	CYPRESS	
Mailing state:	CA	
Mailing zip:	90630	
Contact person:	"LAUFER, MARGIE & NANCY AND"	
Facility capacity:	6	
Type of clients served:	960	
Facility phone:	7142209050	

FP921 SRDCCA200703780
North Daycare
4-6 mi
25667
Higher

EDR ID:	SRDCCA200703780
Facility number:	191608314
Facility name:	HOLLMAN FAMILY DAY CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4492 PAULA AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4492 PAULA AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"HOLLMAN, CATHERINE & WILLIAM "
Licensee type:	A
License effective date:	951016
License expiration date:	Not Reported
License issue date:	921016
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	920729
Facility closed date:	Not Reported
Mailing address:	4492 PAULA AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"HOLLMAN, CATHERINE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5624255030

FJ922 SRHO20070164632
WNW AHA Hospitals
4-6 mi
25691
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH HARBOR (UCLA)
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060922
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1059130
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1075 EAST PACIFIC COAST HIGHWAY
Phone num:	5625991511
Termination reason:	00
Term Date:	20080921
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164632

FQ923
ESE
4-6 mi
25703
Higher

SRHO20070159428
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAV-ON DRUGS #9491
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050414
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1039479

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5822 EDINGER AVE
Phone num:	7148462824
Termination reason:	00
Term Date:	20070413
Purpose of action:	Not Reported
Provider control:	04
Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159428

FI924 SRDCCA200722790
ENE
4-6 mi
25704
Higher

EDR ID:	SRDCCA200722790
Facility number:	304300484
Facility name:	"GOMEZ, LINDA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6692 BELGRAVE AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	6692 BELGRAVE AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"GOMEZ, LINDA "
Licensee type:	A
License effective date:	40831
License expiration date:	Not Reported
License issue date:	040831
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031024
Facility closed date:	Not Reported
Mailing address:	6692 BELGRAVE AVENUE
Mailing city:	GARDEN GROVE

Daycare

Mailing state:	CA	
Mailing zip:	92845	
Contact person:	"GOMEZ, LINDA "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	7148913423	

GB925 SRDCCA200708766
ENE
4-6 mi
25720
Higher

EDR ID:	SRDCCA200708766
Facility number:	304202090
Facility name:	"ANDERSON, MARGARET "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6642 VANGUARD CIRCLE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	6642 VANGUARD CIRCLE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"ANDERSON, MARGARET "
Licensee type:	A
License effective date:	960425
License expiration date:	Not Reported
License issue date:	960425
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950913
Facility closed date:	Not Reported
Mailing address:	6642 VANGUARD CIRCLE
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"ANDERSON, MARGARET "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148978249

FV926 SRDCCA200723150
West
4-6 mi
25728
Higher

EDR ID:	SRDCCA200723150
Facility number:	198009677
Facility name:	NGUON FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1069 MYRTLE STREET
City:	LONG BEACH

State:	CA
Zip:	90813
Alt. address:	1069 MYRTLE STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	BONY NGUON
Licensee type:	A
License effective date:	31003
License expiration date:	Not Reported
License issue date:	031003
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030908
Facility closed date:	Not Reported
Mailing address:	1069 MYRTLE STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	BONY NGUON
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624911775

FV927
WNW
4-6 mi
25745
Higher

SRDCCA200746225
Daycare

EDR ID:	SRDCCA200746225
Facility number:	198007960
Facility name:	CHRIST SECOND BAPTIST CHURCH
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	1471 MARTIN LUTHER KING AVE.
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1471 MARTIN LUTHER KING AVE.
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	CHRIST SECOND BAPTIST CHURCH
Licensee type:	C
License effective date:	30606
License expiration date:	Not Reported
License issue date:	030606
Program type:	INACTIVE STATUS FOR PERIOD 08/14/06 TO 08/31/08.
Original app. received date:	030307
Facility closed date:	Not Reported
Mailing address:	2850 EASY AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90810

Contact person:	"KIMBER, BARBARA "
Facility capacity:	48
Type of clients served:	950
Facility phone:	5625993421

GC928 SRDCCA200725867
North Daycare
4-6 mi
25755
Higher

EDR ID:	SRDCCA200725867
Facility number:	198010829
Facility name:	HARRISON-IMEL FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	11521 E. MASSINGER STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	11521 E. MASSINGER STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"HARRISON-IMEL, KATHY "
Licensee type:	A
License effective date:	40813
License expiration date:	Not Reported
License issue date:	040813
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040716
Facility closed date:	Not Reported
Mailing address:	11521 E. MASSINGER STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"HARRISON-IMEL, KATHY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628658832

GD929 SRDCCA200703080
ESE Daycare
4-6 mi
25761
Higher

EDR ID:	SRDCCA200703080
Facility number:	300608242
Facility name:	"GLENN, JANET "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15561 AULNAY LANE
City:	HUNTINGTON BEACH
State:	CA

Zip: 92647
Alt. address: 15561 AULNAY LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "GLENN, JANET "
Licensee type: A
License effective date: 940131
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY; (INFANT MEANS A CHILD UNDER AGE 2). "
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 15561 AULNAY LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "GLENN, JANET "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148986217

GD930
ESE
4-6 mi
25792
Higher

SRDCCA200710466
Daycare

EDR ID: SRDCCA200710466
Facility number: 304204310
Facility name: DIAZ GINNY
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6061 STONE CIR.
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 6061 STONE CIR.
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: DIAZ GINNY
Licensee type: A
License effective date: 980113
License expiration date: Not Reported
License issue date: 980113
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 971031
Facility closed date: Not Reported
Mailing address: 6061 STONE CIR.
Mailing city: HUNTINGTON BEACH
Mailing state: CA

Mailing zip:	92647
Contact person:	DIAZ GINNY
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148923920

FM931 SRDCCA200703570
NNE Daycare
4-6 mi
25830
Higher

EDR ID:	SRDCCA200703570
Facility number:	191607586
Facility name:	PELLEGRINO FAMILY DAY CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12436 E. 215TH ST.
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	12436 E. 215TH ST.
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"PELLEGRINO, MICHAEL AND MAJORIE "
Licensee type:	A
License effective date:	940119
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	811116
Facility closed date:	Not Reported
Mailing address:	12436 E. 215TH ST.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"PELLEGRINO, MAJORIE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5624023466

FQ932 SRDCCA200708596
SE Daycare
4-6 mi
25833
Higher

EDR ID:	SRDCCA200708596
Facility number:	304202322
Facility name:	"CHANG, DANIELLE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5762 MANGRUM DRIVE
City:	HUNTINGTON BEACH

State: CA
Zip: 92649
Alt. address: 5762 MANGRUM DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "CHANG, DANIELLE "
Licensee type: A
License effective date: 960723
License expiration date: Not Reported
License issue date: 960723
Program type: "INACTIVE STATUS: FEBRUARY 13, 2006 TO FEBRUARY 13, 2007. "
Original app. received date: 960117
Facility closed date: Not Reported
Mailing address: 5762 MANGRUM DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92649
Contact person: "CHANG, DANIELLE "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148408784

GE933 SRDCCA200716579
NE EDR ID: SRDCCA200716579 Daycare
4-6 mi Facility number: 304206222
25881 Facility name: "STEVENS, APRIL "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10162 ANGELA AVENUE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 10162 ANGELA AVENUE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "STEVENS, APRIL "
Licensee type: A
License effective date: 20320
License expiration date: Not Reported
License issue date: 020320
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 010815
Facility closed date: Not Reported
Mailing address: 10162 ANGELA AVENUE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630

Contact person:	"STEVENS, APRIL "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7149529193

GE934
NE
4-6 mi
25893
Higher

SRHO20070158302
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAV ON DRUGS #9575
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050110
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1035743
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5501 BALL ROAD
Phone num:	7144843502
Termination reason:	00
Term Date:	20070109
Purpose of action:	Not Reported
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158302

FU935
West
4-6 mi
25934
Higher

SRDCCA200710441
Daycare

EDR ID:	SRDCCA200710441
Facility number:	198003413
Facility name:	PIERRE FAMILY CHILD CARE
Facility eval. code:	8160

Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	330 LIME AVE.
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	330 LIME AVE.
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	"PIERRE, CONCEPCION "
Licensee type:	A
License effective date:	980302
License expiration date:	Not Reported
License issue date:	980302
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	970829
Facility closed date:	Not Reported
Mailing address:	330 LIME AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	"PIERRE, CONCEPCION "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629830525

GF936
WNW
4-6 mi
25934
Higher

SRDCCA200716122
Daycare

EDR ID:	SRDCCA200716122
Facility number:	192009960
Facility name:	TAYLOR FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1080 E. 19TH STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	1080 E. 19TH STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"TAYLOR, SHARON LOUISE "
Licensee type:	A
License effective date:	20408
License expiration date:	Not Reported
License issue date:	020408
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date:	020130
Facility closed date:	Not Reported
Mailing address:	1080 E. 19TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"TAYLOR, SHARON LOUISE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625991805

GG937 SRDCCA200731296
ESE Daycare
4-6 mi
25945
Higher

EDR ID:	SRDCCA200731296
Facility number:	304310317
Facility name:	"BRYANT, MELODY "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	14911 SUNNYCREST LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	14911 SUNNYCREST LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"BRYANT, MELODY "
Licensee type:	A
License effective date:	51202
License expiration date:	Not Reported
License issue date:	051202
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	051007
Facility closed date:	Not Reported
Mailing address:	14911 SUNNYCREST LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"BRYANT, MELODY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148968300

GB938 SRDCCA200703276
ENE Daycare
4-6 mi
25947
Higher

EDR ID:	SRDCCA200703276
Facility number:	300608807
Facility name:	"EVELYN, BONNIE "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30

Facility type code:	810
Facility status code:	03
Address:	6682 AMY STREET
City:	GARDEN GROVE
State:	CA
Zip:	92845
Alt. address:	6682 AMY STREET
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"EVELYN, BONNIE "
Licensee type:	A
License effective date:	940119
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	6682 AMY STREET
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"EVELYN, BONNIE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148983625

FQ939 SRHO20070160908
ESE AHA Hospitals
4-6 mi
25975
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARINA FAMILY MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20061229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1062901
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5888 EDINGER AVENUE

Phone num:	7143777469
Termination reason:	00
Term Date:	20081228
Purpose of action:	Not Reported
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160908

FZ940 SRHO20070131649
West AHA Hospitals
4-6 mi
25985
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VILLA MARIA CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930413
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554960
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	723 E 9TH ST
Phone num:	3104372797
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070131649	

FZ941 — SRHO20070010318
West — AHA Hospitals
4-6 mi
25985
Higher

Hospital type:	03
Num of times COO:	04
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20021220
Current survey date:	20051129
Medicare/Medicaid:	1
Facility name:	VILLA MARIA CARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	940000030
Partcipation date:	19690701
Prior COO date:	19890201
Prior carrier:	55280
Provider ID:	055329
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	723 E 9TH STREET
Phone num:	5624372797
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0052
Num cert beds:	0052
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010318

FZ942 — SRNH20060900761
West — Nursing Homes
4-6 mi
25985
Higher

Provnum:	055329
Nursinghomename:	VILLA MARIA CARE CENTER

Street:	723 E 9TH STREET
City:	LONG BEACH
State:	CA
Zipcode:	90813
Phonenumber:	5624372797
Dateoflastinspection:	20051123
Certifiednumberofbeds:	52
Totalnumberofresidents:	51
Percofoccupiedbeds:	98
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060900761

FU943
West
4-6 mi
25988
Higher

SRDCCA200749968
Daycare

EDR ID:	SRDCCA200749968
Facility number:	191605040
Facility name:	STEVENSON CHILD DEVELOPMENT CENTERS/PRESCHOOL
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	515 LIME AVENUE
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	2209 SEABRIGHT AVE.
City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	931114
License expiration date:	Not Reported
License issue date:	901114
Program type:	AMBULATORY CHILDREN AGES 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN. NOT TO EXCEED 22 CHILDREN IN ROOMS 21 & 22. ROOMS RESTRICTED TO SPECIFIED AGE RANGES. HALF DAY PROGRAM 8:30 AM TO 12:30 PM.
Original app. received date:	900423
Facility closed date:	Not Reported
Mailing address:	2209 SEABRIGHT AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90810
Contact person:	SANDRA ELLIOTT
Facility capacity:	22
Type of clients served:	950
Facility phone:	5624364500

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
FU944			SRPU20071014050
West	Ncessch:	062250002760	Public Schools
4-6 mi	Schname05:	STEVENSON ELEMENTARY	
25988	Mstreet05:	515 LIME AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90802	
	Mzip405:	2642	
	Member05:	884	
	Phone05:	(562) 437-0407	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014050	

FY945			SRDCCA200747261
East	EDR ID:	SRDCCA200747261	Daycare
4-6 mi	Facility number:	300606745	
26009	Facility name:	KIDDIES CASTLE MONTESSORI SCHOOL	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	6900 W. GARDEN GROVE BLVD.	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Alt. address:	2792 FLYER PLACE	
	City:	LOS ANGELES	
	State:	CA	
	Zip:	90065	
	Facility investor:	"WICKREMESINGHE, CHRISANTHIE "	
	Licensee type:	A	
	License effective date:	940831	
	License expiration date:	Not Reported	
	License issue date:	880701	
	Program type:	"AMBULATORY, AGES 2 THROUGH 6 YEARS, MONDAY THROUGH FRIDAY, HOURS: 6:30 AM TO 6:00 PM. "	
	Original app. received date:	880418	
	Facility closed date:	Not Reported	
	Mailing address:	2792 FLYER PLACE	
	Mailing city:	LOS ANGELES	
	Mailing state:	CA	
	Mailing zip:	90065	
	Contact person:	KANTHI WIJESEKERA	
	Facility capacity:	30	
	Type of clients served:	950	
	Facility phone:	7148953984	

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
FY946			SRPR20051024815
East	Pss school id:	A9704854	Private Schools
4-6 mi	Pss inst:	KIDDIES CASTLE MONTESSORI SCL	
26009	Lograde:	PK	
Higher	Higrade:	K	
	Pss address:	6900 GARDEN GROVE BLVD	
	Pss city:	WESTMINSTER	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92683	
	Pss phone:	7148953984	
	Pss sch days:	252	
	Pss stu day hrs:	Not Reported	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	19	
	Pss enroll k:	7	
	Pss enroll 1:	Not Reported	
	Pss enroll 2:	Not Reported	
	Pss enroll 3:	Not Reported	
	Pss enroll 4:	Not Reported	
	Pss enroll 5:	Not Reported	
	Pss enroll 6:	Not Reported	
	Pss enroll 7:	Not Reported	
	Pss enroll 8:	Not Reported	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	26	
	Pss enroll tk12:	7	
	Pss race ai:	0	
	Pss race as:	3	
	Pss race h:	0	
	Pss race b:	0	
	Pss race w:	4	
	Pss fte teach:	3.5	
	Pss locale:	3	
	Pss coed:	NR	
	Pss type:	2	
	Pss level:	1	
	Pss relig:	3	
	Pss comm type:	2	
	Pss indian pct:	0	
	Pss asian pct:	42.86	
	Pss hisp pct:	0	
	Pss black pct:	0	
	Pss white pct:	57.14	
	Pss stdtch rt:	2	
	Pss orient:	29	
	Pss county name:	ORANGE	
	Pss assoc 1:	No Membership Association	
	Pss assoc 2:	Not Reported	
	Pss assoc 3:	Not Reported	

Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051024815	

GH947 SRHO20070144515
NNW AHA Hospitals
4-6 mi
26023
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH CITY COLLEGE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950524
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0901461
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4901 E CARSON STREET
Phone num:	5629384210
Termination reason:	08
Term Date:	20030131
Purpose of action:	Not Reported
Provider control:	09
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144515

GH948 SRHO20070144423
NNW AHA Hospitals
4-6 mi
26023
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH CITY COLLEGE-HTECH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950606
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0901797
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	LAC 4901 E CARSON STREET
Phone num:	5625997992
Termination reason:	00
Term Date:	20070605
Purpose of action:	Not Reported
Provider control:	09
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144423

GH949
NNW
4-6 mi
26023
Higher

SRCL20051000531
Colleges

Unitid:	117645
Instnm:	LONG BEACH CITY COLLEGE
Addr:	4901 E. CARSON ST.
City:	LONG BEACH
Stabbr:	CA
Zip:	90808
Zip4:	1706
Unk:	Not Reported
Fips:	090808
Oberge:	8
Chfnm:	E JAN KEHOE
Chftitle:	PRESIDENT SUPER'ENT
Gentele:	5629384206

Fintele:	5629384257
Admtele:	5629384136
Ein:	-2
Duns:	98729119
Opeid:	121900
Opeflag:	1
Webaddr:	www.lbcc.edu
Sector:	4
Iclevel:	2
Control:	1
Hloffer:	4
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	40
Deggrant:	1
Hbcu:	2
Hospital:	2
Medical:	2
Tribal:	2
Carnegie:	40
Locale:	1
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	1
Fte:	12370
Enrtot:	23177
Edr id:	SRCL20051000531

FV950 SRHO20070131531
WNW
4-6 mi
26026
Higher

AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554926

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	855 E ANAHEIM
Phone num:	3105910840
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131531

GI951 SRDCCA200726116
NNE
4-6 mi
26031
Higher

EDR ID:	SRDCCA200726116
Facility number:	198010928
Facility name:	ALVAREZ FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12334 214TH STREET
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	12334 214TH STREET
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Facility investor:	SILVIA YUNUEN ALVAREZ
Licensee type:	A
License effective date:	41117
License expiration date:	Not Reported
License issue date:	041117
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	040922
Facility closed date:	Not Reported
Mailing address:	12334 214TH STREET
Mailing city:	HAWAIIAN GARDENS
Mailing state:	CA

4 Daycare

Mailing zip:	90716
Contact person:	"ALVAREZ, SILVIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5628654454

GC952 SRDCCA200718760
North Daycare
4-6 mi
26072
Higher

EDR ID:	SRDCCA200718760
Facility number:	192010464
Facility name:	EDWARDS AND WILLIAMS FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	11653 CENTRALIA STREET APT. A
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	11653 CENTRALIA STREET APT. A
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"EDWARDS, SHARON & WILLIAMS, GEORGE "
Licensee type:	A
License effective date:	30811
License expiration date:	Not Reported
License issue date:	030811
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT) : 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN ORELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	020304
Facility closed date:	Not Reported
Mailing address:	11653 CENTRALIA STREET APT. A
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"EDWARDS, SHARON "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624021820

GF953 SRHO20070146416
WNW AHA Hospitals
4-6 mi
26080
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported

Facility name:	COAST HEALTH CARE MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960920
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0919983
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1024 E PACIFIC COAST HWY
Phone num:	3102180131
Termination reason:	00
Term Date:	20080919
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146416

GF954
WNW
4-6 mi
26104
Higher

SRHO20070164635
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BIENESTAR HUMAN SERVICES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20061004
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1059703
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA

ssa state:	05
state region cd:	M1
street address:	1020 EAST PACIFIC COAST HIGHWAY
Phone num:	5625915191
Termination reason:	00
Term Date:	20081003
Purpose of action:	Not Reported
Provider control:	03
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164635

GF955
WNW
4-6 mi
26148
Higher

SRDCCA200714607
Daycare

EDR ID:	SRDCCA200714607
Facility number:	192007070
Facility name:	MOTLEY FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2035 LEMON AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2035 LEMON AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"MOTLEY, SHARI & SCOTT, LEONARD "
Licensee type:	A
License effective date:	10518
License expiration date:	Not Reported
License issue date:	010518
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010321
Facility closed date:	Not Reported
Mailing address:	2035 LEMON AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"MOTLEY, SHARI "
Facility capacity:	8

Type of clients served:	960	
Facility phone:	5622182919	

GJ956 — SRPU20071014140
NE — Public Schools
4-6 mi
26154
Higher

Ncessch:	061044001174
Schname05:	FRANK VESSELS ELEMENTARY
Mstreet05:	5900 CATHY AVE.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	4615
Member05:	435
Phone05:	(714) 220-6990
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071014140

GK957 — SRDCCA200753758
NNW — Daycare
4-6 mi
26158
Higher

EDR ID:	SRDCCA200753758
Facility number:	198006164
Facility name:	EDU CARE PRESCHOOL
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4300 BELLFLOWER BLVD.
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	P.O. BOX 30426
City:	LONG BEACH
State:	CA
Zip:	90803
Facility investor:	SONNA ELLIOTT
Licensee type:	C
License effective date:	905
License expiration date:	Not Reported
License issue date:	000905
Program type:	LICENSEE SERVES CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	000720
Facility closed date:	Not Reported
Mailing address:	4300 BELLFLOWER BLVD.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"ELLIOT, SONNA "
Facility capacity:	69
Type of clients served:	950
Facility phone:	5623771300

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

GL958 SRDCCA200722136
ENE EDR ID: SRDCCA200722136 Daycare
4-6 mi Facility number: 304300123
26171 Facility name: "SOUZA, AUDREY & HUERTA, CHERYL "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6691 SANTA BARBARA
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6691 SANTA BARBARA
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "SOUZA, AUDREY & HERTA, CHERYL "
Licensee type: A
License effective date: 31028
License expiration date: Not Reported
License issue date: 031028
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030219
Facility closed date: Not Reported
Mailing address: 6691 SANTA BARBARA
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "SOUZA, A. & HUERTA, C. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148945817

GM959 SRDCCA200755166
ESE EDR ID: SRDCCA200755166 Daycare
4-6 mi Facility number: 304370290
26212 Facility name: SCHROEDER PRESCHOOL
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 15151 COLUMBIA LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15151 15151 COLUMBIA LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: WESTMINSTER SCHOOL DISTRICT

Licensee type:	F
License effective date:	60829
License expiration date:	Not Reported
License issue date:	060829
Program type:	"24 AMBULATORY CHILDREN, AGES 3-5, MONDAY-FRIDAY, 8:15 A.M. TO 11:15 A.M. WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND. "
Original app. received date:	060717
Facility closed date:	Not Reported
Mailing address:	15151 TEMPLE STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92693
Contact person:	"TINA, PAUL "
Facility capacity:	24
Type of clients served:	950
Facility phone:	7148947268

GM960 SRPU20071010653
ESE Public Schools
4-6 mi
26212
Higher

Ncessch:	064215006913
Schname05:	SCHROEDER ELEMENTARY
Mstreet05:	15151 COLUMBIA LN.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92647
Mzip405:	2507
Member05:	555
Phone05:	(714) 894-7268
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071010653

GN961 SRHO20070156121
WNW AHA Hospitals
4-6 mi
26226
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ORION HOME HEALTH AGENCY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000426
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0973132

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1301 EAST BURNETT STREET
Phone num:	5624269155
Termination reason:	01
Term Date:	20060208
Purpose of action:	Not Reported
Provider control:	04
Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156121

GM962
ESE
4-6 mi
26248
Higher

SRDCCA200736771
Daycare

EDR ID:	SRDCCA200736771
Facility number:	304310530
Facility name:	"BARBER, DANIELLE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15251 STANFORD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	15251 STANFORD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"BARBER, DANIELLE "
Licensee type:	A
License effective date:	60715
License expiration date:	Not Reported
License issue date:	060715
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060607
Facility closed date:	Not Reported
Mailing address:	15251 STANFORD LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA

Mailing zip:	92647
Contact person:	"BARBER, DANIELLE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7143791535

GO963 SRDCCA200751070
West Daycare
4-6 mi
26261
Higher

EDR ID:	SRDCCA200751070
Facility number:	192001478
Facility name:	YMCA GLB FAIRFIELD 3RD STREET PRESCHOOL
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	607 E. 3RD STREET
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	4949 ATLANTIC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90805
Facility investor:	YMCA OF GREATER LONG BEACH
Licensee type:	C
License effective date:	320
License expiration date:	Not Reported
License issue date:	000320
Program type:	MAXIMUM CAPACITY: 60 CHILDREN AGES 3-5 YEARS OLD: 8AM-4PM MONDAY THRU FRIDAY: AMBULATORY. FACILITY LOCATED INSIDE COVENANT PRESBYTERIAN CHURCH.
Original app. received date:	000120
Facility closed date:	Not Reported
Mailing address:	4949 ATLANTIC AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90805
Contact person:	GABRIELA PEDROZA
Facility capacity:	60
Type of clients served:	950
Facility phone:	5629836165

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964 SRPU20071013736
East Public Schools
4-6 mi
26267
Higher

Ncessch:	061488001868
Schname05:	PACIFICA HIGH
Mstreet05:	6851 LAMPSON AVE.
Mcity05:	GARDEN GROVE
Mstate05:	CA
Mzip05:	92845
Mzip405:	2211
Member05:	2030
Phone05:	(714) 663-6515
Locale05:	3
Type05:	1

Level05:	3	
Gslo05:	09	
Gshi05:	12	
Edr id:	SRPU20071013736	

GM965 SRDCCA200708493
ESE
4-6 mi
26278
Higher

EDR ID:	SRDCCA200708493
Facility number:	304202006
Facility name:	"HAY, JILL "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15271 STANFORD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	15271 STANFORD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"HAY, JILL "
Licensee type:	A
License effective date:	951023
License expiration date:	Not Reported
License issue date:	951023
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	950809
Facility closed date:	Not Reported
Mailing address:	15271 STANFORD LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"HAY, JILL "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7148926698

Daycare

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966 SRPU20071015508
ESE
4-6 mi
26306
Higher

Ncessch:	061806002232
Schname05:	MARINA HIGH
Mstreet05:	15871 SPRINGDALE ST.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92649
Mzip405:	1727
Member05:	2825
Phone05:	(714) 893-6571
Locale05:	3
Type05:	1
Level05:	3

Public Schools

Gslo05: 09
Gshi05: 12
Edr id: SRPU20071015508

GP967 SRDCCA200721411
North EDR ID: SRDCCA200721411 Daycare
4-6 mi Facility number: 198009249
26323 Facility name: WATTS FAMILY CHILD CARE
Higher Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6223 CENTRALIA STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6223 CENTRALIA STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "WATTS, CYNTHIA "
Licensee type: A
License effective date: 31121
License expiration date: Not Reported
License issue date: 031121
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030612
Facility closed date: Not Reported
Mailing address: 6223 CENTRALIA STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "WATTS, CYNTHIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624294742

GB968 SRDCCA200707304
ENE EDR ID: SRDCCA200707304 Daycare
4-6 mi Facility number: 304203092
26328 Facility name: "GABA, ROSE "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6782 AMY AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845

Alt. address:	6782 AMY AVENUE
City:	GARDEN GROVE
State:	CA
Zip:	92845
Facility investor:	"GABA, ROSE "
Licensee type:	A
License effective date:	970722
License expiration date:	Not Reported
License issue date:	970722
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	970507
Facility closed date:	Not Reported
Mailing address:	6782 AMY AVENUE
Mailing city:	GARDEN GROVE
Mailing state:	CA
Mailing zip:	92845
Contact person:	"GABA, ROSE "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7148903789

GO969 SRHO20070011151
West
4-6 mi
26333
Higher
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060817
Medicare/Medicaid:	1
Facility name:	OXFORD HEALTH CARE
Intermediary/Carrier:	00040
Medicaid number:	HHA70025F
Partcipation date:	19790801
Prior COO date:	Not Reported
Prior carrier:	00041
Provider ID:	057246
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	280 ATLANTIC AVE
Phone num:	5624326441
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90802

Fips state:	06	
Fips cnty:	037	
SSA MSA:	328	
SSA MSA size code:	A	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	0	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070011151	

GO970 — SRPU20071008894
West — Public Schools
4-6 mi

26353	
Higher	
Ncessch:	069107808009
Schname05:	SOUTHERN PAU
Mstreet05:	325 ATLANTIC AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90802
Mzip405:	Not Reported
Member05:	212
Phone05:	(562) 983-9827
Locale05:	1
Type05:	4
Level05:	3
Gslo05:	07
Gshi05:	12
Edr id:	SRPU20071008894

GO971 — SRHO20070146265
West — AHA Hospitals
4-6 mi

26376	
Higher	
Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FHC MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961018
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0921083
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB

street address:	427 ATLANTIC AVE
Phone num:	3109835766
Termination reason:	08
Term Date:	19981017
Purpose of action:	Not Reported
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146265

GO972 SRHO20070148558
West AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WORLD MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960302
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0912428
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	427 ATLANTIC AVENUE
Phone num:	3102184234
Termination reason:	08
Term Date:	19980301
Purpose of action:	Not Reported
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

26376
Higher

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148558

GL973 SRDCCA200708365
ENE
4-6 mi
26390
Higher

EDR ID:	SRDCCA200708365
Facility number:	304202599
Facility name:	"SALAZAR, PHYLLIS SUZETTE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	11621 NEW ZEALAND
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	11621 NEW ZEALAND
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"SALAZAR, PHYLLIS SUZETTE "
Licensee type:	A
License effective date:	960905
License expiration date:	Not Reported
License issue date:	960905
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	960703
Facility closed date:	Not Reported
Mailing address:	11621 NEW ZEALAND
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"SALAZAR, PHYLLIS SUZETTE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148932852

Daycare

GH974 SRDCCA200710583
NNW
4-6 mi
26389
Higher

EDR ID:	SRDCCA200710583
Facility number:	198005596
Facility name:	BILODEAU FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4200 GREENBRIER ROAD

Daycare

City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	4200 GREENBRIER ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"BILODEAU,LAURA MAJ "
Licensee type:	A
License effective date:	202
License expiration date:	Not Reported
License issue date:	000202
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	991012
Facility closed date:	Not Reported
Mailing address:	4200 GREENBRIER ROAD
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"BILODEAU,LAURA MAJ "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624295566

GO975
West
4-6 mi
26391
Higher

SRDCCA200752503
Daycare

EDR ID:	SRDCCA200752503
Facility number:	198000638
Facility name:	YOUNG HORIZONS CHILD DEVELOPMENT CENTERS
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	501 ATLANTIC AVE
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	501 ATLANTIC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	YOUNG HORIZONS CHILD DEVELOPMENT CENTER
Licensee type:	C
License effective date:	941214
License expiration date:	Not Reported
License issue date:	941214
Program type:	"AMBULATORY CHILDREN ONLY, AGES 2 THRU 5 YEARS OLD. "
Original app. received date:	940914
Facility closed date:	Not Reported
Mailing address:	501 ATLANTIC AVE
Mailing city:	LONG BEACH
Mailing state:	CA

Mailing zip:	90802	
Contact person:	DANIELLE TRIPLETT	
Facility capacity:	65	
Type of clients served:	950	
Facility phone:	5624378991	

GO976 SRDCCA200741847
West Daycare
4-6 mi
26391
Higher

EDR ID:	SRDCCA200741847
Facility number:	198000639
Facility name:	YOUNG HORIZONS INFANT CHILD DEVELOPMENT CENTER
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	501 ATLANTIC AVE
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	501 ATLANTIC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	YOUNG HORIZONS CHILD DEVELOPMENT CENTER
Licensee type:	A
License effective date:	941214
License expiration date:	Not Reported
License issue date:	941214
Program type:	"NON-AMBULATORY CHILDREN ONLY, AGES 0 THRU 2 YEARS OLD. "
Original app. received date:	940914
Facility closed date:	Not Reported
Mailing address:	501 ATLANTIC AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	DANIELLE TRIPLETT
Facility capacity:	35
Type of clients served:	955
Facility phone:	5624378991

GD977 SRDCCA200702582
ESE Daycare
4-6 mi
26407
Higher

EDR ID:	SRDCCA200702582
Facility number:	300609712
Facility name:	"CERYANCE, MARGARET "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15721 PLYMOUTH LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647

Alt. address:	15721 PLYMOUTH LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"CERYANCE, MARGARET "
Licensee type:	A
License effective date:	951205
License expiration date:	Not Reported
License issue date:	891205
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	891031
Facility closed date:	Not Reported
Mailing address:	15721 PLYMOUTH LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"CERYANCE, MARGARET "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148979842

GF978
WNW
4-6 mi
26410
Higher

SRDCCA200703777
Daycare

EDR ID:	SRDCCA200703777
Facility number:	191608286
Facility name:	"MCCULLEY , JANET FAMILY DAY CARE "
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2018 LEWIS AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2018 LEWIS AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"MCCULLEY, JANET E. "
Licensee type:	A
License effective date:	950831
License expiration date:	Not Reported
License issue date:	920831
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	920722
Facility closed date:	Not Reported
Mailing address:	2018 LEWIS AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806

Contact person:	JANET E. MCCULLEY
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625918908

GF979 SRHO20070148771
WNW AHA Hospitals
4-6 mi
26422
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CLINICA FAMILIAR DE GALVAN
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970430
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0927841
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	904 EAST PACIFIC COAST HIGHWAY
Phone num:	5622188840
Termination reason:	04
Term Date:	19990501
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148771

GF980 SRHO20070144890
WNW AHA Hospitals
4-6 mi
26422
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	P C H WALK-IN MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941003
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0892558
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	904 EAST PACIFIC COAST HIGHWAY
Phone num:	3105993443
Termination reason:	08
Term Date:	19981002
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144890

GF981
WNW
4-6 mi
26422
Higher

SRHO20070151344
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SHORELINE FAMILY MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990727

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0963298
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	904 E PACIFIC COAST HIGHWAY
Phone num:	5625912785
Termination reason:	00
Term Date:	20070726
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151344

GE982
NE
4-6 mi
26452
Higher

SRDCCA200712176
Daycare

EDR ID:	SRDCCA200712176
Facility number:	304204991
Facility name:	"MIZRAHI, ANGELA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5732 BELLE AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5732 BELLE AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"MIZRAHI, ANGELA "
Licensee type:	A
License effective date:	990421
License expiration date:	Not Reported
License issue date:	990421
Program type:	"LICENSE INACTIVE AS OF APRIL 16, 2007 "
Original app. received date:	990401
Facility closed date:	Not Reported
Mailing address:	5732 BELLE AVENUE

Mailing city:	CYPRESS	
Mailing state:	CA	
Mailing zip:	90630	
Contact person:	"MIZRAHI, ANGELA "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	7149958590	

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983 SRDCCA200720393
North EDR ID: SRDCCA200720393 Daycare
4-6 mi Facility number: 198008379
26457 Facility name: COOK FAMILY CHILD CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4542 JOSIE AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4542 JOSIE AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "COOK, SUSAN "
Licensee type: A
License effective date: 21126
License expiration date: Not Reported
License issue date: 021126
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 021023
Facility closed date: Not Reported
Mailing address: 4542 JOSIE AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "COOK, SUSAN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629388998

GQ984 SRDCCA200733163
NE EDR ID: SRDCCA200733163 Daycare
4-6 mi Facility number: 304310377
26498 Facility name: "WILKERSON, ELIZABETH "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03

Address:	9934 CEDAR CT.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	9934 CEDAR CT.
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"WILKERSON, ELIZABETH "
Licensee type:	A
License effective date:	60413
License expiration date:	Not Reported
License issue date:	060413
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	051207
Facility closed date:	Not Reported
Mailing address:	9934 CEDAR CT.
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"WILKERSON, ELIZABETH "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148269902

FZ985
West
4-6 mi
26500
Higher

SRPU20071014260
Public Schools

Ncessch:	062250008506
Schname05:	PACIFIC LEARNING CENTER CHARTER
Mstreet05:	780 ATLANTIC AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90813
Mzip405:	Not Reported
Member05:	-2
Phone05:	(562) 437-0681
Locale05:	N
Type05:	1
Level05:	4
Gslo05:	N
Gshi05:	N
Edr id:	SRPU20071014260

GI986
NNE
4-6 mi
26507
Higher

SRDCCA200750284
Daycare

EDR ID:	SRDCCA200750284
Facility number:	191606626
Facility name:	MELBOURNE HEAD START/STATE PRESCHOOL
Facility eval. code:	9070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	21314 CLARETTA

City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	16700 NORWALK BLVD
City:	CERRITOS
State:	CA
Zip:	90703
Facility investor:	ABC UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	951130
License expiration date:	Not Reported
License issue date:	920731
Program type:	"HEAD START/STATE PRESCHOOL PROGRAM SERVING AMBULATORY CHILDREN AGE 3 UNTIL ENTRY INTO KINDERGARTEN. THE CENTER OPERATES FROM SEPTEMBER TO JUNE, 8:30 UNTIL NOON. "
Original app. received date:	910708
Facility closed date:	Not Reported
Mailing address:	16700 NORWALK BLVD
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90703
Contact person:	ISABEL DELGADILLO
Facility capacity:	37
Type of clients served:	950
Facility phone:	5628655632

GI987 — SRPU20071006145
NNE — Public Schools
4-6 mi
26507
Higher

Ncessch:	060162000022
Schname05:	ELLA P. MELBOURNE ELEMENTARY
Mstreet05:	21314 CLARETTA AVE.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90715
Mzip405:	2301
Member05:	621
Phone05:	(562) 924-1658
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006145

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988 — SRDCCA200703324
East — Daycare
4-6 mi
26510
Higher

EDR ID:	SRDCCA200703324
Facility number:	300610010
Facility name:	"TUNE, BERNADETTE "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	13412 SISKIYOU STREET

City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	13412 SISKIYOU STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"TUNE, BERNADETTE "
Licensee type:	A
License effective date:	931118
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	13412 SISKIYOU STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"TUNE, BERNADETTE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148983637

GR989
ENE
4-6 mi
26518
Higher

SRDCCA200703318
Daycare

EDR ID:	SRDCCA200703318
Facility number:	300608962
Facility name:	"MC WILLIAMS, ROBIN "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	11561 NEW ZEALAND
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	11561 NEW ZEALAND
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"MC WILLIAMS, ROBIN "
Licensee type:	A
License effective date:	931213
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	11561 NEW ZEALAND

Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90603
Contact person:	"MC WILLIAMS, ROBIN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148937904

GE990 SRDCCA200742893
NE Daycare
4-6 mi
26521
Higher

EDR ID:	SRDCCA200742893
Facility number:	300614039
Facility name:	ABC DEVELOPMENT PRESCHOOL #3
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	9972 GRAHAM ST.
City:	CYPRESS ST.
State:	CA
Zip:	90630
Alt. address:	16633 E. BLACKBURN DR.
City:	LA MIRADA
State:	CA
Zip:	90638
Facility investor:	ABC 4 B & J INC.
Licensee type:	D
License effective date:	950914
License expiration date:	Not Reported
License issue date:	920914
Program type:	"AMB. CHILDREN. 5 THROUGH 12 YRS OLD. MON-FRI.RM B & PORTABLE. 06:30AM TO 8:00AM AND 2:20PM TO 6:00PM. INCLUDES DAYS ELEM SCHOOL IS CLOSED-M-F, 06:30AM TO 6:00PM,RM B & PORTABLE. "WAIVER-COMBINE P/S & SCH-AGE KIDS FIRST& LAST HOUR OF DAY.
Original app. received date:	920507
Facility closed date:	Not Reported
Mailing address:	16633 E. BLACKBURN DR.
Mailing city:	LA MIRADA
Mailing state:	CA
Mailing zip:	90638
Contact person:	RENE CHANGRAS
Facility capacity:	48
Type of clients served:	950
Facility phone:	7148214222

GE991 SRDCCA200749619
NE Daycare
4-6 mi
26521
Higher

EDR ID:	SRDCCA200749619
Facility number:	300614038
Facility name:	ABC DEVELOPMENT PRESCHOOL #3
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03

Address:	9972 GRAHAM ST.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	16633 E. BLACKBURN DR.
City:	LA MIRADA
State:	CA
Zip:	90638
Facility investor:	ABC 4 B & J INC.
Licensee type:	D
License effective date:	950914
License expiration date:	Not Reported
License issue date:	920914
Program type:	"AMB. CHILDREN. AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI. 06:30AM TO 6:00PM, ROOM A. 8:00AM TO 2:20PM RM B & PORTABLE. COMBINE P/S AND SCHOOL-AGE CHILDREN FIRST AND LAST HR OF DAY. "
Original app. received date:	920507
Facility closed date:	Not Reported
Mailing address:	16633 E. BLACKBURN DR.
Mailing city:	LA MIRADA
Mailing state:	CA
Mailing zip:	90638
Contact person:	RENE CHANGRAS
Facility capacity:	60
Type of clients served:	950
Facility phone:	7148214222

GP992 — SRPU20071014031
North — Public Schools
4-6 mi

Ncessch:	062250002740
Schname05:	MACARTHUR ELEMENTARY
Mstreet05:	6011 CENTRALIA ST.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90713
Mzip405:	2902
Member05:	505
Phone05:	(562) 420-3588
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014031

26535
Higher

GH993 — SRHO20070145712
NNW — AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported

26541
Higher

FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	INTERIM HEALTH CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950320
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0899078
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4501 E CARSON #203
Phone num:	3104206557
Termination reason:	08
Term Date:	19970319
Purpose of action:	Not Reported
Provider control:	02
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145712

GK994 SRPU20071014024
NNW Public Schools
4-6 mi
26569
Higher

Ncessch:	062250002733
Schname05:	LAKEWOOD HIGH
Mstreet05:	4400 BRIERCREST AVE.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90713
Mzip405:	2512
Member05:	4337
Phone05:	(562) 425-1281
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071014024

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
GG995			SRHO20070164117
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26575	Owner date:	Not Reported	
Higher	City:	HUNTINGTON BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DR OWL PEDIATRICS	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20060322	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1052317	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	6502 BOLSA AVE SUITE 105	
	Phone num:	7148947242	
	Termination reason:	00	
	Term Date:	20080321	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92647	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070164117	

FZ996			SRHO20070148346
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26584	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	G P MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0922592
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	920 ATLANTIC BLVD STE A
Phone num:	3104323399
Termination reason:	08
Term Date:	19961202
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148346

FZ997
West
4-6 mi
26584
Higher

SRHO20070143482
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ATLANTIC & 10TH STREET MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930924
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0876720
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	920 ATLANTIC AVE SUITE B
Phone num:	3104324948
Termination reason:	08
Term Date:	19930926
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143482

FZ998
West
4-6 mi
26584
Higher

SRHO20070148627
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ATLANTIC MULTI CARE MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970523
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0928686
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	920 ATLANTIC AVENUE SUITE B
Phone num:	5624379103
Termination reason:	08
Term Date:	19970523
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148627

FZ999
West
4-6 mi
26594
Higher

SRHO20070147559
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FAMILY HEALTH SERVICES MED CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0923114
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	934 ATLANTIC AVENUE
Phone num:	3104376828
Termination reason:	00
Term Date:	20081215
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147559

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

GP1000 SRDCCA200734949
North EDR ID: SRDCCA200734949 Daycare
4-6 mi Facility number: 198012530
26603 Facility name: BOWERS FAMILY CHILD CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6242 SEABORN STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6242 SEABORN STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: CAROLINE BOWERS
Licensee type: A
License effective date: 60606
License expiration date: Not Reported
License issue date: 060606
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060411
Facility closed date: Not Reported
Mailing address: 6242 SEABORN STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "BOWERS, CAROLINE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624251311

GS1001 SRDCCA200719059
SE EDR ID: SRDCCA200719059 Daycare
4-6 mi Facility number: 304206896
26612 Facility name: "CLAYTON, ELIZABETH "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 16241 FAIRWAY LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Alt. address: 16241 FAIRWAY LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92649
Facility investor: "CLAYTON, ELIZABETH "
Licensee type: A

License effective date:	30819
License expiration date:	Not Reported
License issue date:	030819
Program type:	INACTIVE: 08/16/06 - 08/16/07
Original app. received date:	021018
Facility closed date:	Not Reported
Mailing address:	16241 FAIRWAY LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"CLAYTON, ELIZABETH "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148401855

GQ1002 — SRPU20071014142
NE — Public Schools
4-6 mi
26628
Higher

Ncessch:	061044009129
Schname05:	JULIET MORRIS ELEMENTARY
Mstreet05:	9952 GRAHAM ST.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	3815
Member05:	502
Phone05:	(714) 220-6995
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071014142

GT1003 — SRDCCA200713865
WNW — Daycare
4-6 mi
26633
Higher

EDR ID:	SRDCCA200713865
Facility number:	192001172
Facility name:	JONES FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	744 E. 15TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	744 E. 15TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"JONES, BEVERLY "
Licensee type:	A
License effective date:	522
License expiration date:	Not Reported
License issue date:	000522

Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 000120
Facility closed date: Not Reported
Mailing address: 744 E. 15TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "JONES, BEVERLY "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625993004

FZ1004 SRHO20070151668
West AHA Hospitals
4-6 mi
26633
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: LONG BEACH UNIFIED SCHOOL DISTRICT
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19980703
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0948236
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 999 ATLANTIC AVENUE
Phone num: 5624378871
Termination reason: 00
Term Date: 20080702
Purpose of action: Not Reported
Provider control: 10
Zip: 90813
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0000

Num cert beds: 0000
Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070151668

GU1005 SRDCCA200755771
NNE EDR ID: SRDCCA200755771 Daycare
4-6 mi Facility number: 304370226
26648 Facility name: STEPPING STONES LEARNING CENTER AND INFANT CARE
Higher Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 4460 LINCOLN AVENUE #5
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 4460 LINCOLN AVENUE #5
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "STEPPING STONES LEARNING CENTER, INC "
Licensee type: D
License effective date: 60419
License expiration date: Not Reported
License issue date: 060419
Program type: "P/S-66 CHILDREN,24 MON TO 6 YRS. RMS 2-6.TODDLER OPTION-12 KIDS,AGES 18-30 MONTHS.RM4. ALL ATTEND M-F,6:30A.M. TO 6:00P.M. WAIVERS FOR TOD OPTION TO SHARE INF. YARD; P/S & TOD OPTION KIDS COMBINED OPENING,CLOS"ING HRS & NAPTIME; 12 SCH-AGE KIDS(5-13 YRS OLD) WITH P/S CHILDREN.
Original app. received date: 051223
Facility closed date: Not Reported
Mailing address: 6211 LEE DRIVE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "FRITSINGER, KAREN "
Facility capacity: 90
Type of clients served: 950
Facility phone: 7148262311

GU1006 SRDCCA200744602
NNE EDR ID: SRDCCA200744602 Daycare
4-6 mi Facility number: 304370227
26648 Facility name: STEPPING STONES LEARNING CENTER AND INFANT CARE
Higher Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 4460 LINCOLN AVE. #5
City: CYPRESS
State: CA

Zip:	90630
Alt. address:	4460 LINCOLN AVE. #5
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"STEPPING STONES LEARNING CENTER, INC. "
Licensee type:	D
License effective date:	60419
License expiration date:	Not Reported
License issue date:	060419
Program type:	"16 AMBULATORY CHILDREN, AGES 6 WEEKS TO 2 YEARS, MON-FRI, 6:30 A.M. TO 6:00 P.M. "
Original app. received date:	051223
Facility closed date:	Not Reported
Mailing address:	6211 LEE DRIVE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"FRITSINGER, KAREN "
Facility capacity:	16
Type of clients served:	955
Facility phone:	7148262311

GV1007
West
4-6 mi
26662
Higher

SRHO20070137931
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KARING PEDIATRICS MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930301
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0699319
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1025 ATLANTIC AVE
Phone num:	5624919292
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04

Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137931

GV1008 SRHO20070131402
West AHA Hospitals
4-6 mi
26662
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ASSOCIATES-INTERNAL MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930427
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554886
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1025 ATLANTIC AVE 106
Phone num:	2134363277
Termination reason:	12
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA

Edr id: SRHO20070131402

GB1009 SRDCCA200714735
ENE EDR ID: SRDCCA200714735 Daycare
4-6 mi Facility number: 304206013
26666 Facility name: "PEDERSON, ANGELA "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6782 SANTA RITA AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Alt. address: 6782 SANTA RITA AVENUE
City: GARDEN GROVE
State: CA
Zip: 92845
Facility investor: "PEDERSON, ANGELA "
Licensee type: A
License effective date: 10814
License expiration date: Not Reported
License issue date: 010814
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 010406
Facility closed date: Not Reported
Mailing address: 6782 SANTA RITA AVENUE
Mailing city: GARDEN GROVE
Mailing state: CA
Mailing zip: 92845
Contact person: "PEDERSON, ANGELA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148921355

GD1010 SRDCCA200703084
ESE EDR ID: SRDCCA200703084 Daycare
4-6 mi Facility number: 300608228
26667 Facility name: "FALK, LINDA "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 15681 WILLETT LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 15681 WILLETT LANE
City: HUNTINGTON BEACH

State: CA
Zip: 92647
Facility investor: "FALK, LINDA "
Licensee type: A
License effective date: 941031
License expiration date: Not Reported
License issue date: 890701
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 890630
Facility closed date: Not Reported
Mailing address: 15681 WILLETT LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "FALK, LINDA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148934091

GU1011 SRHO20070152677
NNE Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
26666 Owner date: Not Reported
Higher City: CYPRESS
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: CYPRESS ADULT DAY HLTH CARE CTR
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20010501
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0985905
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 4470 LINCOLN AVE UNIT 1,2,3
Phone num: 7148269664
Termination reason: 00
Term Date: 20070430
Purpose of action: Not Reported
Provider control: 04
Zip: 90630
Fips state: 06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152677

GV1012 SRHO20070011271
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20020101
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20011031
Medicare/Medicaid:	2
Facility name:	ST MARY MED CTR H C DEPT
Intermediary/Carrier:	00454
Medicaid number:	HHA70041F
Partcipation date:	19800723
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	057253
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1045 ATLANTIC AVENUE
Phone num:	5624919250
Termination reason:	01
Term Date:	20040505
Purpose of action:	2
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011271

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GV1013			SRHO20070147890
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	RORY J FRIEDMAN DPM	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930708	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0872918	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1045 ATLANTIC AVENUE NUMBER 508	
	Phone num:	4104373338	
	Termination reason:	12	
	Term Date:	19950101	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147890	

GV1014			SRHO20070137851
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19990322	

Medicare/Medicaid:	1
Facility name:	GEORGE M JAYATILAKA MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0683982
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVENUE 818
Phone num:	3104368117
Termination reason:	00
Term Date:	20070314
Purpose of action:	2
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137851

GV1015
West
4-6 mi
26686
Higher

SRHO20070009525
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020417
Medicare/Medicaid:	1
Facility name:	LONG BEACH DIALYSIS CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19981202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	052840
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1045 ATLANTIC AVENUE, SUITE 108
Phone num:	5624958076
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009525

GV1016 SRHO20070137920
West AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHUNG H TSI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950607
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0699254
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVE 605
Phone num:	3105908832
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137920

GV1017 SRHO20070140727
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ASSOCIATES IN UROLOGY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950628
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0721888
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVE SUITE 812
Phone num:	3105986166
Termination reason:	01
Term Date:	20041112
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140727

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GV1018			SRHO20070158054
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PRO HEALTH PARTNERS A MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000419	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0972895	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1045 ATLANTIC AVE #808	
	Phone num:	5629838399	
	Termination reason:	08	
	Term Date:	20040418	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158054	

GV1019			SRHO20070138799
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19951228	

Medicare/Medicaid:	1
Facility name:	EJIKE ONYEADOR MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0689271
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVE 715
Phone num:	5629835496
Termination reason:	00
Term Date:	20071227
Purpose of action:	1
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138799

GV1020
West
4-6 mi
26686
Higher

SRHO20070144108
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GASTROINTESTINAL ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950711
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0903036
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVENUE SUITE 708
Phone num:	3104370719
Termination reason:	01
Term Date:	20050615
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144108

GV1021
West
4-6 mi
26686
Higher

SRHO20070131094
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GRETA A WANYIK MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940608
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554009
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVE STE 505
Phone num:	3104954952
Termination reason:	12
Term Date:	19950901
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131094

GV1022 SRHO20070010144
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19850812
Medicare/Medicaid:	1
Facility name:	WESTERN HOME MED OF CALIFORNIA
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19840315
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	057616
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	1045 ATLANTIC AVE, #100
Phone num:	2134934497
Termination reason:	04
Term Date:	19851030
Purpose of action:	2
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010144

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GV1023			SRHO20070137536
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19941013	
	Medicare/Medicaid:	1	
	Facility name:	CARLTON H WATERS MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0681907	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1045 ATLANTIC AVENUE SUITE 607	
	Phone num:	5624919840	
	Termination reason:	01	
	Term Date:	19980331	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137536	

GV1024			SRHO20070131771
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	PULMONARY DISEASE INSTITUTE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930406
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0548815
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVE #902
Phone num:	3104370996
Termination reason:	12
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131771

GV1025 SRHO20070149179
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970825
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0932650
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVENUE, SUITE #511
Phone num:	5624370996
Termination reason:	00
Term Date:	20070824
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149179

GV1026 SRHO20070140737
West AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ROVZAR & SINKOWITZ MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0855843
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVE STE 911
Phone num:	3104919883
Termination reason:	01
Term Date:	19980415
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140737

GV1027 SRHO20070131374
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950703
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554846
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVE SUITE 1019
Phone num:	5624376213
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131374

GV1028 SRHO20070131258
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050419
Medicare/Medicaid:	1
Facility name:	DOUGLAS K ULMER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554824
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVENUE SUITE 819
Phone num:	3104355621
Termination reason:	00
Term Date:	20070706
Purpose of action:	2
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131258

GV1029 SRHO20070150568
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH DIALYSIS CENTER, LLC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980701
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0948114
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVENUE, SUITE 108
Phone num:	5624958075
Termination reason:	00
Term Date:	20080630
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150568

GV1030 SRHO20070149177
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970825
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0932648
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVENUE, SUITE #607
Phone num:	5624374462
Termination reason:	00
Term Date:	20070824
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149177

GV1031 SRHO20070139157
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GREATER LONG BEACH GENITO URINARY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0700642
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVENUE 2-915
Phone num:	5624373288
Termination reason:	00
Term Date:	20080627
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139157

GV1032 SRHO20070149349
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	REPRODUCTIVE ASSOCIATES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0936360
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVE SUITE 508
Phone num:	5624371882
Termination reason:	00
Term Date:	20071118
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149349

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GV1033			SRHO20070158929
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PANKAJ K KASHYAP MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20041220	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1035061	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1045 ATLANTIC AVENUE SUITE 708	
	Phone num:	5624370719	
	Termination reason:	08	
	Term Date:	20061219	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158929	

GV1034			SRHO20070138993
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19960104	

Medicare/Medicaid:	1
Facility name:	JYOTI S DATTA MD FCCP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0693035
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVE SUITE 616
Phone num:	3104354473
Termination reason:	12
Term Date:	19961028
Purpose of action:	1
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138993

GV1035
West
4-6 mi
26686
Higher

SRHO20070151468
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MICHAEL P SHALLMAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990518
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0960724
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVENUE SUITE 708
Phone num:	5624370719
Termination reason:	00
Term Date:	20070517
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151468

GV1036 — SRHO20070149763
West — AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS, A MEDICAL GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971021
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0935106
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVENUE, SUITE 506
Phone num:	5624919456
Termination reason:	00
Term Date:	20071020
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149763

GV1037 SRHO20070131518
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CARDIOVASCULAR ASSOCS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554893
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVE 912
Phone num:	5624372801
Termination reason:	00
Term Date:	20070905
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131518

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GV1038			SRHO20070148290
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	ST MARY MEDICAL CENTER VNA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960626	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0916614	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1045 ATLANTIC AVENUE, STE 105	
	Phone num:	3104919250	
	Termination reason:	01	
	Term Date:	20060418	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148290	

GV1039			SRHO20070131256
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	ROBERT L BARMEYER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554821
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVE SUITE 608
Phone num:	3104355066
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131256

GV1040
West
4-6 mi
26686
Higher

SRHO20070152515
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980910
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0951020
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1045 ATLANTIC AVENUE SUITE 902
Phone num:	5624370996
Termination reason:	00
Term Date:	20080909
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152515

GV1041 SRHO20070145727
West AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20010712
Current survey date:	20010712
Medicare/Medicaid:	1
Facility name:	QUEST DIAGNOSTICS
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19950519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0901240
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVENUE, SUITE 507
Phone num:	5626289031
Termination reason:	00
Term Date:	20070903
Purpose of action:	2
Provider control:	04
Zip:	90813
Fips state:	06

26686
Higher

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145727

GV1042 SRHO20070131241
West AHA Hospitals
4-6 mi
26686
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050506
Medicare/Medicaid:	1
Facility name:	DOUGLAS A SMITH MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554803
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVE STE 519
Phone num:	5624366787
Termination reason:	00
Term Date:	20070727
Purpose of action:	2
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131241

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
GV1043			SRHO20070149340
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26686	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PROHEALTH PARTNERS,A MEDICAL GROUP,INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19971028	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0935378	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1045 ATLANTIC AVENUE, SUITE 505	
	Phone num:	5624954952	
	Termination reason:	08	
	Term Date:	19971028	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149340	

GV1044			SRHO20070131243
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26687	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	RENALDO LI-PERDOMO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554813
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1052 ATLANTIC AVE
Phone num:	3104325471
Termination reason:	07
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131243

GV1045
West
4-6 mi
26701
Higher

SRHO20070152946
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ELENA G EZPELETA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010504
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0986010
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1066 ATLANTIC AVE STE D
Phone num:	5626241164
Termination reason:	08
Term Date:	20030503
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152946

GQ1046 SRDCCA200718492
NE
4-6 mi
26709
Higher

EDR ID:	SRDCCA200718492
Facility number:	304206611
Facility name:	"NELSON, PAM "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9822 CEDAR COURT
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	9822 CEDAR COURT
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"NELSON, PAM "
Licensee type:	A
License effective date:	20820
License expiration date:	Not Reported
License issue date:	020820
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020424
Facility closed date:	Not Reported
Mailing address:	9822 CEDAR COURT
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"NELSON, PAM "

Daycare

Facility capacity:	8	
Type of clients served:	960	
Facility phone:	7148169442	

GW1047 SRHO20070007964
NE AHA Hospitals
4-6 mi

26735	Hospital type:	02
Higher	Num of times COO:	00
	Owner date:	Not Reported
	City:	CYPRESS
	Has plan of corr:	1
	Compliance status:	A
	SSA county code:	400
	Cross ref number:	Not Reported
	FMS survey date:	Not Reported
	Current survey date:	20060712
	Medicare/Medicaid:	1
	Facility name:	HARBOR HEALTH CARE, INC - REDWOOD DIVISION
	Intermediary/Carrier:	Not Reported
	Medicaid number:	LTC80105G
	Partcipation date:	19950306
	Prior COO date:	Not Reported
	Prior carrier:	Not Reported
	Provider ID:	05G844
	Record Status:	A
	Region code:	09
	Is Partial Record:	Not Reported
	state abbrev:	CA
	ssa state:	05
	state region cd:	ORG
	street address:	9342 REDWOOD STREET
	Phone num:	7149524528
	Termination reason:	00
	Term Date:	Not Reported
	Purpose of action:	2
	Provider control:	02
	Zip:	90630
	Fips state:	06
	Fips cnty:	059
	SSA MSA:	033
	SSA MSA size code:	B
	Date accredited:	Not Reported
	Accred expire date:	Not Reported
	Accred Org:	Not Reported
	Num beds:	0006
	Num cert beds:	0006
	Source:	US_HOSPITAL_POSOTHER
	Edr id:	SRHO20070007964

GI1048 SRDCCA200712477
NNE Daycare
4-6 mi

26744	EDR ID:	SRDCCA200712477
Higher	Facility number:	192004922
	Facility name:	GARCIA FAMILY CHILD CARE
	Facility eval. code:	6170
	Facility office number:	33

Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12320 212TH STREET
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Alt. address:	12320 212TH STREET
City:	HAWAIIAN GARDENS
State:	CA
Zip:	90716
Facility investor:	"GARCIA, EVELIA "
Licensee type:	A
License effective date:	1122
License expiration date:	Not Reported
License issue date:	001122
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	000906
Facility closed date:	Not Reported
Mailing address:	12320 212TH STREET
Mailing city:	HAWAIIAN GARDENS
Mailing state:	CA
Mailing zip:	90716
Contact person:	"GARCIA, EVELIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624022697

GW1049 — SRPU20071006356
NE — Public Schools
4-6 mi
26745
Higher

Ncessch:	060263007580
Schname05:	OXFORD HIGH
Mstreet05:	5172 ORANGE AVE.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	Not Reported
Member05:	1095
Phone05:	(714) 220-3056
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	07
Gshi05:	12
Edr id:	SRPU20071006356

GW1050 — SRDCCA200703283
NE — Daycare
4-6 mi
26748
Higher

EDR ID:	SRDCCA200703283
Facility number:	300608899
Facility name:	"OLSON, JOYCE "
Facility eval. code:	3404
Facility office number:	06

Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5085 EUCALYPTUS
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5085 EUCALYPTUS
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"OLSON, JOYCE "
Licensee type:	A
License effective date:	930806
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	5085 EUCALYPTUS CIRCLE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"OLSON, JOYCE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7148261205

GT1051
WNW
4-6 mi
26804
Higher

SRHO20070131399
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VAN PHAC VO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930304
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554865
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	611 E ANAHEIM ST
Phone num:	3105918982
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	07
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131399

1052
SE
4-6 mi
26808
Higher

SRHO20070108680
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030627
Medicare/Medicaid:	1
Facility name:	HARBOUR PHYSICAL THERAPY
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20030703
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	556564
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	5355 WARNER AVE, #102
Phone num:	7148404928
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	06
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033

SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108680

GP1053 SRDCCA200716577
North Daycare
4-6 mi
26824
Higher

EDR ID:	SRDCCA200716577
Facility number:	198006945
Facility name:	KENYON FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6317 HENRILEE STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	6317 HENRILEE STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"KENYON, CARRI "
Licensee type:	A
License effective date:	11015
License expiration date:	Not Reported
License issue date:	011015
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010813
Facility closed date:	Not Reported
Mailing address:	6317 HENRILEE STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"KENYON, CARRI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624209020

GX1054 SRDCCA200739791
NNW Daycare
4-6 mi
26864
Higher

EDR ID:	SRDCCA200739791
Facility number:	198013230
Facility name:	ESCOTO FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	810

Facility status code:	03
Address:	4512 RADNOR AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4512 RADNOR AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	HEATHER M. ESCOTO
Licensee type:	A
License effective date:	70215
License expiration date:	Not Reported
License issue date:	070215
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070125
Facility closed date:	Not Reported
Mailing address:	4512 RADNOR AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"ESCOTO, HEATHERM. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624216292

GF1055
WNW
4-6 mi
26903
Higher

SRDCCA200721356
Daycare

EDR ID:	SRDCCA200721356
Facility number:	198009244
Facility name:	SCHROCK FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1814 OLIVE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	1814 OLIVE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"SCHROCK, PHYLLIS "
Licensee type:	A
License effective date:	30825
License expiration date:	Not Reported
License issue date:	030825
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030516

Facility closed date:	Not Reported
Mailing address:	1814 OLIVE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"SCHROCK, PHYLLIS "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625995772

GY1056 SRDCCA200718383
NNE
4-6 mi
26908
Higher

EDR ID:	SRDCCA200718383
Facility number:	192010908
Facility name:	DAILEY FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	11939 209TH ST #1
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	11939 209TH ST #1
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"DAILEY, YVETTE "
Licensee type:	A
License effective date:	20621
License expiration date:	Not Reported
License issue date:	020621
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020408
Facility closed date:	Not Reported
Mailing address:	11939 209TH ST #1
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"DAILEY, YVETTE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628651053

Daycare

GG1057 SRHO20070149854
ESE
4-6 mi
26917
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported

AHA Hospitals

SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TIT S LI MD & NGA W WONG MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980609
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0947127
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6552 BOLSA AVE, SUITE N
Phone num:	7148989635
Termination reason:	00
Term Date:	20080608
Purpose of action:	Not Reported
Provider control:	02
Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149854

1058
NW
4-6 mi
26946
Higher

SRHO20070163498
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BOEING COMPANY C-17 MEDICAL SVCS,THE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050419
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D1039631
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2401 E WARDLOW RD TRAILER 174
Phone num:	5625930064
Termination reason:	00
Term Date:	20070418
Purpose of action:	Not Reported
Provider control:	02
Zip:	90807
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070163498

1059
ESE
4-6 mi
26957
Higher

SRDCCA200730614
Daycare

EDR ID:	SRDCCA200730614
Facility number:	304310091
Facility name:	"GRIFFEN, LAURA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15572 MAYFLOWER LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	15572 MAYFLOWER LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"GRIFFEN, LAURA "
Licensee type:	A
License effective date:	50317
License expiration date:	Not Reported
License issue date:	050317
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050302
Facility closed date:	Not Reported
Mailing address:	15572 MAYFLOWER LANE
Mailing city:	HUNTINGTON BEACH

Mailing state:	CA	
Mailing zip:	92647	
Contact person:	"GRIFFEN, LAURA "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	7148986583	

1060 SRDCCA200713738
East Daycare
4-6 mi
26983
Higher

EDR ID:	SRDCCA200713738
Facility number:	304205424
Facility name:	"KUBOVEC, CHRISTINA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6842 HUMBOLDT AVE.
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	6842 HUMBOLDT AVE.
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"KUBOVEC, CHRISTINA "
Licensee type:	A
License effective date:	308
License expiration date:	Not Reported
License issue date:	000308
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000302
Facility closed date:	Not Reported
Mailing address:	6842 HUMBOLDT AVE.
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"KUBOVEC, CHRISTINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148914776

GZ1061 SRHO20070135309
NE AHA Hospitals
4-6 mi
26985
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported

Current survey date:	19981105
Medicare/Medicaid:	1
Facility name:	FAMILY PLANNING ASSOCIATES MED GRP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0668313
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	9461 GRINDLAY ST #101
Phone num:	7149953001
Termination reason:	12
Term Date:	20010219
Purpose of action:	2
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070135309

GK1062 SRDCCA200708063
NNW Daycare
4-6 mi
26986
Higher

EDR ID:	SRDCCA200708063
Facility number:	198002034
Facility name:	"GLENN,NORMA FAMILY DAY CARE "
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4440 BELLFLOWER BLVD.
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4440 BELLFLOWER BLVD.
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"GLENN, NORMA "
Licensee type:	A
License effective date:	960524
License expiration date:	Not Reported

License issue date: 960524
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 960326
Facility closed date: Not Reported
Mailing address: 4440 BELLFLOWER BLVD.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "GLENN, NORMA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624201315

GV1063 SRDCCA200746907
West EDR ID: SRDCCA200746907 Daycare
4-6 mi Facility number: 191671243
26987 Facility name: FIRST LUTHERAN CHRISTIAN PRESCHOOL & DAY CARE CTR
Higher Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 946 LINDEN AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 946 LINDEN AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: FIRST LUTHERAN CHURCH OF LONG BEACH
Licensee type: F
License effective date: 930925
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, AGES 2 THRU 5 YEARS
"
Original app. received date: 840724
Facility closed date: Not Reported
Mailing address: 946 LINDEN AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: KRISTINE KIM
Facility capacity: 54
Type of clients served: 950
Facility phone: 5624350777

GL1064 SRPU20071013937
ENE Ncessch: 061488001871 Public Schools
4-6 mi Schname05: PATTON ELEMENTARY
26997 Mstreet05: 6861 SANTA RITA AVE.
Higher

Mcity05:	GARDEN GROVE
Mstate05:	CA
Mzip05:	92845
Mzip405:	1443
Member05:	956
Phone05:	(714) 663-6584
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071013937

GZ1065 SRHO20070010779
NE AHA Hospitals
4-6 mi
27035
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19851114
Medicare/Medicaid:	1
Facility name:	BODIMETRIC HEALTH SERVICES INC
Intermediary/Carrier:	99990
Medicaid number:	Not Reported
Partcipation date:	19811105
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	057279
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	5252 ORANGE AVE
Phone num:	7148265761
Termination reason:	01
Term Date:	19860321
Purpose of action:	2
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER

Edr id: SRHO20070010779

GX1066 SRDCCA200702635
NNW Daycare
4-6 mi
27053
Higher

EDR ID:	SRDCCA200702635
Facility number:	191604606
Facility name:	SNYDER FAMILY DAY CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4553 ALBURY AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4553 ALBURY AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"SNYDER, DIANE "
Licensee type:	A
License effective date:	951028
License expiration date:	Not Reported
License issue date:	891028
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	891027
Facility closed date:	Not Reported
Mailing address:	4553 ALBURY AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"SNYDER, DIANE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5624290493

GX1067 SRDCCA200711508
NNW Daycare
4-6 mi
27089
Higher

EDR ID:	SRDCCA200711508
Facility number:	198005192
Facility name:	UNDERWOOD FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4506 DUNROBIN
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4506 DUNROBIN
City:	LAKEWOOD

State: CA
Zip: 90713
Facility investor: "UNDERWOOD, CHRISTINA "
Licensee type: A
License effective date: 990520
License expiration date: Not Reported
License issue date: 990520
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990510
Facility closed date: Not Reported
Mailing address: 4506 DUNROBIN
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "UNDERWOOD, CHRISTINA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624213293

GX1068
NNW
4-6 mi
27090
Higher

SRDCCA200716427
Daycare

EDR ID: SRDCCA200716427
Facility number: 198007154
Facility name: KEMPF FAMILY CHILD CARE
Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4518 EASTBROOK AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4518 EASTBROOK AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "KEMPF, RACHEL "
Licensee type: A
License effective date: 20201
License expiration date: Not Reported
License issue date: 020201
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 011106
Facility closed date: Not Reported
Mailing address: 4518 EASTBROOK AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "KEMPF, RACHEL "

Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5624202617	

GO1069 SRDCCA200755765
West Daycare
4-6 mi
27135
Higher

EDR ID:	SRDCCA200755765
Facility number:	198012302
Facility name:	A LOVE 4 LEARNING ACADEMY
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	306 ELM AVENUE
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	13909 S. TRIAD DRIVE
City:	LA MIRADA
State:	CA
Zip:	90638
Facility investor:	CLYNNAE TURNER
Licensee type:	A
License effective date:	60316
License expiration date:	Not Reported
License issue date:	060316
Program type:	LICENSED TO PROVIDE CARE FOR (30) PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	060202
Facility closed date:	Not Reported
Mailing address:	13909 S. TRIAD DRIVE
Mailing city:	LA MIRADA
Mailing state:	CA
Mailing zip:	90638
Contact person:	"TURNER, CLYNNAE "
Facility capacity:	30
Type of clients served:	950
Facility phone:	5629836469

GO1070 SRHO20070151604
West AHA Hospitals
4-6 mi
27135
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ST JOSEPH MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19990301
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0957774
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	306 S ELM AVE
Phone num:	5626289237
Termination reason:	08
Term Date:	19990301
Purpose of action:	Not Reported
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151604

GK1071 SRDCCA200723735
NNW Daycare
4-6 mi
27143
Higher

EDR ID:	SRDCCA200723735
Facility number:	198009576
Facility name:	DE SILVA WICKRAMARATNE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4456 MONTAIR AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	4456 MONTAIR AVENUE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"DESILVA WICKRAMARATNE, MUTHTHA "
Licensee type:	A
License effective date:	30916
License expiration date:	Not Reported
License issue date:	030916
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date:	030814
Facility closed date:	Not Reported
Mailing address:	4456 MONTAIR AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"DESILVA WICKRAMARATNE, MUT"
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624964394

HA1072 SRDCCA200724223
North Daycare
4-6 mi
27156
Higher

EDR ID:	SRDCCA200724223
Facility number:	198010373
Facility name:	JACKSON FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6735 TURNERGROVE DRIVE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	6735 TURNERGROVE DRIVE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	MALEMTAWATI JACKSON
Licensee type:	A
License effective date:	40426
License expiration date:	Not Reported
License issue date:	040426
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040315
Facility closed date:	Not Reported
Mailing address:	6735 TURNERGROVE DRIVE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"JACKSON, MALEMTAWATI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624214260

GV1073 SRHO20070006141
West AHA Hospitals
4-6 mi
27156
Higher

Hospital type:	01
Num of times COO:	03
Owner date:	20020101
City:	LONG BEACH
Has plan of corr:	Not Reported

Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19941115
Medicare/Medicaid:	1
Facility name:	ST MARY MEDICAL CENTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19660701
Prior COO date:	19970530
Prior carrier:	00454
Provider ID:	050191
Record Status:	A
Region code:	09
Is Partial Record:	N
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1050 LINDEN AVE
Phone num:	5624919000
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90801
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19920101
Accred expire date:	19941231
Accred Org:	1
Num beds:	0539
Num cert beds:	0539
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006141

GV1074
West
4-6 mi
27156
Higher

SRHO20070136657
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ST MARY MEDICAL CENTER-LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930716
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0642663
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1050 LINDEN AVENUE
Phone num:	5624919690
Termination reason:	00
Term Date:	20070208
Purpose of action:	Not Reported
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136657

GV1075 SRHO20070110131
West AHA Hospitals
4-6 mi
27156
Higher

Hospital type:	03
Num of times COO:	01
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050104
Medicare/Medicaid:	2
Facility name:	SAINT MARY MEDICAL CENTER D P
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	19851022
Prior COO date:	Not Reported
Prior carrier:	52280
Provider ID:	555210
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1050 LINDEN AVENUE
Phone num:	5624919944
Termination reason:	01

Term Date:	20051122
Purpose of action:	2
Provider control:	05
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0033
Num cert beds:	0033
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070110131

GV1076 SRHO20070159764
West AHA Hospitals
4-6 mi
27156
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CATHOLIC HEALTHCARE WEST/ST MARY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1012718
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1050 LINDEN AVE
Phone num:	5624914841
Termination reason:	00
Term Date:	20070518
Purpose of action:	Not Reported
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070159764	

GV1077 SRHO20070009892
West AHA Hospitals
4-6 mi
27156
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	19810313
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19930827
Medicare/Medicaid:	1
Facility name:	ST MARY MED CTR HEMODIALYSIS U
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19770811
Prior COO date:	Not Reported
Prior carrier:	00454
Provider ID:	052328
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1050 LINDEN ST
Phone num:	3104919240
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009892

GV1078 SRHO20070131533
West AHA Hospitals
4-6 mi
27156
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PULMONARY LABORATORY-SMMC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554956
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1050 LINDEN AVENUE
Phone num:	3104919920
Termination reason:	01
Term Date:	19941231
Purpose of action:	Not Reported
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131533

GV1079
West
4-6 mi
27156
Higher

SRHO20070008177
AHA Hospitals

Hospital type:	01
Num of times COO:	02
Owner date:	20020701
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040907
Medicare/Medicaid:	1
Facility name:	ST MARY MEDICAL CENTER VNA HOSPICE
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	19940808

Prior COO date:	19981231
Prior carrier:	00040
Provider ID:	051633
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1050 LINDEN AVENUE
Phone num:	5624914841
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008177

GY1080
NNE
4-6 mi
27194
Higher

SRDCCA200719551
Daycare

EDR ID:	SRDCCA200719551
Facility number:	198008708
Facility name:	CANNICK FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20821 SEINE AVENUE #1
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	20821 SEINE AVENUE #1
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"CANNICK, SYNDIA "
Licensee type:	A
License effective date:	30414
License expiration date:	Not Reported
License issue date:	030414
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030124

Facility closed date:	Not Reported
Mailing address:	20821 SEINE AVENUE #1
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"CANNICK, SYNDIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628655238

GJ1081 SRDCCA200704674
NE EDR ID: SRDCCA200704674 Daycare
4-6 mi Facility number: 300611973
27206 Facility name: "VIERSTRA, WENDY A. "
Higher

Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10192 MIRANDA AVE.
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	10192 MIRANDA AVE.
City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	"VIERSTRA, WENDY A. "
Licensee type:	A
License effective date:	940718
License expiration date:	Not Reported
License issue date:	910718
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	910411
Facility closed date:	Not Reported
Mailing address:	10192 MIRANDA AVE.
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	"VIERSTRA, WENDY "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7149522431

GT1082 SRPU20071014041
WNW Ncessch: 062250002751 Public Schools
4-6 mi Schname05: POLYTECHNIC HIGH
27232 Mstreet05: 1600 ATLANTIC AVE.
Higher

Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90813

Mzip405:	2017
Member05:	4835
Phone05:	(562) 591-0581
Locale05:	1
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071014041

HA1083 SRDCCA200721295
North Daycare
4-6 mi
27243
Higher

EDR ID:	SRDCCA200721295
Facility number:	198009233
Facility name:	RAFIQ FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6912 NIXON STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	6912 NIXON STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"RAFIQ, SHAHIDA "
Licensee type:	A
License effective date:	40305
License expiration date:	Not Reported
License issue date:	040305
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030528
Facility closed date:	Not Reported
Mailing address:	6912 NIXON STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"RAFIQ, SHAHIDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624253530

GM1084 SRDCCA200716478
ESE Daycare
4-6 mi
27259
Higher

EDR ID:	SRDCCA200716478
Facility number:	304206359
Facility name:	"TUCKER, ALICIA & JAMES "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30

Facility type code:	810
Facility status code:	03
Address:	15112 HANOVER LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	15112 HANOVER LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"TUCKER, ALICIA & JAMES "
Licensee type:	A
License effective date:	30916
License expiration date:	Not Reported
License issue date:	030916
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020107
Facility closed date:	Not Reported
Mailing address:	15112 HANOVER LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"TUCKER, ALICIA & JAMES "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148910203

HB1085
NNE
4-6 mi
27274
Higher

SRHO20070130543
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19951221
Medicare/Medicaid:	1
Facility name:	CONCHITA GOINGS MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0552654
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	20927 NORWALK BOULEVARD
Phone num:	5628091434
Termination reason:	01
Term Date:	20050811
Purpose of action:	1
Provider control:	02
Zip:	90715
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130543

HC1086 — SRHO20070158299
East — AHA Hospitals
4-6 mi
27278
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAV-ON PHARMACY #6145
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050104
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1035484
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	6755 WESTMINSTER AVE
Phone num:	7148989669
Termination reason:	00
Term Date:	20090103
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158299

HD1087 SRDCCA200711189
NNE 4-6 mi 27285 Higher Daycare

EDR ID:	SRDCCA200711189
Facility number:	198005438
Facility name:	HILL FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	21119 HAWAIIAN AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	21119 HAWAIIAN AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"HILL, TAMMY "
Licensee type:	A
License effective date:	990913
License expiration date:	Not Reported
License issue date:	990913
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	990730
Facility closed date:	Not Reported
Mailing address:	21119 HAWAIIAN AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"HILL, TAMMY "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5628605125

1088 SRPU20071009687
ESE 4-6 mi 27317 Higher Public Schools

Ncessch:	062814004328
Schname05:	CIRCLE VIEW ELEMENTARY
Mstreet05:	6261 HOOKER DR.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92647
Mzip405:	2800
Member05:	703
Phone05:	(714) 893-5035

Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009687

GN1089 SRDCCA200711913
WNW Daycare
4-6 mi
27334
Higher

EDR ID:	SRDCCA200711913
Facility number:	198005068
Facility name:	BALTAZAR FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1050 E. BURNETT ST.
City:	SIGNAL HILL
State:	CA
Zip:	90806
Alt. address:	1050 E. BURNETT ST.
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	"BALTAZAR, MYRNA PACIO "
Licensee type:	A
License effective date:	990506
License expiration date:	Not Reported
License issue date:	990506
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	990329
Facility closed date:	Not Reported
Mailing address:	1050 E. BURNETT ST.
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90806
Contact person:	"BALTAZAR, MYRNA PACIO "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629899585

HE1090 SRHO20070108624
ENE AHA Hospitals
4-6 mi
27345
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20001101
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported

Current survey date:	19990507
Medicare/Medicaid:	1
Facility name:	LIFE CARE SOLUTIONS
Intermediary/Carrier:	00040
Medicaid number:	HHA57235F
Partcipation date:	19921125
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557235
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	6360 GATE WAY DRIVE
Phone num:	7147611275
Termination reason:	01
Term Date:	20021231
Purpose of action:	2
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108624

HE1091
ENE
4-6 mi
27345
Higher

SRHO20070149390
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LIFECARE SOLUTIONS WEST INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960214
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0911757
Record Status:	A
Region code:	09

Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6360 GATEWAY
Phone num:	7147611275
Termination reason:	01
Term Date:	20030131
Purpose of action:	Not Reported
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149390

GT1092
WNW
4-6 mi
27345
Higher

SRHO20070155162
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ADVANCED HEALTH SOULTIONS MED GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000628
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0975159
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1711 ATLANTIC AVE
Phone num:	5625918711
Termination reason:	08
Term Date:	20020627
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813

Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155162

GT1093 SRHO20070129556
WNW AHA Hospitals
4-6 mi
27345
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SUKDEB MONDAL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930310
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0541667
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1711 ATLANTIC AVENUE
Phone num:	2137337272
Termination reason:	08
Term Date:	20000831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070129556

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

HF1094 — SRDCCA200728379
WNW — Daycare
4-6 mi
27371
Higher

EDR ID:	SRDCCA200728379
Facility number:	198011084
Facility name:	GONZALEZ FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1876 LIME AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	1876 LIME AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	LILIA GONZALEZ
Licensee type:	A
License effective date:	41221
License expiration date:	Not Reported
License issue date:	041221
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	041025
Facility closed date:	Not Reported
Mailing address:	1876 LIME AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"GONZALEZ, LILIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5622183164

HG1095 — SRDCCA200752756
East — Daycare
4-6 mi
27379
Higher

EDR ID:	SRDCCA200752756
Facility number:	304270929
Facility name:	WESTMINSTER SCHOOL DISTRICT-FRYBERGER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	6952 HOOD DRIVE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	15151 TEMPLE STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	WESTMINSTER SCHOOL DISTRICT
Licensee type:	F

License effective date:	20830
License expiration date:	Not Reported
License issue date:	020830
Program type:	24 CHILDREN. 3 NON-AMBULATORY. AGES 3-5 YRS. OLD. MON-FRI. 07:00 AM TO 5:00 PM. PORTABLE D-3. WAIVERS TO SHARE B/R & YARD WITH ELEMENTRY SCHOOL.
Original app. received date:	020719
Facility closed date:	Not Reported
Mailing address:	14121 CEDARWOOD AVENUE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"ROSENBERG, MARGI "
Facility capacity:	24
Type of clients served:	950
Facility phone:	7148947237

HG1096 — SRPU20071010649
East — Public Schools
4-6 mi
27379
Higher

Ncessch:	064215006907
Schname05:	FRYBERGER ELEMENTARY
Mstreet05:	6952 HOOD DR.
Mcity05:	WESTMINSTER
Mstate05:	CA
Mzip05:	92683
Mzip405:	2122
Member05:	526
Phone05:	(714) 894-7237
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071010649

GV1097 — SRDCCA200744407
West — Daycare
4-6 mi
27379
Higher

EDR ID:	SRDCCA200744407
Facility number:	198011974
Facility name:	MONTESSORI ON ELM PRESCHOOL + KINDERGARTEN
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	930 ELM AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	930 ELM AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"MONTESSORI ON ELM, INC. "
Licensee type:	D
License effective date:	51220

License expiration date: Not Reported
License issue date: 051220
Program type: "LICENSEE TO SERVE (24) INFANTS, FROM BIRTH AND PRIOR TO (2) YEARS OF AGE IN ROOMS: #1 - #3.
"
Original app. received date: 051005
Facility closed date: Not Reported
Mailing address: 930 ELM AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "WIJEYENICKREMA, CASANDRA "
Facility capacity: 24
Type of clients served: 955
Facility phone: 5625708080

GV1098 SRDCCA200755777
West EDR ID: SRDCCA200755777 Daycare
4-6 mi Facility number: 198011975
27379 Facility name: MONTESSORI ON ELM PRESCHOOL + KINDERGARTEN
Higher Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 930 ELM AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 930 ELM AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "MONTESSORI ON ELM, INC. "
Licensee type: D
License effective date: 51220
License expiration date: Not Reported
License issue date: 051220
Program type: "LICENSEE TO SERVE (111) PRESCHOOL CHILDREN, AGES 2 UNTIL ENTRY INTO FIRST GRADE IN ROOMS: #6 - #10.
"
Original app. received date: 051005
Facility closed date: Not Reported
Mailing address: 930 ELM AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "WIJEYENWIZKREMA, CASSANDRA"
Facility capacity: 111
Type of clients served: 950
Facility phone: 5625708080

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
GV1099			SRHO20070131257
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27383	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	20010710	
	Current survey date:	20031219	
	Medicare/Medicaid:	1	
	Facility name:	DAVID R SINGER MD/PROHEALTH PARTNERS	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554822	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	411 EAST 10TH STREET, SUITE #105	
	Phone num:	5624355353	
	Termination reason:	00	
	Term Date:	20070903	
	Purpose of action:	5	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131257	

HH1100			SRDCCA200703274
NE	EDR ID:	SRDCCA200703274	Daycare
4-6 mi	Facility number:	300608690	
27426	Facility name:	"STAGGERS, VIRGINIA B. "	
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	10460 FLORENCE AVENUE	
	City:	BUENA PARK	

State:	CA
Zip:	90620
Alt. address:	10460 FLORENCE AVE
City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	STAGGERS. VIRGINIA B.
Licensee type:	A
License effective date:	950511
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	10460 FLORENCE AVENUE
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	STAGGERS. VIRGINIA B.
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147613880

GS1101 SRDCCA200748665
SE
4-6 mi
27447
Higher

EDR ID:	SRDCCA200748665
Facility number:	300606172
Facility name:	REDEEMER LUTHERAN PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	16351 SPRINGDALE ST
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	16351 SPRINGDALE ST
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	REDEEMER LUTHERAN CHURCH
Licensee type:	C
License effective date:	951103
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY. AGES 2 THROUGH 5 YEARS. HOURS: 6:30 A.M. TO 6:00 P.M. MONDAY THROUGH FRIDAY. MODULAR BUILDING INCLUDING.
Original app. received date:	860828
Facility closed date:	Not Reported
Mailing address:	16351 SPRINGDALE ST
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA

Daycare

Mailing zip:	92649
Contact person:	SUE KOLACINSKI
Facility capacity:	95
Type of clients served:	950
Facility phone:	7148407117

HI1102 SRDCCA200713441
NE Daycare
4-6 mi
27460
Higher

EDR ID:	SRDCCA200713441
Facility number:	304205564
Facility name:	"MARY, DARCY "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6031 MYRA
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	6031 MYRA
City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	"MARY, DARCY "
Licensee type:	A
License effective date:	801
License expiration date:	Not Reported
License issue date:	000801
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	000524
Facility closed date:	Not Reported
Mailing address:	6031 MYRA
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	"MARY, DARCY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149950206

GT1103 SRDCCA200719716
WNW Daycare
4-6 mi
27483
Higher

EDR ID:	SRDCCA200719716
Facility number:	198008412
Facility name:	GONZALEZ FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	551 E. 16TH STREET
City:	LONG BEACH

State: CA
Zip: 90813
Alt. address: 551 E. 16TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "GONZALEZ, R. & J. "
Licensee type: A
License effective date: 30701
License expiration date: Not Reported
License issue date: 030701
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 021107
Facility closed date: Not Reported
Mailing address: 551 E. 16TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "GONZALEZ, REBECCA & JOSE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5622180919

HA1104 SRDCCA200714870
North EDR ID: SRDCCA200714870 Daycare
4-6 mi Facility number: 198006500
27526 Facility name: AUCHARD FAMILY CHILD CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6760 NIXON STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6760 NIXON STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "AUCHARD, CHERYL "
Licensee type: A
License effective date: 10216
License expiration date: Not Reported
License issue date: 010216
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 001215
Facility closed date: Not Reported
Mailing address: 6760 NIXON STREET

Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"AUCHARD, CHERYL "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5627310433

HJ1105 SRHO20070007511
NNW AHA Hospitals
4-6 mi
27528
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19830606
Medicare/Medicaid:	1
Facility name:	CENTRALIA CONVALESCENT CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19770801
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05E162
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	5401 CENTRALIA ST
Phone num:	2134214717
Termination reason:	07
Term Date:	19850201
Purpose of action:	2
Provider control:	03
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0119
Num cert beds:	0119
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007511

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HJ1106			SRHO20070148786
NNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27528	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	BRITTANY HOUSE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970530	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0928937	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	5401 E CENTRALIA ST	
	Phone num:	5624214717	
	Termination reason:	08	
	Term Date:	19970530	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90808	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148786	

HJ1107			SRHO20070011215
NNW	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	02	
27528	Owner date:	19860930	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19880517	

Medicare/Medicaid:	1
Facility name:	CENTRALIA CONVALESCENT CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19701229
Prior COO date:	19850228
Prior carrier:	Not Reported
Provider ID:	056246
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	5401 CENTRALIA STREET
Phone num:	2134214717
Termination reason:	01
Term Date:	19890517
Purpose of action:	2
Provider control:	03
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0194
Num cert beds:	0194
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011215

1108
North
4-6 mi
27531
Higher

SRDCCA200706174
Daycare

EDR ID:	SRDCCA200706174
Facility number:	198000816
Facility name:	HUNTER FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20618 HARVEST AVE
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	20618 HARVEST AVE
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"HUNTER, LYDIA "
Licensee type:	A
License effective date:	950415
License expiration date:	Not Reported
License issue date:	950415

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD).
"
Original app. received date: 941116
Facility closed date: Not Reported
Mailing address: 20618 HARVEST AVE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90715
Contact person: "HUNTER, LYDIA "
Facility capacity: 12
Type of clients served: 960
Facility phone: 5629240520

GR1109 SRDCCA200705061
ENE EDR ID: SRDCCA200705061 Daycare
4-6 mi Facility number: 300611660
27554 Facility name: "KRANZ, RHONDA "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6824 TIKI DRIVE
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 6824 TIKI DRIVE
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "KRANZ, RHONDA "
Licensee type: A
License effective date: 940813
License expiration date: Not Reported
License issue date: 910813
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 910228
Facility closed date: Not Reported
Mailing address: 6824 TIKI DRIVE
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "KRANZ, RHONDA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149012045

GV1110 SRHO20070130565
West Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
27563
Higher

Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	IRENE P LEECH MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950628
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553988
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1040 ELM AVE SUITE 307
Phone num:	3105908509
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130565

GV1111 SRHO20070131244
West AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	YOUNG J KWON MD
Intermediary/Carrier:	Not Reported

27563
Higher

Medicaid number:	Not Reported
Partcipation date:	19930527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554820
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1040 ELM AVENUE SUITE 200
Phone num:	3104354777
Termination reason:	00
Term Date:	20070809
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131244

GV1112 SRHO20070131242
West AHA Hospitals
4-6 mi
27563
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GUNTHER R BAUER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930105
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554806
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site	EDR ID / Database

street address:	1040 ELM AVE 210
Phone num:	3104323311
Termination reason:	01
Term Date:	19971231
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131242

GV1113
West
4-6 mi
27563
Higher

SRHO20070154580
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SURGICAL SUITE OF SOUTHERN CALIFORNIA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010501
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0985892
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1040 ELM AVE STE 100
Phone num:	5624462234
Termination reason:	00
Term Date:	20080521
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154580

GV1114 SRHO20070144449
West AHA Hospitals
4-6 mi
27563
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ED RAMIREZ MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940526
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0886757
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1040 ELM AVE #207
Phone num:	3109833688
Termination reason:	12
Term Date:	19951228
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144449

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GV1115			SRHO20070010733
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27564	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20030221	
	Medicare/Medicaid:	1	
	Facility name:	PHYSIOTHERAPY ASSOCIATES LONG BEACH	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19970519	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056823	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L1	
	street address:	1043 ELM AVENUE SUITE 302	
	Phone num:	5624320315	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	06	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070010733	

GV1116			SRHO20070155113
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27564	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	ST MARY MEDICAL CENTER FAMILY CLINIC LONG BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020502
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0999041
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1043 ELM AVENUE SUITE 402
Phone num:	5624919045
Termination reason:	00
Term Date:	20081115
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155113

GV1117
West
4-6 mi
27564
Higher

SRHO20070153431
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	C A R E CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0942920
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1043 ELM AVENUE SUITE 300
Phone num:	5624919999
Termination reason:	00
Term Date:	20080317
Purpose of action:	Not Reported
Provider control:	03
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153431

GV1118 SRHO20070150234
West AHA Hospitals
4-6 mi
27564
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOMENS HEALTH CARE SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960205
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0911392
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1043 ELM AVE STE 410
Phone num:	3109011870
Termination reason:	08
Term Date:	19980204
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150234

GV1119 SRHO20070131386
West AHA Hospitals
4-6 mi
27564
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PACIFIC SHORES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930330
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554854
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1043 ELM SUITE 104
Phone num:	3105900345
Termination reason:	00
Term Date:	20070809
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131386

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
GV1120			SRHO20070146251
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27564	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	METRO-SOUTH PROVIDER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960828	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0919098	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1043 ELM AVE STE 402	
	Phone num:	3109865670	
	Termination reason:	08	
	Term Date:	20020827	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070146251	

GV1121			SRHO20070159881
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27564	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	LIVING HOPE CLINICAL FOUNDATION
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051026
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1047140
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1043 ELM AVE, SUITE 301
Phone num:	5626244943
Termination reason:	00
Term Date:	20071025
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159881

HC1122 — SRHO20070160526
East — AHA Hospitals
4-6 mi
27590
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ANDY TUAN HO MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038432
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	6922 WESTMINSTER BLVD
Phone num:	7148972800
Termination reason:	00
Term Date:	20070317
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160526

GX1123 SRDCCA200747634
NNW Daycare
4-6 mi
27593
Higher

EDR ID:	SRDCCA200747634
Facility number:	191602272
Facility name:	ST. TIMOTHY LUTHERAN PRESCHOOL DAY CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4645 WOODRUFF AVE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4645 WOODRUFF AVE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	ST. TIMOTHY LUTHERAN CHURCH
Licensee type:	C
License effective date:	930310
License expiration date:	Not Reported
License issue date:	930310
Program type:	LICENSEE SERVES 103 CHILDREN AGES 30 MONTHS UNTIL ENTRY INTO FIRST GRADE. WAIVER ON FILE
Original app. received date:	770822
Facility closed date:	Not Reported
Mailing address:	4645 WOODRUFF AVE.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	JUDITH TUTT-STARR
Facility capacity:	103
Type of clients served:	950

Facility phone: 5624250210

GX1124 SRDCCA200741562
NNW EDR ID: SRDCCA200741562 Daycare
4-6 mi Facility number: 198005392
27593 Facility name: ST. TIMOTHY LUTHERAN INFANT CENTER
Higher Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 4645 WOODRUFF AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4645 WOODRUFF AVENUE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: ST. TIMOTHY LUTHERAN CHURCH
Licensee type: C
License effective date: 990717
License expiration date: Not Reported
License issue date: 990717
Program type: "LICENSEE SERVES A TOTAL OF 28 CHILDREN, 16 INFANTS AGES 0 TO 18 MONTHSAND 12 TODDLERS AGES 18 MONTHS TO 30 MONTHS. "
Original app. received date: 990714
Facility closed date: Not Reported
Mailing address: 4645 WOODRUFF AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: JUDITH TUTT-STARR
Facility capacity: 28
Type of clients served: 955
Facility phone: 5624250210

GX1125 SRPR20051027536
NNW Pss school id: 02158177 Private Schools
4-6 mi Pss inst: ST TIMOTHY LUTHERAN SCHOOL
27593 Lograde: K
Higher Higrade: 5
Pss address: 4645 WOODRUFF AVE
Pss city: LAKEWOOD
Pss county no: 037
Pss county fips: 06037
Pss stabb: CA
Pss fips: 06
Pss zip5: 90713
Pss phone: 5624213960
Pss sch days: 177
Pss stu day hrs: 6.5
Pss library: Yes

Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	19
Pss enroll 1:	18
Pss enroll 2:	14
Pss enroll 3:	15
Pss enroll 4:	15
Pss enroll 5:	7
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	88
Pss enroll tk12:	88
Pss race ai:	Not Reported
Pss race as:	9
Pss race h:	7
Pss race b:	8
Pss race w:	64
Pss fte teach:	8.4
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	10.23
Pss hisp pct:	7.95
Pss black pct:	9.09
Pss white pct:	72.73
Pss stdtch rt:	10.48
Pss orient:	20
Pss county name:	LOS ANGELES
Pss assoc 1:	Evangelical Lutheran Education Association (ELEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051027536

1126
West
4-6 mi
27613
Higher

SRHO20070143869
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FH LONG BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0865986
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	100 LONG BEACH BLVD
Phone num:	2134912250
Termination reason:	08
Term Date:	19990629
Purpose of action:	Not Reported
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143869

HF1127
WNW
4-6 mi
27613
Higher

SRDCCA200754526
Daycare

EDR ID:	SRDCCA200754526
Facility number:	198006370
Facility name:	ATLANTIC HEAD START
Facility eval. code:	8070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1858 ATLANTIC BLVD.
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2898 ORANGE AVE.
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F

License effective date: 10228
License expiration date: Not Reported
License issue date: 010228
Program type: LAUP FACILITY. LICENSEE SERVES AMBULATORY CHILDREN AGE TWO UNTIL ENTRY INTO KINDERGARTEN. WAIVER ON OUTDOOR ACTIVITY SPACE.
Original app. received date: 001030
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: SHIRLEY SPENCER
Facility capacity: 73
Type of clients served: 950
Facility phone: 5624270833

HF1128 SRDCCA200713252
WNW EDR ID: SRDCCA200713252 Daycare
4-6 mi Facility number: 192001952
27615 Facility name: POOLE FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2002 LIME AVE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2002 LIME AVE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "POOLE, WYNONA "
Licensee type: A
License effective date: 608
License expiration date: Not Reported
License issue date: 000608
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 000330
Facility closed date: Not Reported
Mailing address: 2002 LIME AVE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "POOLE, WYNONA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625913059

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HK1129 WNW 4-6 mi 27645 Higher			SRHO20070007129 AHA Hospitals
	Hospital type:	02	
	Num of times COO:	02	
	Owner date:	19891001	
	City:	SIGNAL HILL	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19900322	
	Medicare/Medicaid:	1	
	Facility name:	VILLA HERMOSA CARE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19871019	
	Prior COO date:	19871019	
	Prior carrier:	Not Reported	
	Provider ID:	05E567	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	2375 CALIFORNIA AVENUE	
	Phone num:	2134260059	
	Termination reason:	01	
	Term Date:	19900608	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0093	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070007129	
HC1130 East 4-6 mi 27649 Higher			SRDCCA200726736 Daycare
	EDR ID:	SRDCCA200726736	
	Facility number:	304300768	
	Facility name:	"ALVAREZ, MARIA & VAZQUEZ, MARCO "	
	Facility eval. code:	3406	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6921 HOMER STREET APT. 28	
	City:	WESTMINSTER	

State: CA
Zip: 92683
Alt. address: 6921 HOMER STREET APT. 28
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "ALVAREZ, MARIA & VAZQUEZ, MARCO "
Licensee type: A
License effective date: 40802
License expiration date: Not Reported
License issue date: 040802
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040524
Facility closed date: Not Reported
Mailing address: 6921 HOMER STREET APT. 28
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "ALVAREZ, M. & VAZQUEZ, M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7147999229

HL1131
North
4-6 mi
27654
Higher

SRDCCA200717778
Daycare

EDR ID: SRDCCA200717778
Facility number: 198007902
Facility name: SIMPFENDERFER FAMILY CHILD CARE
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6222 ARBOR ROAD
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6222 ARBOR ROAD
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "SIMPFENDERFER, TINA "
Licensee type: A
License effective date: 20822
License expiration date: Not Reported
License issue date: 020822
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 020717
Facility closed date: Not Reported
Mailing address: 6222 ARBOR ROAD

Mailing city:	LAKEWOOD	
Mailing state:	CA	
Mailing zip:	90713	
Contact person:	"SIMPFENDERFER, TINA "	
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5624254344	

HF1132 SRDCCA200726801
WNW Daycare
4-6 mi
27661
Higher

EDR ID:	SRDCCA200726801
Facility number:	198010647
Facility name:	HARRIS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2021 LIME AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2021 LIME AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	ROSETTA HARRIS
Licensee type:	A
License effective date:	40817
License expiration date:	Not Reported
License issue date:	040817
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	040608
Facility closed date:	Not Reported
Mailing address:	2021 LIME AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"HARRIS, ROSETTA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5622182171

HB1133 SRDCCA200715031
NNE Daycare
4-6 mi
27670
Higher

EDR ID:	SRDCCA200715031
Facility number:	192006388
Facility name:	PARKER-BURTON FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03

Address:	20821 NORWALK BLVD #20
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	20821 NORWALK BLVD #20
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"PARKER-BURTON, WENDY "
Licensee type:	A
License effective date:	10313
License expiration date:	Not Reported
License issue date:	010313
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010201
Facility closed date:	Not Reported
Mailing address:	20821 NORWALK BLVD #20
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"PARKER-BURTON, WENDY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628096500

GT1134
WNW
4-6 mi
27685
Higher

SRPU20071014046
Public Schools

Ncessch:	062250002756
Schname05:	ROOSEVELT ELEMENTARY
Mstreet05:	1574 LINDEN AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90813
Mzip405:	2097
Member05:	1146
Phone05:	(562) 599-1888
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014046

HM1135
WNW
4-6 mi
27696
Higher

SRDCCA200722668
Daycare

EDR ID:	SRDCCA200722668
Facility number:	198009836
Facility name:	WILLIAMS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03

Address:	2167 OLIVE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2167 OLIVE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"WILLIAMS, CAROLYN FAYE "
Licensee type:	A
License effective date:	40315
License expiration date:	Not Reported
License issue date:	040315
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031112
Facility closed date:	Not Reported
Mailing address:	2167 OLIVE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"WILLIAMS, CAROLYN FAYE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5622188508

1136
NNW
4-6 mi
27704
Higher

SRPR20051024782
Private Schools

Pss school id:	A0300267
Pss inst:	FLEETHAVEN CHRISTIAN
Lograde:	Not Reported
Higrade:	Not Reported
Pss address:	4158 FLEETHAVEN RD.
Pss city:	LAKEWOOD
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90712
Pss phone:	5604290041
Pss sch days:	Not Reported
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported

Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	30
Pss enroll tk12:	Not Reported
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	5.3
Pss locale:	3
Pss coed:	1
Pss type:	6
Pss level:	NR
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	Not Reported
Pss orient:	8
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024782

HF1137
WNW
4-6 mi
27728
Higher

SRHO20070150695
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FOURTH DIMENSION MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980819
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0950145

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1909 ATLANTIC
Phone num:	5622183088
Termination reason:	08
Term Date:	20000818
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150695

HF1138
WNW
4-6 mi
27728
Higher

SRHO20070149505
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	NEW LIFE MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971028
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0935389
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1909 ATLANTIC AVENUE
Phone num:	5625916305
Termination reason:	08
Term Date:	19991027
Purpose of action:	Not Reported

Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149505

HL1139
North
4-6 mi
27740
Higher

SRDCCA200708485
Daycare

EDR ID:	SRDCCA200708485
Facility number:	198001809
Facility name:	SUMMERFELT FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4716 CONQUISTA AVE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4716 CONQUISTA AVE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"SUMMERFELT, PAMELA A. "
Licensee type:	A
License effective date:	960628
License expiration date:	Not Reported
License issue date:	960628
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	951220
Facility closed date:	Not Reported
Mailing address:	4716 CONQUISTA AVE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"SUMMERFELT, PAMELA A. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624259915

HJ1140
NNW
4-6 mi
27741
Higher

SRPU20071013793
Public Schools

Ncessch:	062250002697
Schname05:	BANCROFT MIDDLE

Mstreet05:	5301 EAST CENTRALIA ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90808
Mzip405:	1432
Member05:	1428
Phone05:	(562) 425-7461
Locale05:	1
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071013793

HF1141 SRHO20070152744
WNW AHA Hospitals
4-6 mi
27756
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SON-HA & DIEM-CHI A MEDICAL CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0943686
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	555 EAST PACIFIC COAST HIGHWAY #101
Phone num:	5625902241
Termination reason:	00
Term Date:	20080330
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070152744

HF1142 SRHO20070151935
WNW AHA Hospitals
4-6 mi
27756
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MORAKOD LIM MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980924
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0951703
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	555 E PACIFIC COAST HWY #102
Phone num:	5622180079
Termination reason:	12
Term Date:	20000609
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151935

HF1143 SRHO20070164245
WNW AHA Hospitals
4-6 mi
27756
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JONATHAN NGUYEN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060927
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1059355
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	555 EAST PACIFIC COAST # 102
Phone num:	5625913222
Termination reason:	00
Term Date:	20080926
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164245

1144
NNW
4-6 mi
27794
Higher

SRDCCA200739389
Daycare

EDR ID:	SRDCCA200739389
Facility number:	198013272
Facility name:	MANCILLA FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4607 BRIERCREST AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4607 BRIERCREST AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"MANCILLA, RUTH & CYNTHIA & SOCORRO "

Licensee type:	A
License effective date:	70406
License expiration date:	Not Reported
License issue date:	070406
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070213
Facility closed date:	Not Reported
Mailing address:	4607 BRIERCREST AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"MANCILLA, R & C & S "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5626275946

HK1145 SRDCCA200730310
WNW
4-6 mi
27796
Higher

EDR ID: SRDCCA200730310
Daycare

Facility number:	198011618
Facility name:	MCGHEE FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2333 MYRTLE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2333 MYRTLE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"MCGHEE, ELIZABETH "
Licensee type:	A
License effective date:	50804
License expiration date:	Not Reported
License issue date:	050804
Program type:	"MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS, CAP. 14 - NO MORE THAN 3 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050406
Facility closed date:	Not Reported
Mailing address:	2333 MYRTLE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"MCGHEE, ELIZABETH "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624264101

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

HI1146 SRDCCA200726819
NE EDR ID: SRDCCA200726819 Daycare
4-6 mi Facility number: 304300780
27802 Facility name: "SHIPP, SHONNIE "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6111 BELLE AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 6111 BELLE AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "SHIPP, SHONNIE "
Licensee type: A
License effective date: 40624
License expiration date: Not Reported
License issue date: 040624
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040602
Facility closed date: Not Reported
Mailing address: 6111 BELLE AVENUE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "SHIPP, SHONNIE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7142201131

HN1147 SRDCCA200741018
West EDR ID: SRDCCA200741018 Daycare
4-6 mi Facility number: 198005633
27810 Facility name: 8TH STREET EARLY HEAD START
Higher Facility eval. code: 8420
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 820 LONG BEACH BOULEVARD
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 2898 ORANGE AVENUE
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT HEAD START
Licensee type: F

License effective date: 111
License expiration date: Not Reported
License issue date: 000111
Program type: AMBULATORY CHILDREN ONLY. INFANT PROGRAM WITH TODDLER COMPONENT. WAIVER LETTER ATTACHED APPROVES CHILDREN UP TO 36 MONTHS. UP TO 8 HEARING IMPAIRED CHILDREN MAY BE INCLUDED IN THE TOTAL CAPACITY.
Original app. received date: 991014
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVENUE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "FOUQUETTE, ANN "
Facility capacity: 40
Type of clients served: 955
Facility phone: 5624270833

HF1148 SRHO20070160044
WNW AHA Hospitals
4-6 mi
27824
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: COMMUNITY ADULT DAY HEALTH CARE CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20030613
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D1013666
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 1954 ATLANTIC AVENUE
Phone num: 3106318703
Termination reason: 00
Term Date: 20070612
Purpose of action: Not Reported
Provider control: 04
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported

Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070160044	

HK1149 SRDCCA200744113
WNW Daycare
4-6 mi
27830
Higher

EDR ID:	SRDCCA200744113
Facility number:	191603546
Facility name:	LONG BEACH CHILD DEVELOPMENT CENTER
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	2222 OLIVE AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2222 OLIVE AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	LONG BEACH COMMUNITY IMPROVEMENT LEAGUE
Licensee type:	C
License effective date:	950313
License expiration date:	Not Reported
License issue date:	890313
Program type:	"SCHOOL AGE, ANY CHILD ENROLLED IN AN ELEMENTARY SCHOOL. "
Original app. received date:	890105
Facility closed date:	Not Reported
Mailing address:	2222 OLIVE AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	MARIE GAINES
Facility capacity:	18
Type of clients served:	950
Facility phone:	5624268897

HK1150 SRDCCA200750370
WNW Daycare
4-6 mi
27830
Higher

EDR ID:	SRDCCA200750370
Facility number:	191670847
Facility name:	LONG BEACH CHILD DEVELOPMENT CENTER
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2222 OLIVE AVE
City:	LONG BEACH
State:	CA
Zip:	90806

Alt. address:	2222 OLIVE AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	LONG BEACH COMMUNITY IMPROVEMENT LEAGUE
Licensee type:	C
License effective date:	950313
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	PRESCHOOL - AGES 2 TO 5 YEARS.
Original app. received date:	831028
Facility closed date:	Not Reported
Mailing address:	2222 OLIVE AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	MARIE GAINES
Facility capacity:	64
Type of clients served:	950
Facility phone:	5624268897

GV1151 SRHO20070155799
West AHA Hospitals
4-6 mi
27837
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	INFINITE HEALTH SOLUTIONS ADHC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1007370
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	315 E 11TH ST
Phone num:	5624361234
Termination reason:	08
Term Date:	20061215
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037

SSA MSA:	328	
SSA MSA size code:	A	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070155799	

HL1152 — SRPU20071013998
North — Public Schools
4-6 mi
27860
Higher

Ncessch:	062250002707
Schname05:	CLEVELAND ELEMENTARY
Mstreet05:	4760 HACKETT AVE.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90713
Mzip405:	2424
Member05:	608
Phone05:	(562) 420-7552
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071013998

GY1153 — SRDCCA200717693
NNE — Daycare
4-6 mi
27874
Higher

EDR ID:	SRDCCA200717693
Facility number:	198007866
Facility name:	WARD FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	11959 207TH STREET #A
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	11959 207TH STREET #A
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"WARD, RENETTA "
Licensee type:	A
License effective date:	20909
License expiration date:	Not Reported
License issue date:	020909
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020715

Facility closed date:	Not Reported
Mailing address:	11959 207TH STREET #A
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"WARD, RENETTA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628608114

GZ1154 SRDCCA200715538
NE
4-6 mi
27892
Higher

EDR ID:	SRDCCA200715538
Facility number:	304205773
Facility name:	"LE GRUE, BLANCA "
Facility eval. code:	3405
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5250 VISTA HERMOSA
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5250 VISTA HERMOSA
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	LE GRUE
Licensee type:	A
License effective date:	1213
License expiration date:	Not Reported
License issue date:	001213
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	001025
Facility closed date:	Not Reported
Mailing address:	5250 VISTA HERMOSA
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"LE GRUE, BLANCA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149950873

Daycare

HO1155 SRDCCA200716893
North
4-6 mi
27961
Higher

EDR ID:	SRDCCA200716893
Facility number:	192008876
Facility name:	WATSON-NUNLEY FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19

Daycare

Facility type code:	810
Facility status code:	03
Address:	20524 PIONEER BLVD
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	20524 PIONEER BLVD
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"WATSON-NUNLEY, TRINA ANN "
Licensee type:	A
License effective date:	20306
License expiration date:	Not Reported
License issue date:	020306
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	011002
Facility closed date:	Not Reported
Mailing address:	20524 PIONEER BLVD
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"WATSON-NUNLEY, TRINA ANN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5628098351

HF1156
WNW
4-6 mi
27996
Higher

SRDCCA200717067
Daycare

EDR ID:	SRDCCA200717067
Facility number:	192008274
Facility name:	RICHARDS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2036 ATLANTIC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2036 ATLANTIC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"RICHARDS, ADELITA & COURTNEY "
Licensee type:	A
License effective date:	30103
License expiration date:	Not Reported
License issue date:	030103
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR CAPACITY 8 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "

Original app. received date: 010717
Facility closed date: Not Reported
Mailing address: 2036 ATLANTIC AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: ADELITA & COURTNEY
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625993671

HM1157 SRDCCA200711797
WNW EDR ID: SRDCCA200711797 Daycare
4-6 mi Facility number: 198005396
27999 Facility name: GARIBAY FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2172 LIME AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2172 LIME AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "GARIBAY, LUPE "
Licensee type: A
License effective date: 991001
License expiration date: Not Reported
License issue date: 991001
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 990712
Facility closed date: Not Reported
Mailing address: 2172 LIME AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "GARIBAY, LUPE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5625914756

HP1158 SRPR20051023138
NE Pss school id: 00075495 Private Schools
4-6 mi Pss inst: ST IRENAEUS PARISH SCHOOL
28020 Lograde: K
Higher Higrade: 8
Pss address: 9201 GRINDLAY ST

Pss city:	CYPRESS
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	7148274500
Pss sch days:	180
Pss stu day hrs:	6.58
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	40
Pss enroll 1:	65
Pss enroll 2:	65
Pss enroll 3:	56
Pss enroll 4:	62
Pss enroll 5:	66
Pss enroll 6:	73
Pss enroll 7:	70
Pss enroll 8:	66
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	563
Pss enroll tk12:	563
Pss race ai:	3
Pss race as:	229
Pss race h:	117
Pss race b:	11
Pss race w:	203
Pss fte teach:	20.9
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	2
Pss indian pct:	0.53
Pss asian pct:	40.67
Pss hisp pct:	20.78
Pss black pct:	1.95
Pss white pct:	36.06
Pss stdtch rt:	26.94
Pss orient:	1
Pss county name:	ORANGE
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023138

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
HQ1159			SRHO20070011783
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28051	Owner date:	Not Reported	
Higher	City:	GARDEN GROVE	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20050929	
	Medicare/Medicaid:	1	
	Facility name:	QUALITY HOME HEALTH SERVICES	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	20030611	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	058182	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	11642 KNOTT STREET UNIT 7	
	Phone num:	7143735050	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92841	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070011783	

HQ1160			SRHO20070160588
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28051	Owner date:	Not Reported	
Higher	City:	GARDEN GROVE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	QUALITY HOME HEALTH SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030324
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1010780
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11642 KNOTT ST UNIT E-7
Phone num:	7143735050
Termination reason:	00
Term Date:	20070323
Purpose of action:	Not Reported
Provider control:	04
Zip:	92841
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160588

1161
NNW
4-6 mi
28056
Higher

SRDCCA200712944
Daycare

EDR ID:	SRDCCA200712944
Facility number:	198006158
Facility name:	LAWTON FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4709 WOODRUFF AVE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4709 WOODRUFF AVE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"LAWTON, TAMI "
Licensee type:	A
License effective date:	811
License expiration date:	Not Reported
License issue date:	000811

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 000728
Facility closed date: Not Reported
Mailing address: 4709 WOODRUFF AVE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "LAWTON, TAMI "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624219933

HH1162 SRDCCA200701638
NE EDR ID: SRDCCA200701638 Daycare
4-6 mi Facility number: 306003691
28062 Facility name: J AND P HOMES/EUDORA
Higher Facility eval. code: 0309
Facility office number: 22
Facility county number: 30
Facility type code: 730
Facility status code: 04
Address: 10269 EUDORA AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 6891 SAN PEDRO CIRCLE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "J AND P HOMES, INC. "
Licensee type: D
License effective date: 70302
License expiration date: 080301
License issue date: 070302
Program type: CAPACITY OF SIX AMBULATORY CLIENTS AGES 7-17 YEARS OLD. LICENSEE PREFERS TO SERVE DEVELOPMENTALLYDISABLED CLIENTS.
Original app. received date: 070118
Facility closed date: Not Reported
Mailing address: 6891 SAN PEDRO CIRCLE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: PRESCILA BARRIOS
Facility capacity: 6
Type of clients served: 950
Facility phone: 7148275079

HR1163 SRDCCA200751126
West EDR ID: SRDCCA200751126 Daycare
4-6 mi Facility number: 198005889
28069 Facility name: 12TH STREET HEAD START
Higher

Facility eval. code:	9070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	1212 LONG BEACH BLVD
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2898 ORANGE AVE
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	503
License expiration date:	Not Reported
License issue date:	000503
Program type:	CHILDREN AGE 2 YEARS UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date:	000315
Facility closed date:	Not Reported
Mailing address:	2898 ORANGE AVE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90806
Contact person:	"JAMES, LAURETHIA "
Facility capacity:	72
Type of clients served:	950
Facility phone:	5624270833

HN1164 SRDCCA200742373
West Daycare
4-6 mi
28078
Higher

EDR ID:	SRDCCA200742373
Facility number:	191605084
Facility name:	RENAISSANCE CAREER ACADEMY INFANT DEVELOPMENT CTR.
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	235 EAST 8TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	2209 SEABRIGHT AVE.
City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	941001
License expiration date:	Not Reported
License issue date:	910104
Program type:	"INFANTS ONLY: AGE BIRTH THROUGH 2 YEARS. MAXIMUM CAPACITY 20 INFANTS RM 607 AND 39 INFANTS RM 501. FORMERLY REID INFANT DEVELOPMENT CENTERPROGRAM DIRECTOR X7107, RM 607 X7322, RM 501 X7363 "

Original app. received date:	900507	
Facility closed date:	Not Reported	
Mailing address:	2209 SEABRIGHT AVE.	
Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90810	
Contact person:	JEAN PETERSON	
Facility capacity:	53	
Type of clients served:	955	
Facility phone:	5629978000	

HN1165 — SRPU20071014262
West — Public Schools
4-6 mi
28078
Higher

Ncessch:	062250008720
Schname05:	RENAISSANCE HIGH SCHOOL FOR THE ARTS
Mstreet05:	235 EAST EIGHTH ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90813
Mzip405:	Not Reported
Member05:	497
Phone05:	(562) 901-0168
Locale05:	1
Type05:	4
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071014262

1166 — SRPR20051022727
SE — Private Schools
4-6 mi
28120
Higher

Pss school id:	00075429
Pss inst:	ST BONAVENTURE
Lograde:	K
Higrade:	8
Pss address:	16377 BRADBURY LANE
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92647
Pss phone:	7148462472
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	74
Pss enroll 1:	70
Pss enroll 2:	72
Pss enroll 3:	72
Pss enroll 4:	72
Pss enroll 5:	72
Pss enroll 6:	72
Pss enroll 7:	70

Pss enroll 8:	68
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	642
Pss enroll tk12:	642
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	52
Pss race b:	5
Pss race w:	585
Pss fte teach:	20.5
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	8.1
Pss black pct:	0.78
Pss white pct:	91.12
Pss stdtch rt:	31.32
Pss orient:	1
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022727

HO1167
North
4-6 mi
28154
Higher

SRDCCA200750282
Daycare

EDR ID:	SRDCCA200750282
Facility number:	191606622
Facility name:	WILLOW HEAD START/STATE PRESCHOOL
Facility eval. code:	8070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	11733 E. 205TH STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	16700 NORWALK BLVD.
City:	CERRITOS
State:	CA
Zip:	90701
Facility investor:	ABC UNIFIED SCHOOL DISTRICT

Licensee type:	F
License effective date:	951130
License expiration date:	Not Reported
License issue date:	920731
Program type:	LAUP FACILITY HEAD START/STATE PRESCHOOL PROGRAM SERVING AMBULATORY CHILDREN AGE 3 UNTIL ENTRY INTO KINDERGARTEN. THE CENTER OPERATES FROM SEPTEMBER TO"JUNE, 8:30AM TO NOON. "
Original app. received date:	910708
Facility closed date:	Not Reported
Mailing address:	16700 NORWALK BLVD.
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90701
Contact person:	GRACIELA SOGAMOSO
Facility capacity:	37
Type of clients served:	950
Facility phone:	5628654936

HO1168 — SRPU20071006153
North — Public Schools
4-6 mi
28154
Higher

Ncessch:	060162000030
Schname05:	WILLOW ELEMENTARY
Mstreet05:	11733 EAST 205TH ST.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90715
Mzip405:	1324
Member05:	635
Phone05:	(562) 865-6209
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006153

HH1169 — SRHO20070005972
NE — AHA Hospitals
4-6 mi
28158
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	BUENA PARK
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060510
Medicare/Medicaid:	1
Facility name:	ALL AMERICAN HOME
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC60718F
Partcipation date:	19960419
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05G967
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	10317 DIANE AVENUE
Phone num:	7149955514
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90620
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070005972

HR1170 SRHO20070151655
West AHA Hospitals
4-6 mi
28171
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SANTA CRUZ MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0946480
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1261 LONG BEACH BLVD
Phone num:	5624351774
Termination reason:	00

Term Date:	20080526
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151655

HR1171 SRHO20070145468
West AHA Hospitals
4-6 mi
28171
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CLINICA MEDICA SAN MARTIN
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950718
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0903307
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1261 N LONG BEACH BLVD
Phone num:	3104327443
Termination reason:	08
Term Date:	19970717
Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported

Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070145468	

HS1172 SRHO20070108002
WNW AHA Hospitals
4-6 mi
28171
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950728
Medicare/Medicaid:	1
Facility name:	ABR HOME HEALTH INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19950728
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557568
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2900 ORANGE AVE SUITE 201
Phone num:	3109896324
Termination reason:	01
Term Date:	19980312
Purpose of action:	1
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108002

HS1173 SRHO20070147399
WNW AHA Hospitals
4-6 mi
28171
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ABR HOME HEALTH INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960509
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0914769
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2900 ORANGE AVENUE SUITE 201
Phone num:	1111111111
Termination reason:	17
Term Date:	20000328
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147399

HF1174
WNW
4-6 mi
28176
Higher

SRHO20070153949
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BOWERS AMBULANCE SERVICE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990920

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0965385
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	446 E PACIFIC COAST HIGHWAY
Phone num:	5625993006
Termination reason:	12
Term Date:	19990920
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153949

HT1175
East
4-6 mi
28185
Higher

SRPU20071015510
Public Schools

Ncessch:	061806002234
Schname05:	WESTMINSTER HIGH
Mstreet05:	14325 GOLDENWEST ST.
Mcity05:	WESTMINSTER
Mstate05:	CA
Mzip05:	92683
Mzip405:	4905
Member05:	2647
Phone05:	(714) 893-1381
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071015510

HU1176
ESE
4-6 mi
28196
Higher

SRDCCA200703161
Daycare

EDR ID:	SRDCCA200703161
Facility number:	300608298
Facility name:	"JUAREZ, OLGA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03

Address:	15472 CAPRI CIRCLE
City:	HUNTINGTONBEACH
State:	CA
Zip:	92647
Alt. address:	15472 CAPRI CIRCLE
City:	HUNTINGTONBEACH
State:	CA
Zip:	92647
Facility investor:	"JUAREZ, OLGA "
Licensee type:	A
License effective date:	940906
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	15472 CAPRI CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"JUAREZ, OLGA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148913021

HM1177
WNW
4-6 mi
28221
Higher

SRDCCA200741396
Daycare

EDR ID:	SRDCCA200741396
Facility number:	192006425
Facility name:	LONG BEACH CENTER FOR CHILD DEVELOPMENT
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	830
Facility status code:	03
Address:	622 HILL STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2545 PACIFIC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"COMPREHENSIVE CHILD DEVELOPMENT, INC. "
Licensee type:	C
License effective date:	11101
License expiration date:	Not Reported
License issue date:	011101
Program type:	MAXIMUM CAPACITY: 9 INFANTS AGES 0 THROUGH 2 YEARS OLD. WAIVER ON FILE
Original app. received date:	010828
Facility closed date:	Not Reported
Mailing address:	2545 PACIFIC AVENUE
Mailing city:	LONG BEACH

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	LISA WATANABE	
	Facility capacity:	9	
	Type of clients served:	955	
	Facility phone:	5625990633	
HM1178			SRDCCA200753981
WNW	EDR ID:	SRDCCA200753981	Daycare
4-6 mi	Facility number:	192006393	
28221	Facility name:	LONG BEACH CENTER FOR CHILD DEVELOPMENT	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	622 HILL STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2545 PACIFIC AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Facility investor:	"COMPREHENSIVE CHILD DEVELOPMENT, INC. "	
	Licensee type:	C	
	License effective date:	11101	
	License expiration date:	Not Reported	
	License issue date:	011101	
	Program type:	LICENSEE SERVES 57 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE. WAIVER ON FILE.	
	Original app. received date:	010726	
	Facility closed date:	Not Reported	
	Mailing address:	2545 PACIFIC AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	LISA WATANABE	
	Facility capacity:	57	
	Type of clients served:	950	
	Facility phone:	5625990633	
1179			SRPR20051022108
NE	Pss school id:	A0307297	Private Schools
4-6 mi	Pss inst:	"PARK MONTESSORI SCHOOL, THE"	
28288	Lograde:	1	
Higher	Higrade:	3	
	Pss address:	9351WALKER ST	
	Pss city:	CYPRESS	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90630	

Pss phone:	5628091948
Pss sch days:	Not Reported
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	0
Pss enroll k:	Not Reported
Pss enroll 1:	5
Pss enroll 2:	8
Pss enroll 3:	21
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	34
Pss enroll tk12:	34
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	34
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022108

HN1180 SRHO20070152050
West Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
28288 Owner date: Not Reported
Higher

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHILDREN'S CLINIC AT INTERNATIONAL,THE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990908
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0965011
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	700 LOCUST STREET
Phone num:	5629330400
Termination reason:	00
Term Date:	20070907
Purpose of action:	Not Reported
Provider control:	03
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152050

HN1181
West
4-6 mi
28288
Higher

SRPU20071014264
Public Schools

Ncessch:	062250009568
Schname05:	INTERNATIONAL ELEMENTARY
Mstreet05:	700 LOCUST AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90813
Mzip405:	Not Reported
Member05:	723
Phone05:	(562) 436-4420
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05

Edr id: SRPU20071014264

HF1182 SRDCCA200702706
WNW Daycare
4-6 mi
28295
Higher

EDR ID:	SRDCCA200702706
Facility number:	191604936
Facility name:	HUNTER FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	505 E. 19TH STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	505 E. 19TH STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"HUNTER, MARY E. "
Licensee type:	A
License effective date:	930317
License expiration date:	Not Reported
License issue date:	900317
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date:	900316
Facility closed date:	Not Reported
Mailing address:	505 E. 19TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"HUNTER, MARY E. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5625992144

HF1183 SRDCCA200726497
WNW Daycare
4-6 mi
28301
Higher

EDR ID:	SRDCCA200726497
Facility number:	198010770
Facility name:	POTTS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	534 E. 20TH STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	534 E. 20TH STREET
City:	LONG BEACH

State: CA
Zip: 90806
Facility investor: "POTTS, SHANTA "
Licensee type: A
License effective date: 41108
License expiration date: Not Reported
License issue date: 041108
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 040714
Facility closed date: Not Reported
Mailing address: 534 E. 20TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "POTTS, SHANTA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5625912682

HF1184
WNW
4-6 mi
28310
Higher

SRDCCA200731218
Daycare

EDR ID: SRDCCA200731218
Facility number: 198012130
Facility name: KIM FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 06
Address: 2035 LINDEN AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2035 LINDEN AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "KIM, RAMA "
Licensee type: A
License effective date: 51027
License expiration date: Not Reported
License issue date: 051027
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 051012
Facility closed date: Not Reported
Mailing address: 2035 LINDEN AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "KIM, RAMA "
Facility capacity: 8

	Type of clients served:	960
	Facility phone:	5622186285

HV1185 SRPR20051023849
East Private Schools
4-6 mi
28334
Higher

Pss school id:	A9500310
Pss inst:	CALVARY SCHOOL OF WESTMINSTER
Lograde:	K
Higrade:	8
Pss address:	7111 TRASK AVE
Pss city:	WESTMINSTER
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92683
Pss phone:	7148979243
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	15
Pss enroll 1:	19
Pss enroll 2:	21
Pss enroll 3:	19
Pss enroll 4:	31
Pss enroll 5:	14
Pss enroll 6:	21
Pss enroll 7:	16
Pss enroll 8:	22
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	178
Pss enroll tk12:	178
Pss race ai:	1
Pss race as:	13
Pss race h:	42
Pss race b:	10
Pss race w:	112
Pss fte teach:	14
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0.56
Pss asian pct:	7.3
Pss hisp pct:	23.6
Pss black pct:	5.62
Pss white pct:	62.92
Pss stdtch rt:	12.71
Pss orient:	8

Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023849

HW1186 SRDCCA200745751
NNW Daycare
4-6 mi
28336
Higher

EDR ID:	SRDCCA200745751
Facility number:	198003773
Facility name:	YMCA-GLB-TWAIN SITE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	5021 CENTRALIA STREET
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	5835 E. CARSON STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	YMCA-GLB-WEINGART LAKEWOOD TWAIN SITE
Licensee type:	C
License effective date:	980219
License expiration date:	Not Reported
License issue date:	980219
Program type:	LICENSEE SERVES SCHOOL-AGE CHILDREN IN THE CAFETERIA.
Original app. received date:	980105
Facility closed date:	Not Reported
Mailing address:	5835 E. CARSON STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	KARLA DIAZ
Facility capacity:	49
Type of clients served:	950
Facility phone:	5624218421

HW1187 SRPU20071014053
NNW Public Schools
4-6 mi
28336
Higher

Ncessch:	062250002764
Schname05:	TWAIN ELEMENTARY
Mstreet05:	5021 EAST CENTRALIA ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90808
Mzip405:	1329
Member05:	798

Phone05:	(562) 421-8421
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014053

HE1188 SRDCCA200704862
ENE Daycare
4-6 mi
28369
Higher

EDR ID:	SRDCCA200704862
Facility number:	300612485
Facility name:	"ALFERES, MARY "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10706 LYNN CIRCLE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	10706 LYNN CIRCLE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"ALFERES, MARY "
Licensee type:	A
License effective date:	950109
License expiration date:	Not Reported
License issue date:	920109
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	911011
Facility closed date:	Not Reported
Mailing address:	10706 LYNN CIRCLE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"ALFERS, MARY "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7147613086

HF1189 SRDCCA200740580
WNW Daycare
4-6 mi
28393
Higher

EDR ID:	SRDCCA200740580
Facility number:	198013165
Facility name:	CRESPO FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1928 PASADENA AVENUE

City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	1928 PASADENA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	CARMINDA CRESPO
Licensee type:	A
License effective date:	70312
License expiration date:	Not Reported
License issue date:	070312
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	061229
Facility closed date:	Not Reported
Mailing address:	1928 PASADENA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"CRESPO, CARMINDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625918028

HP1190
NE
4-6 mi
28413
Higher

SRDCCA200732722
Daycare

EDR ID:	SRDCCA200732722
Facility number:	304310407
Facility name:	"KIM, HAEJIN "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5306 VISTA REAL
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5306 VISTA REAL
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"KIM, HAEJIN "
Licensee type:	A
License effective date:	60412
License expiration date:	Not Reported
License issue date:	060412
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	060209
Facility closed date:	Not Reported
Mailing address:	5306 VISTA REAL
Mailing city:	CYPRESS

Mailing state:	CA
Mailing zip:	90630
Contact person:	"KIM, HAEJIN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7142201041

HD1191 SRDCCA200714761
NNE Daycare
4-6 mi
28415
Higher

EDR ID:	SRDCCA200714761
Facility number:	192006892
Facility name:	HAWKINS FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20803 HAWAIIAN AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	20803 HAWAIIAN AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"HAWKINS, NORMA "
Licensee type:	A
License effective date:	10427
License expiration date:	Not Reported
License issue date:	010427
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010315
Facility closed date:	Not Reported
Mailing address:	20803 HAWAIIAN AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"HAWKINS, NORMA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628651578

HK1192 SRDCCA200711626
WNW Daycare
4-6 mi
28416
Higher

EDR ID:	SRDCCA200711626
Facility number:	198005319
Facility name:	CAREY FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2468 OLIVE AVENUE

City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2468 OLIVE AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "CAREY, THERESA "
Licensee type: A
License effective date: 990830
License expiration date: Not Reported
License issue date: 990830
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 990616
Facility closed date: Not Reported
Mailing address: 2468 OLIVE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "CAREY, THERESA "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629973760

HX1193 SRDCCA200749636
NE EDR ID: SRDCCA200749636 Daycare
4-6 mi Facility number: 300614067
28421 Facility name: N.O.C. R.O.P. CYPRESS SCHOOL
Higher Facility eval. code: 1202
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 9801 VALLEY VIEW
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 9801 VALLEY VIEW
City: CYPRESS
State: CA
Zip: 92801
Facility investor: NORTH ORANGE COUNTY REGIONAL OCCUPATIONAL PROGRAM
Licensee type: B
License effective date: 930226
License expiration date: Not Reported
License issue date: 930226
Program type: "24 AMBULATORY CHILDREN, AGES 2.9 - 5 YEARS OLD. HOURS: 8:15 AM TO 11:15 AM & 11:35 AM TO 2:30 PM, MONDAY THROUGH THURSDAY. "
Original app. received date: 920727
Facility closed date: Not Reported
Mailing address: 385 N. MULLER ST.

Mailing city:	ANAHEIM	
Mailing state:	CA	
Mailing zip:	92801	
Contact person:	"O'CONNOR, MARLEEN "	
Facility capacity:	24	
Type of clients served:	950	
Facility phone:	7149521769	

HX1194 — SRPU20071006340
NE — Public Schools
4-6 mi
28421
Higher

Ncessch:	060263000172
Schname05:	CYPRESS HIGH
Mstreet05:	9801 VALLEY VIEW ST.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	3923
Member05:	2312
Phone05:	(714) 220-4144
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071006340

HB1195 — SRDCCA200746873
NNE — Daycare
4-6 mi
28452
Higher

EDR ID:	SRDCCA200746873
Facility number:	191670506
Facility name:	ARTESIA HIGH SCHOOL CHILDREN'S CENTER
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	20650 NORWALK BLVD.
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	20650 NORWALK BLVD.
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	ABC UNIFIED SCHOOL DISTRICT
Licensee type:	C
License effective date:	930825
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	SERVING AMBULATORY CHILDREN AGES 2.5 TO KINDERGARTEN.
Original app. received date:	870806
Facility closed date:	Not Reported
Mailing address:	16700 NORWALK BLVD.
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90701

Contact person:	"RICO, LAURA "
Facility capacity:	104
Type of clients served:	950
Facility phone:	5622297959

HV1196 SRDCCA200754219
East Daycare
4-6 mi
28480
Higher

EDR ID:	SRDCCA200754219
Facility number:	304270837
Facility name:	WESTMINSTER SCHOOL DIST. SCHMITT STATE PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	7200 TRASK AVENUE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	15151 TEMPLE STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	WESTMINSTER SCHOOL DISTRICT
Licensee type:	F
License effective date:	11005
License expiration date:	Not Reported
License issue date:	011005
Program type:	"3 NON AMBULATORY. 21 AMBULATORY CHILDREN. AGES 3-5 YEARS OLD. MONDAY THROUGH FRIDAY, 07:00 AM TO 5:00 PM. ROOM #5.Y "
Original app. received date:	010829
Facility closed date:	Not Reported
Mailing address:	14121 CEDATWOOD AVENUE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	VICKY TRAN
Facility capacity:	24
Type of clients served:	950
Facility phone:	7148947264

HV1197 SRPU20071010652
East Public Schools
4-6 mi
28480
Higher

Ncessch:	064215006912
Schname05:	SCHMITT ELEMENTARY
Mstreet05:	7200 TRASK AVE.
Mcity05:	WESTMINSTER
Mstate05:	CA
Mzip05:	92683
Mzip405:	2626
Member05:	548
Phone05:	(714) 894-7264
Locale05:	3
Type05:	1
Level05:	1

Gslo05:	KG	
Gshi05:	05	
Edr id:	SRPU20071010652	

HD1198 SRDCCA200742749
NNE 4-6 mi 28489 Higher Daycare

EDR ID:	SRDCCA200742749
Facility number:	198013364
Facility name:	FELICIANO FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	20763 S. WARDHAM AVE.
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	20763 S. WARDHAM AVE.
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	YVONNE MALLORY FELICIANO
Licensee type:	A
License effective date:	70517
License expiration date:	Not Reported
License issue date:	070517
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP. 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070323
Facility closed date:	Not Reported
Mailing address:	20763 S. WARDHAM AVE.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	YVONNE FELICIANO
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628895827

HN1199 SRHO20070108262
West 4-6 mi 28522 Higher AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960905
Medicare/Medicaid:	1
Facility name:	HEALTH VIEW HOME HEALTH

Intermediary/Carrier:	00040
Medicaid number:	HHA57727G
Partcipation date:	19961009
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557727
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	125 E 8TH STREET SUITE 210
Phone num:	5624680136
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	03
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	1
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108262

HN1200
West
4-6 mi
28522
Higher

SRHO20070146860
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HEALTHVIEW HOME HEALTH INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960919
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0919920
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	M1
street address:	125 EAST 8TH STREET, SUITE #210
Phone num:	5624680136
Termination reason:	00
Term Date:	20080918
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146860

HH1201
NE
4-6 mi
28528
Higher

SRDCCA200733485
Daycare

EDR ID:	SRDCCA200733485
Facility number:	304310353
Facility name:	"NOLAN, JOAN "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6431 CELESTE CIRCLE
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	6431 CELESTE CIRCLE
City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	"NOLAN, JOAN "
Licensee type:	A
License effective date:	60110
License expiration date:	Not Reported
License issue date:	060110
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	051109
Facility closed date:	Not Reported
Mailing address:	6431 CELESTE CIRCLE
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	"NOLAN, JOAN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7145271708

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

HH1202 SRDCCA200705368
ENE 4-6 mi 28547 Higher — Daycare

EDR ID:	SRDCCA200705368
Facility number:	300611577
Facility name:	"BORDEAU, CARLA KAY "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6466 CATHAY CIRCLE
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	6466 CATHAY CIRCLE
City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	"BORDEAU, CARLA KAY "
Licensee type:	A
License effective date:	940410
License expiration date:	Not Reported
License issue date:	910410
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	910124
Facility closed date:	Not Reported
Mailing address:	6466 CATHAY CIRCLE
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	"BORDEAU, CARLA KAY "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7148288349

HU1203 SRDCCA200710131
ESE 4-6 mi 28586 Higher — Daycare

EDR ID:	SRDCCA200710131
Facility number:	304204425
Facility name:	"JOHNSON, DIANE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15272 KNOLLWOOD CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	15272 KNOLLWOOD CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"JOHNSON, DIANE "
Licensee type:	A

License effective date: 980320
License expiration date: Not Reported
License issue date: 980320
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 980203
Facility closed date: Not Reported
Mailing address: 15272 KNOLLWOOD CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "JOHNSON, DIANE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149014519

1204
ENE
4-6 mi
28591
Higher

SRHO20070142275
AHA Hospitals

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: CYPRESS
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19961101
Medicare/Medicaid: 1
Facility name: CENTERS FOR FAMILY MEDICINE
Intermediary/Carrier: 02050
Medicaid number: Not Reported
Partcipation date: 19940104
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0881038
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: M1
street address: 6812 KATELLA AVENUE
Phone num: 7148901223
Termination reason: 00
Term Date: 20070925
Purpose of action: 2
Provider control: 04
Zip: 90630
Fips state: 06
Fips cnty: 059
SSA MSA: 033
SSA MSA size code: B
Date accredited: Not Reported

Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142275

HY1205 SRHO20070143933
WNW AHA Hospitals
4-6 mi

28592	
Higher	
Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020501
Medicare/Medicaid:	1
Facility name:	ALPHA THERAPEUTIC CORPORATION
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0858995
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1633 LONG BEACH BLVD
Phone num:	5625915324
Termination reason:	01
Term Date:	20031018
Purpose of action:	2
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143933

HM1206 SRPU20071013800
WNW Public Schools
4-6 mi

28595	
Higher	
Ncessch:	062250002704
Schname05:	BURNETT ELEMENTARY

Mstreet05:	565 EAST HILL ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90806
Mzip405:	4457
Member05:	973
Phone05:	(562) 595-9466
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071013800

HZ1207 SRDCCA200734817
NNE 4-6 mi 28603 Higher Daycare

EDR ID:	SRDCCA200734817
Facility number:	198012572
Facility name:	BURTON FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12625 WALCROFT ST.
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	12625 WALCROFT ST.
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	JOHNNIE BURTON
Licensee type:	A
License effective date:	60626
License expiration date:	Not Reported
License issue date:	060626
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060421
Facility closed date:	Not Reported
Mailing address:	12625 WALCROFT ST.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"BURTON, JOHNNIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629246546

1208 SRPU20071006139
North 4-6 mi 28632 Higher Public Schools

Ncessch:	060162000016
Schname05:	PLINY FISK HASKELL MIDDLE
Mstreet05:	11525 DEL AMO BLVD.

Mcity05:	CERRITOS
Mstate05:	CA
Mzip05:	90703
Mzip405:	7404
Member05:	644
Phone05:	(562) 860-6529
Locale05:	2
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071006139

IA1209 SRDCCA200710826
ENE Daycare
4-6 mi
28645
Higher

EDR ID:	SRDCCA200710826
Facility number:	304205305
Facility name:	"KAKOVITCH, SWEDLANA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6594 TEAKWOOD STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	6594 TEAKWOOD STREET
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"KAKOVITCH, SWEDLANA "
Licensee type:	A
License effective date:	829
License expiration date:	Not Reported
License issue date:	000829
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	991117
Facility closed date:	Not Reported
Mailing address:	6594 TEAKWOOD STREET
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"KAKOVITCH, SWEDLANA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147611359

IB1210 SRDCCA200717240
NE Daycare
4-6 mi
28665
Higher

EDR ID:	SRDCCA200717240
Facility number:	304206196
Facility name:	"HARRIS, TERESA "

Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10000 BRENDA AVENUE
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	10000 BRENDA AVENUE
City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	"HARRIS, TERESA "
Licensee type:	A
License effective date:	10904
License expiration date:	Not Reported
License issue date:	010904
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010806
Facility closed date:	Not Reported
Mailing address:	10000 BRENDA AVENUE
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	"HARRIS, TERESA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7145278252

HN1211
West
4-6 mi
28696
Higher

SRCL20051004952
Colleges

Unitid:	428125
Instnm:	JOHN WESLEY INTERNATIONAL BARBER AND BEAUTY COLLEGE
Addr:	717 PINE AVE
City:	LONG BEACH
Stabbr:	CA
Zip:	90813
Zip4:	Not Reported
Unk:	Not Reported
Fips:	090813
Oberge:	8
Chfnm:	ARUNI S BLOUNT
Chftitle:	DIRECTOR ADMINISTRATOR
Gentele:	5624357060
Fintele:	5624357060
Admtele:	5624357060
Ein:	330505418
Duns:	803087873
Opeid:	3125300
Opeflag:	1
Webaddr:	-1
Sector:	9
Iclevel:	3

Control:	3
Hloffer:	2
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	0
Deggrant:	2
Hbcu:	2
Hospital:	2
Medical:	2
Tribal:	2
Carnegie:	-3
Locale:	1
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	2
Fte:	75
Enrtot:	75
Edr id:	SRCL20051004952

HL1212
North
4-6 mi
28705
Higher

SRDCCA200727795
Daycare

EDR ID:	SRDCCA200727795
Facility number:	198011435
Facility name:	DANIEL FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4852 MCNAB AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4852 MCNAB AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"DANIEL, TERRI "
Licensee type:	A
License effective date:	50330
License expiration date:	Not Reported
License issue date:	050330
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050127
Facility closed date:	Not Reported
Mailing address:	4852 MCNAB AVENUE

Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"DANIEL, TERRI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5627310198

HY1213 SRHO20070150967
WNW AHA Hospitals
4-6 mi
28709
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SAINT ALBERT MEDICAL CLINIC INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0948997
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	306 EAST PACIFIC COAST HIGHWAY #102
Phone num:	5625990981
Termination reason:	00
Term Date:	20080722
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150967

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HY1214			SRHO20070147240
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28709	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PACIFIC COAST DOCTORS MEDICAL CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960628	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0916718	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	306 E PACIFIC COAST HIGHWAY, STE 204	
	Phone num:	3102185729	
	Termination reason:	08	
	Term Date:	19960628	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070147240	

HQ1215			SRHO20070146997
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28717	Owner date:	Not Reported	
Higher	City:	GARDEN GROVE	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	ODYSSEY HEALTHCARE OPERATING A LP DBA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960626
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0916599
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	7077 ORANGEWOOD AVENUE, SUITE #201
Phone num:	8007972686
Termination reason:	00
Term Date:	20080625
Purpose of action:	Not Reported
Provider control:	04
Zip:	92841
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146997

HQ1216
ENE
4-6 mi
28717
Higher

SRHO20070008825
AHA Hospitals

Hospital type:	01
Num of times COO:	01
Owner date:	19990801
City:	GARDEN GROVE
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030819
Medicare/Medicaid:	1
Facility name:	ODYSSEY HEALTHCARE OF ORANGE COUNTY
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19901001
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051572
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	7077 ORANGEWOOD AVENUE, STE 201
Phone num:	7149344520
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	92841
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008825

HQ1217
ENE
4-6 mi
28717
Higher

SRHO20070008874
AHA Hospitals

Hospital type:	01
Num of times COO:	01
Owner date:	20050801
City:	GARDEN GROVE
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030306
Medicare/Medicaid:	1
Facility name:	PACIFIC COAST HOSPICE
Intermediary/Carrier:	00454
Medicaid number:	HPC01756G
Partcipation date:	20030325
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051756
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	7077 ORANGEWOOD AVENUE, SUITE 227
Phone num:	7142457420
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	05
Zip:	92841
Fips state:	06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008874

HQ1218 SRHO20070156748
ENE AHA Hospitals
4-6 mi
28717
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDEN GROVE
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ODYSSEY HEALTHCARE OPERATING A, LP DBA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021204
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1006941
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	7077 ORANGEWOOD AVENUE, SUITE #201
Phone num:	7142457420
Termination reason:	00
Term Date:	20081203
Purpose of action:	Not Reported
Provider control:	04
Zip:	92841
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156748

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

IC1219 — SRDCCA200744739
ESE — Daycare
4-6 mi
28719
Higher

EDR ID:	SRDCCA200744739
Facility number:	304370311
Facility name:	BRIGHT STAR LEARNING CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	6621 GLEN DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	6621 GLEN DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	BRIGHT STAR LEARNING CENTERS
Licensee type:	D
License effective date:	61206
License expiration date:	Not Reported
License issue date:	061206
Program type:	"28 AMBULATORY CHILDREN, AGES 0-24 MONTHS, MON-FRI, 6:30 A.M.- 6:00 P.M. "
Original app. received date:	060927
Facility closed date:	Not Reported
Mailing address:	"18012 HARTFIELD CIRCLE ""H"" "
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"COGLIANESE, JUDITH E. "
Facility capacity:	28
Type of clients served:	955
Facility phone:	7148954063

IC1220 — SRDCCA200754843
ESE — Daycare
4-6 mi
28719
Higher

EDR ID:	SRDCCA200754843
Facility number:	304370309
Facility name:	BRIGHT STAR LEARNING CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	6621 GLEN DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	6621 GLEN DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	BRIGHT STAR LEARNING CENTERS
Licensee type:	D

License effective date: 61206
License expiration date: Not Reported
License issue date: 061206
Program type: "139 AMBULATORY CHILDREN, AGES 2-6, MONDAY- FRI, 6:30 A.M.- 6:00 P.M.
WAIVER FOR PRESCHOOL CHILDREN TO SHARE RESTROOMS WITH SCHOOL AGE CHILDREN.
"
Original app. received date: 061016
Facility closed date: Not Reported
Mailing address: "18012 HARTFIELD CIRCLE ""H"" "
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "COGLIANESE, JUDITH "
Facility capacity: 139
Type of clients served: 950
Facility phone: 7148954063

IC1221 SRDCCA200744799
ESE
4-6 mi
28719
Higher

EDR ID: SRDCCA200744799 Daycare
Facility number: 304370310
Facility name: BRIGHT STAR LEARNING CENTER
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 6621 GLEN DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 6621 GLEN DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: BRIGHT STAR LEARNING CENTERS
Licensee type: D
License effective date: 61206
License expiration date: Not Reported
License issue date: 061206
Program type: "131 AMBULATORY CHILDREN, AGES 5-14, MON-FRI, 6:30 A.M.- 6:00 P.M.
WAIVER FOR SCHOOL AGE CHILDREN TO SHARE RESTROOMS WITH PRESCHOOL CHILDREN.
"
Original app. received date: 060927
Facility closed date: Not Reported
Mailing address: 18012 HARFIELD CIRCLE H
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "COGLIANESE, JUDITH "
Facility capacity: 131
Type of clients served: 950
Facility phone: 7148954063

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
ID1222			SRHO20070151462
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28732	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JUBILEE HOME HEALTH SERVICES INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990419	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0959732	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4010 WATSON PLAZA DR #210	
	Phone num:	5624970420	
	Termination reason:	00	
	Term Date:	20070418	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90712	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151462	

ID1223			SRHO20070143549
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28732	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	SOUTH COAST HOME HEALTH SERVICES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862539
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4010 WATSON PLAZA DRIVE SUITE 210
Phone num:	3104970420
Termination reason:	12
Term Date:	19991119
Purpose of action:	Not Reported
Provider control:	04
Zip:	90712
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143549

ID1224 SRHO20070146259
NW AHA Hospitals
4-6 mi
28732
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ADMIRAL HOME HEALTH INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960920
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0919980
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4010 WATSON PLAZA DRIVE SUITE 140
Phone num:	5624210777
Termination reason:	00
Term Date:	20080919
Purpose of action:	Not Reported
Provider control:	04
Zip:	90712
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146259

ID1225 SRHO20070109061
NW AHA Hospitals
4-6 mi

28732 Hospital type:	01
Higher Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060725
Medicare/Medicaid:	1
Facility name:	ADMIRAL HOME HEALTH, INC
Intermediary/Carrier:	00140
Medicaid number:	HHA57635F
Partcipation date:	19951114
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557635
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	4010 WATSON PLAZA DRIVE SUITE 140
Phone num:	5624210777
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90712
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070109061

ID1226 SRHO20070108281
NW AHA Hospitals
4-6 mi
28732
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040519
Medicare/Medicaid:	1
Facility name:	JUBILEE HOME HEALTH SERVICES
Intermediary/Carrier:	00140
Medicaid number:	HHA07890G
Partcipation date:	19900828
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	557098
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	4010 WATSON PLAZA DR STE 210
Phone num:	5624970420
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	90712
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108281

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
1227			SRHO20070144568
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28742	Owner date:	Not Reported	
Higher	City:	GARDEN GROVE	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19960628	
	Medicare/Medicaid:	1	
	Facility name:	INTERHEALTH MEDICAL LABORATORY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19950306	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0898553	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	7245 GARDEN GROVE BOULEVARD, SUITE E	
	Phone num:	7143798855	
	Termination reason:	01	
	Term Date:	19971231	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92841	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144568	

IE1228			SRHO20070142191
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28755	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19941230	

Medicare/Medicaid:	1
Facility name:	SETH A KOGAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0861203
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	790 E WILLOW STREET SUITE 100
Phone num:	3105954014
Termination reason:	00
Term Date:	20081229
Purpose of action:	1
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142191

IE1229 SRHO20070151988
WNW AHA Hospitals
4-6 mi
28755
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BRENDA P JACOBS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981201
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0954505
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	790 EAST WILLOW STREET SUITE 100
Phone num:	5625957889
Termination reason:	00
Term Date:	20081130
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151988

IF1230 SRHO20070160840
NE AHA Hospitals
4-6 mi
28764
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SARANG ADULT DAY HEALTH CARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030206
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1009092
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	5171 LINCOLN AVENUE
Phone num:	7142360852
Termination reason:	00
Term Date:	20070205
Purpose of action:	Not Reported
Provider control:	04
Zip:	90630
Fips state:	06

Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160840

HN1231 SRHO20070154458
West AHA Hospitals
4-6 mi
28774
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SANAR HEALTH SERVICE CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0994522
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	900 PINE AVE
Phone num:	5624952249
Termination reason:	00
Term Date:	20071223
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154458

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site**

EDR ID
Database

IG1232
NNE
4-6 mi
28777
Higher

SRDCCA200754610
Daycare

EDR ID:	SRDCCA200754610
Facility number:	192006209
Facility name:	PALMS STATE PRESCHOOL
Facility eval. code:	8070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	12445 E. 207TH STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	16700 NORWALK BOULEVARD
City:	CERRITOS
State:	CA
Zip:	90703
Facility investor:	ABC UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	10316
License expiration date:	Not Reported
License issue date:	010316
Program type:	MAXIMUM CAPACITY - 24 CHILREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. THE FACILITY IS A STATE PRESCHOOL AND OPERATES TWO HALF DAY PROGRAMS. PUBLIC SCHOOL SITE/FACILITY.
Original app. received date:	010125
Facility closed date:	Not Reported
Mailing address:	16700 NORWALK BOULEVARD
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90703
Contact person:	"BENITEZ, ELIZABETH "
Facility capacity:	24
Type of clients served:	950
Facility phone:	5629261480

IG1233
NNE
4-6 mi
28777
Higher

SRPU20071006148
Public Schools

Ncessch:	060162000025
Schname05:	PALMS ELEMENTARY
Mstreet05:	12445 EAST 207TH ST.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90715
Mzip405:	1619
Member05:	633
Phone05:	(562) 924-5549
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071006148

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

HN1234 SRDCCA200744646
West EDR ID: SRDCCA200744646 Daycare
4-6 mi Facility number: 198011598
28793 Facility name: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 830
Facility status code: 03
Address: 911 PINE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 911 PINE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"
Licensee type: D
License effective date: 50913
License expiration date: Not Reported
License issue date: 050913
Program type: LICENSEE TO SERVE (13) INFANTS AGES: 6 WEEKS TO 2 YEARS OF AGE.
Original app. received date: 050411
Facility closed date: Not Reported
Mailing address: 911 PINE AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: ALYCE PHILLIPS
Facility capacity: 13
Type of clients served: 955
Facility phone: 5624326885

HN1235 SRDCCA200755462
West EDR ID: SRDCCA200755462 Daycare
4-6 mi Facility number: 198011597
28793 Facility name: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 911 PINE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 911 PINE AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"
Licensee type: D
License effective date: 50913
License expiration date: Not Reported

License issue date:	050913
Program type:	LICENSEE TO SERVE (30) PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO FIRST GRADE.
Original app. received date:	050411
Facility closed date:	Not Reported
Mailing address:	911 PINE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	ALYCE PHILLIPS
Facility capacity:	30
Type of clients served:	950
Facility phone:	5624326885

HN1236 SRHO20070160261
West AHA Hospitals
4-6 mi
28800
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060208
Medicare/Medicaid:	1
Facility name:	DERMATOLOGY ASSOCIATES OF SOUTHERN CALIFORNIA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050803
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1043833
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	917 PINE AVE
Phone num:	5625909700
Termination reason:	00
Term Date:	20080207
Purpose of action:	1
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

Source: US_HOSPITAL_POSCLIA
Edr id: SRHO20070160261

HP1237 SRDCCA200748547
NE Daycare
4-6 mi
28809
Higher

EDR ID:	SRDCCA200748547
Facility number:	300605377
Facility name:	CALVARY CHAPEL CHRISTIAN SCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5202 LINCOLN AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5205 LINCOLN AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	CALVARY CHAPEL OF BUENA PARK/CYPRESS
Licensee type:	C
License effective date:	951214
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"71 AMBULATORY CHILDREN AGES 2.6 TO 5 YRS. OLD. MON-FRI. 6:00 A.M. TO 6:00 P.M. ROOMS # 1,2,3,4. "
Original app. received date:	830922
Facility closed date:	Not Reported
Mailing address:	5205 LINCOLN AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"HILL, RENE' "
Facility capacity:	71
Type of clients served:	950
Facility phone:	7142361293

HP1238 SRPR20051023746
NE Private Schools
4-6 mi
28809
Higher

Pss school id:	00086871
Pss inst:	CALVARY CHAPEL CHRISTIAN SCHOO
Lograde:	PK
Higrade:	6
Pss address:	5202 LINCOLN AVE
Pss city:	CYPRESS
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	7142361293
Pss sch days:	180
Pss stu day hrs:	6

Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	35
Pss enroll k:	27
Pss enroll 1:	22
Pss enroll 2:	23
Pss enroll 3:	11
Pss enroll 4:	22
Pss enroll 5:	13
Pss enroll 6:	8
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	161
Pss enroll tk12:	126
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	9
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	14
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023746

HN1239 SRDCCA200750638
West EDR ID: SRDCCA200750638 Daycare
4-6 mi Facility number: 198004329
28809 Facility name: PINE HEAD START
Higher Facility eval. code: 9070
Facility office number: 33
Facility county number: 19

Facility type code:	850
Facility status code:	03
Address:	927 PINE AVE.
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	927 PINE AVE.
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT HEAD START
Licensee type:	F
License effective date:	981101
License expiration date:	Not Reported
License issue date:	980901
Program type:	LICENSEE SERVES AMBULATORY CHILDREN AGES 2 YEARS UNTIL ENTRY INTO KINDERGARTEN. WAIVER FOR OUTDOOR ACTIVITY SPACE.
Original app. received date:	980611
Facility closed date:	Not Reported
Mailing address:	2898 ORANGE AVE.
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90806
Contact person:	"JACKSON, NATASHA "
Facility capacity:	75
Type of clients served:	950
Facility phone:	5625907976

HV1240
East
4-6 mi
28817
Higher

SRDCCA200722712
Daycare

EDR ID:	SRDCCA200722712
Facility number:	304300495
Facility name:	"TRAN, XUAN HONG "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	7211 TRASK AVENUE #A
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	7211 TRASK AVENUE #A
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"TRAN, XUAN HONG "
Licensee type:	A
License effective date:	40706
License expiration date:	Not Reported
License issue date:	040706
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031113

Facility closed date:	Not Reported
Mailing address:	7211 TRASK AVENUE #A
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"TRAN, XUAN HONG "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148928625

HN1241 SRPR20051024591
West Private Schools
4-6 mi

Pss school id:	BB980051
Pss inst:	FIRST BAPTIST CHURCH SCHOOL
Lograde:	K
Higrade:	12
Pss address:	1000 PINE AVE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90813
Pss phone:	5624328447
Pss sch days:	180
Pss stu day hrs:	7.75
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	33
Pss enroll 1:	15
Pss enroll 2:	16
Pss enroll 3:	18
Pss enroll 4:	16
Pss enroll 5:	11
Pss enroll 6:	14
Pss enroll 7:	16
Pss enroll 8:	12
Pss enroll 9:	13
Pss enroll 10:	7
Pss enroll 11:	9
Pss enroll 12:	7
Pss enroll t:	187
Pss enroll tk12:	187
Pss race ai:	0
Pss race as:	25
Pss race h:	98
Pss race b:	23
Pss race w:	41
Pss fte teach:	12.3
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	3
Pss relig:	2
Pss comm type:	1

Pss indian pct:	0
Pss asian pct:	13.37
Pss hisp pct:	52.41
Pss black pct:	12.3
Pss white pct:	21.93
Pss stdtch rt:	15.2
Pss orient:	5
Pss county name:	LOS ANGELES
Pss assoc 1:	Accelerated Christian Education (ACE) or (School of Tomorrow)
Pss assoc 2:	American Association of Christian Schools (AACS)
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024591

IH1242 SRDCCA200747643
NNW Daycare
4-6 mi
28835
Higher

EDR ID:	SRDCCA200747643
Facility number:	191603200
Facility name:	FIRST BAPTIST CHURCH OF LAKEWOOD PRESCHOOL
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5336 ARBOR ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	5336 ARBOR ROAD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	FIRST BAPTIST CHURCH OF LAKEWOOD PRESCHOOL
Licensee type:	C
License effective date:	930204
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATOR ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YRS 9 MONTHS THRU 5 YEARS OLD. PROGRAM OPERATES A MORNING AND AFTERNOON PROGRAM UNTIL 5PM. "
Original app. received date:	780508
Facility closed date:	Not Reported
Mailing address:	5336 ARBOR ROAD
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	LAURA MYLAR
Facility capacity:	60
Type of clients served:	950
Facility phone:	5624202833

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IH1243 NNW 4-6 mi 28835 Higher			SRPR20051023779 Private Schools
	Pss school id:	01898157	
	Pss inst:	FIRST BAPTIST CHURCH OF LAKEWO	
	Lograde:	PK	
	Higrade:	7	
	Pss address:	5336 E ARBOR ROAD	
	Pss city:	LONG BEACH	
	Pss county no:	037	
	Pss county fips:	06037	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	90808	
	Pss phone:	5624253358	
	Pss sch days:	Not Reported	
	Pss stu day hrs:	7	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	98	
	Pss enroll k:	48	
	Pss enroll 1:	48	
	Pss enroll 2:	45	
	Pss enroll 3:	52	
	Pss enroll 4:	49	
	Pss enroll 5:	43	
	Pss enroll 6:	41	
	Pss enroll 7:	15	
	Pss enroll 8:	Not Reported	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	439	
	Pss enroll tk12:	341	
	Pss race ai:	3	
	Pss race as:	12	
	Pss race h:	35	
	Pss race b:	41	
	Pss race w:	250	
	Pss fte teach:	17	
	Pss locale:	1	
	Pss coed:	1	
	Pss type:	1	
	Pss level:	1	
	Pss relig:	2	
	Pss comm type:	1	
	Pss indian pct:	0.88	
	Pss asian pct:	3.52	
	Pss hisp pct:	10.26	
	Pss black pct:	12.02	
	Pss white pct:	73.31	
	Pss stdtch rt:	20.06	
	Pss orient:	5	
	Pss county name:	LOS ANGELES	
	Pss assoc 1:	Association of Christian Schools International (ACSI)	
	Pss assoc 2:	Christian Schools International (CSI)	
	Pss assoc 3:	Not Reported	

Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023779

HU1244 SRDCCA200703155
ESE 4-6 mi 28838 Higher Daycare

EDR ID:	SRDCCA200703155
Facility number:	300608310
Facility name:	"OLINGER, DIXIE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15581 OAKSHIRE LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	15581 OAKSHIRE LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"OLINGER, DIXIE "
Licensee type:	A
License effective date:	940101
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY : 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT PROVIDER'S CHILDREN UNDER 12 YEARS WHEN IN THE HOME, WITH NO MORE THAN 4 INFANTS: 'INFANT' MEANS A CHILD UNDER 2 YEARS OLD. "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	15581 OAKSHIRE LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"OLINGER, DIXIE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7148973222

HZ1245 SRDCCA200719229
NNE 4-6 mi 28837 Higher Daycare

EDR ID:	SRDCCA200719229
Facility number:	198008638
Facility name:	TASCON FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12649 LEMMING STREET

City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	12649 LEMMING STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"TASCON, LUZ "
Licensee type:	A
License effective date:	30225
License expiration date:	Not Reported
License issue date:	030225
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030113
Facility closed date:	Not Reported
Mailing address:	12649 LEMMING STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"TASCON, LUZ "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628097717

II1246 SRDCCA200704301
WNW
4-6 mi
28879
Higher

EDR ID:	SRDCCA200704301
Facility number:	191608118
Facility name:	NICHOLS FAMILY DAY CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2152 PASADENA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2152 PASADENA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"NICHOLS, DOROTHY "
Licensee type:	A
License effective date:	950729
License expiration date:	Not Reported
License issue date:	920729
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	920527
Facility closed date:	Not Reported
Mailing address:	2152 PASADENA AVENUE

Daycare

Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	DOROTHY NICHOLS
Facility capacity:	6
Type of clients served:	960
Facility phone:	3105911634

HR1247 SRHO20070156240
West AHA Hospitals
4-6 mi
28885
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHILDRENS CLINIC ON PINE FAMILY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021108
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1006168
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1057 PINE AVE
Phone num:	5629330400
Termination reason:	00
Term Date:	20081107
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156240

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HR1248 West 4-6 mi 28885 Higher			SRHO20070144102 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	CEDAR HEALTH FAMILY MEDICAL	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950622	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0902542	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1057 PINE AVENUE	
	Phone num:	3104328077	
	Termination reason:	08	
	Term Date:	19970621	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144102	
IH1249 NNW 4-6 mi 28886 Higher			SRDCCA200706460 Daycare
	EDR ID:	SRDCCA200706460	
	Facility number:	198000124	
	Facility name:	ORELLANA FAMILY DAY CARE	
	Facility eval. code:	6170	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4709 HERSHOLT AVE.	
	City:	LONG BEACH	

State:	CA
Zip:	90808
Alt. address:	4709 HERSHOLT AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"ORELLANA, MARIA ANITA "
Licensee type:	A
License effective date:	940512
License expiration date:	Not Reported
License issue date:	940512
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	940228
Facility closed date:	Not Reported
Mailing address:	4709 HERSHOLT AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"ORELLANA, MARIA ANITA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624962811

HR1250
West
4-6 mi
28887
Higher

SRHO20070151629
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARIA GUEVARA FAMILY CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000125
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0969794
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1059 PINE AVE
Phone num:	5624378995
Termination reason:	08
Term Date:	20020124
Purpose of action:	Not Reported

Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151629

HR1251
West
4-6 mi
28887
Higher

SRHO20070144670
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARIA N GUEVARA, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0900179
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1059 PINE AVENUE
Phone num:	3102180052
Termination reason:	17
Term Date:	20010201
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070144670

IJ1252 SRHO20070130571
ENE AHA Hospitals
4-6 mi
28921
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040226
Medicare/Medicaid:	1
Facility name:	CONSOLIDATED MEDICAL BIOANALYSIS INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553364
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11215 KNOTT AVE
Phone num:	7146577369
Termination reason:	00
Term Date:	20071116
Purpose of action:	5
Provider control:	02
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130571

IJ1253 SRHO20070154642
ENE AHA Hospitals
4-6 mi
28921
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	A

SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19980429
Medicare/Medicaid:	1
Facility name:	PACIFIC COAST REFERENCE LABORATORY INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19980102
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0938269
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11215 KNOTT AVE, SUITE A
Phone num:	7149012211
Termination reason:	12
Term Date:	19991122
Purpose of action:	1
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154642

IF1254
NE
4-6 mi
28922
Higher

SRDCCA200705721
Daycare

EDR ID:	SRDCCA200705721
Facility number:	304201008
Facility name:	"FELICIANO, JOYCE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5131 ALASKA AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5131 ALASKA AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"FELICIANO, JOYCE "

Licensee type:	A
License effective date:	950824
License expiration date:	Not Reported
License issue date:	950824
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950427
Facility closed date:	Not Reported
Mailing address:	5131 ALASKA AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"FELICIANO, JOYCE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7148282109

II1255 SRDCCA200722106
WNW
4-6 mi
28932
Higher

EDR ID:	SRDCCA200722106
Facility number:	198009111
Facility name:	SAR FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2171 PASADENA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2171 PASADENA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"SAR, SHARON "
Licensee type:	A
License effective date:	30430
License expiration date:	Not Reported
License issue date:	030430
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030415
Facility closed date:	Not Reported
Mailing address:	2171 PASADENA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"SAR, SHARON "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625997044

Daycare

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
IK1256			SRHO20070151953
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28935	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SAINT NAZARENE MEDICAL CLINIC INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980514	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0945963	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2403 ATLANTIC AVENUE	
	Phone num:	5629890145	
	Termination reason:	00	
	Term Date:	20080513	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070151953	

IK1257			SRHO20070142386
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28935	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	ATLANTIC BURNETT MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930330
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0866499
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2403 ATLANTIC AVE
Phone num:	3104268717
Termination reason:	15
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142386

IH1258
NNW
4-6 mi
28943
Higher

SRDCCA200750712
Daycare

EDR ID:	SRDCCA200750712
Facility number:	191605026
Facility name:	MONTESSORI SCHOOL-EUREKA
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	5306 E. ARBOR RD
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	5306 E. ARBOR RD
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"PIJPAERT, LEONARD & PIETERNELLA "
Licensee type:	A
License effective date:	931003
License expiration date:	Not Reported
License issue date:	901003

Program type: Not Reported
Original app. received date: 900405
Facility closed date: Not Reported
Mailing address: P. O. BOX 8605
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "PIJPAERT, PIETERNELLA "
Facility capacity: 56
Type of clients served: 950
Facility phone: 5624215505

IL1259 SRDCCA200704128
NE EDR ID: SRDCCA200704128 Daycare
4-6 mi Facility number: 300615398
28966 Facility name: "GRZESKOWIAK, JUDITH "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 6430 MYRA AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Alt. address: 6430 MYRA AVENUE
City: BUENA PARK
State: CA
Zip: 90620
Facility investor: "GRZESKOWIAK, JUDITH "
Licensee type: A
License effective date: 921230
License expiration date: Not Reported
License issue date: 921230
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 921113
Facility closed date: Not Reported
Mailing address: 6430 MYRA AVENUE
Mailing city: BUENA PARK
Mailing state: CA
Mailing zip: 90620
Contact person: "GRZESKOWIAK, JUDITH "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148218393

HW1260 SRDCCA200751820
NNW EDR ID: SRDCCA200751820 Daycare
4-6 mi Facility number: 198004841
28978 Facility name: LONG BEACH CITY COLLEGE CDC
Higher Facility eval. code: 9130
Facility office number: 33

Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4630 CLARK AVE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	4901 E. CARSON ST.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	LONG BEACH COMMUNITY COLLEGE
Licensee type:	A
License effective date:	990201
License expiration date:	Not Reported
License issue date:	990201
Program type:	LISENSE TO SERVE PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO KINDERGARTEN IN A SCHOOL PARENTING PROGRAM AND ADULT EDUCATION CHILD CARE PROGRAM.
Original app. received date:	981223
Facility closed date:	Not Reported
Mailing address:	4901 E. CARSON ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90808
Contact person:	"KLINGBEIL,CYNTHIA "
Facility capacity:	115
Type of clients served:	960
Facility phone:	5629384253

IM1261
North
4-6 mi
28990
Higher

SRHO20070150182
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CERRITOS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19971201
Medicare/Medicaid:	1
Facility name:	RV PHYSICIAN LABORATORY SERVICES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19971006
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0934433
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	20124 STATE ROAD
Phone num:	5628650380
Termination reason:	10
Term Date:	19991130
Purpose of action:	1
Provider control:	04
Zip:	90703
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150182

IM1262 — SRHO20070152528
North — AHA Hospitals
4-6 mi
28990
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CERRITOS
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060712
Medicare/Medicaid:	1
Facility name:	CERRITOS REFERENCE LABORATORIES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0955926
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20124 STATE ROAD
Phone num:	5628653609
Termination reason:	00
Term Date:	20070315
Purpose of action:	2
Provider control:	04
Zip:	90703
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070152528	

IM1263 SRHO20070151442
North AHA Hospitals
4-6 mi

28990 Hospital type:	01
Higher Num of times COO:	00
Owner date:	Not Reported
City:	CERRITOS
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010605
Medicare/Medicaid:	1
Facility name:	A/E MEDICAL LABORATORY CORPORATION
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990420
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0959795
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	20124 STATE ROAD
Phone num:	5628609788
Termination reason:	10
Term Date:	20010621
Purpose of action:	2
Provider control:	04
Zip:	90703
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151442

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

HR1264 SRPU20071014261
West Public Schools
4-6 mi
28999
Higher

Ncessch:	062250008507
Schname05:	NEW CITY
Mstreet05:	1230 PINE AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90813
Mzip405:	Not Reported
Member05:	181
Phone05:	(562) 436-0689
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	08
Edr id:	SRPU20071014261

IE1265 SRDCCA200705518
WNW Daycare
4-6 mi
29019
Higher

EDR ID:	SRDCCA200705518
Facility number:	198000929
Facility name:	"FOSTER, LOIS FAMILY DAY CARE "
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	730 E. WILLOW ST.
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	730 E. WILLOW ST.
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"FOSTER, LOIS L. "
Licensee type:	A
License effective date:	950621
License expiration date:	Not Reported
License issue date:	950621
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	950110
Facility closed date:	Not Reported
Mailing address:	730 E. WILLOW ST.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"FOSTER, LOIS L. "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624277223

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

IN1266
West
4-6 mi
29052
Higher

SRDCCA200746911
Daycare

EDR ID:	SRDCCA200746911
Facility number:	191671328
Facility name:	YOUNG HORIZONS/EL JARDIN DE LA FELICIDAD
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	507 PACIFIC AVE.
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	501 ATLANTIC AVE.
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	YOUNG HORIZONS
Licensee type:	C
License effective date:	931209
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	STATE PROGRAM CAPACITY (30) AS WELL AS DAY CARE CENTER PRESCHOOL CAPACITY 24 - TOTAL CAPACITY 54 CHILDREN.
Original app. received date:	840924
Facility closed date:	Not Reported
Mailing address:	501 ATLANTIC AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	DANIELLE TRIPLETT
Facility capacity:	54
Type of clients served:	950
Facility phone:	3104378367

HW1267
NNW
4-6 mi
29056
Higher

SRDCCA200747435
Daycare

EDR ID:	SRDCCA200747435
Facility number:	191600943
Facility name:	BETHANY LUTHERAN CHURCH PRESCHOOL
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	4644 CLARK AVE
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	4644 CLARK AVE
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	BETHANY LUTHERAN CHURCH OF LAKEWOOD
Licensee type:	C
License effective date:	930416

License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS THRU 6 YEARS "
Original app. received date: 780614
Facility closed date: Not Reported
Mailing address: 4644 CLARK AVENUE
Mailing city: L B
Mailing state: CA
Mailing zip: 90808
Contact person: NOLA SEAMAN
Facility capacity: 60
Type of clients served: 950
Facility phone: 5624297335

HT1268 SRDCCA200752384
East EDR ID: SRDCCA200752384 Daycare
4-6 mi Facility number: 304270068
29069 Facility name: WESTMINSTER SCHOOL DISTRICT/WILLMORE SCHOOL
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 7122 MAPLE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 15151 TEMPLE STREET
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: WESTMINSTER SCHOOL DISTRICT
Licensee type: F
License effective date: 941003
License expiration date: Not Reported
License issue date: 941003
Program type: 24 CHILDREN. 3 NON-AMBULATORY. AGES 3-5 YRS. OLD. MON-FRI. 07:00 AM TO 5:00 PM. PORTABLE F3 & F4. WAIVERS TO SHARE B/R & YARD WITH ELEMENTRY SCHOOL.
Original app. received date: 940829
Facility closed date: Not Reported
Mailing address: 14121 CEDARWOOD AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "JEFFRIES, KELLY ANN "
Facility capacity: 48
Type of clients served: 950
Facility phone: 7148953765

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
HT1269 East 4-6 mi 29069 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	064215003428 WILLMORE ELEMENTARY 7122 MAPLE ST. WESTMINSTER CA 92683 5021 520 (714) 895-3765 3 1 1 KG 05 SRPU20071010644	SRPU20071010644 Public Schools
IB1270 NE 4-6 mi 29088 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	061044001168 ELIZABETH DICKERSON ELEMENTARY 10051 BERNADETTE AVE. BUENA PARK CA 90620 4326 388 (714) 220-6975 3 1 1 KG 06 SRPU20071014136	SRPU20071014136 Public Schools
IO1271 ESE 4-6 mi 29113 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Partcipation date: Prior COO date: Prior carrier: Provider ID: Record Status:	01 00 Not Reported HUNTINGTON BEACH Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported HUNTINGTON POINTE SURGERY CENTER Not Reported Not Reported 20060106 Not Reported Not Reported 05D1049466 A	SRHO20070164526 AHA Hospitals

Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15039 GOLDENWEST STREET
Phone num:	7148937400
Termination reason:	08
Term Date:	20060715
Purpose of action:	Not Reported
Provider control:	04
Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164526

IO1272 SRHO20070159523
ESE AHA Hospitals
4-6 mi
29113
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GOLDENWEST SURGICENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030924
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1017421
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	15039 GOLDEN WEST STREET
Phone num:	7148929000
Termination reason:	08
Term Date:	20050923
Purpose of action:	Not Reported
Provider control:	04

Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159523

IP1273 SRHO20070006789
NE AHA Hospitals
4-6 mi
29140
Higher

Hospital type:	02
Num of times COO:	04
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20050726
Current survey date:	20060531
Medicare/Medicaid:	1
Facility name:	ALL STAR HOME
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC60585H
Partcipation date:	19940301
Prior COO date:	19960410
Prior carrier:	Not Reported
Provider ID:	05G733
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	9502 SONWELL PLACE
Phone num:	7149955514
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER

Edr id: SRHO20070006789

IQ1274 SRDCCA200740427
NNE EDR ID: SRDCCA200740427 Daycare
4-6 mi Facility number: 304310674
29149 Facility name: "DICKERSON, KRISTIN "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 8432 CAROB STREET
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 8432 CAROB STREET
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "DICKERSON, KRISTIN "
Licensee type: A
License effective date: 70517
License expiration date: Not Reported
License issue date: 070517
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 061106
Facility closed date: Not Reported
Mailing address: 8432 CAROB STREET
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "DICKERSON, KRISTIN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148278766

IR1275 SRHO20070165196
West Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
29150 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: WOMEN'S HEART MATTERS HEALTHY HEART CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20060621

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1055555
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	250 WEST OCEAN BLVD
Phone num:	5629330709
Termination reason:	00
Term Date:	20080620
Purpose of action:	Not Reported
Provider control:	02
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070165196

IP1276
NE
4-6 mi
29178
Higher

SRDCCA200710128
Daycare

EDR ID:	SRDCCA200710128
Facility number:	304204405
Facility name:	"KAVEH, ROBAB "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5771 LEMON AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5771 LEMON AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"KAVEH, ROBAB "
Licensee type:	A
License effective date:	980129
License expiration date:	Not Reported
License issue date:	980129
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	980122
Facility closed date:	Not Reported

Mailing address:	5771 LEMON AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"KAVEH, ROBAB "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7144849943

IS1277 SRHO20070145717
West AHA Hospitals
4-6 mi
29198
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CARDINAL MEDICAL GRP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950404
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0899655
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	920 E PACIFIC AVE
Phone num:	7147441800
Termination reason:	00
Term Date:	20070403
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145717

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IO1278 ESE 4-6 mi 29205 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Partcipation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported HUNTINGTON BEACH Not Reported Not Reported 400 Not Reported Not Reported Not Reported Not Reported ASHER CHIROPRACTIC CLINIC Not Reported Not Reported 19930602 Not Reported Not Reported 05D0577443 A 09 Not Reported CA 05 LAB 15079 GOLDENWEST 7148910999 08 19930604 Not Reported 10 92647 06 059 033 B Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070134129	SRHO20070134129 AHA Hospitals
IF1279 NE 4-6 mi 29212 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date:	01 00 Not Reported CYPRESS Not Reported Not Reported 400 Not Reported Not Reported Not Reported	SRHO20070157304 AHA Hospitals

Medicare/Medicaid:	Not Reported
Facility name:	AGAPE FAMILY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050125
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1036248
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	5309 LINCOLN AVE
Phone num:	7144848111
Termination reason:	00
Term Date:	20090124
Purpose of action:	Not Reported
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157304

IT1280
NNE
4-6 mi
29248
Higher

SRPU20071014137
Public Schools

Ncessch:	061044001169
Schname05:	CLARA J. KING ELEMENTARY
Mstreet05:	8710 MOODY ST.
Mcity05:	CYPRESS
Mstate05:	CA
Mzip05:	90630
Mzip405:	2220
Member05:	428
Phone05:	(714) 220-6980
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071014137

IN1281
West
4-6 mi
29261
Higher

SRDCCA200722894
Daycare

EDR ID:	SRDCCA200722894
Facility number:	198009819
Facility name:	HARRIS FAMILY CHILD CARE

Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	218 WEST 6TH STREET
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	218 WEST 6TH STREET
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	"HARRIS, VALENCIA ANN "
Licensee type:	A
License effective date:	40114
License expiration date:	Not Reported
License issue date:	040114
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031103
Facility closed date:	Not Reported
Mailing address:	218 WEST 6TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	VALENCIA ANN HARRIS
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624358150

IH1282
NNW
4-6 mi
29263
Higher

SRPR20051022839
Private Schools

Pss school id:	00070817
Pss inst:	ST CYPRIAN ELEMENTARY SCHOOL
Lograde:	K
Higrade:	8
Pss address:	5133 E ARBOR ROAD
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808
Pss phone:	5624257341
Pss sch days:	180
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	24
Pss enroll 1:	29
Pss enroll 2:	23
Pss enroll 3:	27

Pss enroll 4:	35
Pss enroll 5:	31
Pss enroll 6:	30
Pss enroll 7:	32
Pss enroll 8:	32
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	263
Pss enroll tk12:	263
Pss race ai:	1
Pss race as:	7
Pss race h:	100
Pss race b:	1
Pss race w:	154
Pss fte teach:	12.4
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0.38
Pss asian pct:	2.66
Pss hisp pct:	38.02
Pss black pct:	0.38
Pss white pct:	58.56
Pss stdtch rt:	21.21
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022839

IU1283 SRDCCA200752627
North 4-6 mi 29269 Higher Daycare

EDR ID:	SRDCCA200752627
Facility number:	198004386
Facility name:	CERRITOS LANE PRESCHOOL
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	20223 CABRILLO LANE
City:	CERRITOS
State:	CA
Zip:	90701
Alt. address:	20223 CABRILLO LANE

City: CERRITOS
State: CA
Zip: 90701
Facility investor: "SMALL WORLD, INC. "
Licensee type: D
License effective date: 981002
License expiration date: Not Reported
License issue date: 981002
Program type: "LICENSEE PREFERS TO SERVE CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE. SCHOOL-AGE PROGRAM ON SITE, #198004387 "
Original app. received date: 980714
Facility closed date: Not Reported
Mailing address: 1481 GREEN AVE.
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: JUDY SHEPPARD
Facility capacity: 77
Type of clients served: 950
Facility phone: 5628650482

IU1284 SRDCCA200743098
North EDR ID: SRDCCA200743098 Daycare
4-6 mi Facility number: 198004387
29269 Facility name: CERRITOS LANE PRESCHOOL
Higher Facility eval. code: 6150
Facility office number: 33
Facility county number: 19
Facility type code: 840
Facility status code: 03
Address: 20223 CABRILLO LANE
City: CERRITOS
State: CA
Zip: 90701
Alt. address: 20223 CABRILLO LANE
City: CERRITOS
State: CA
Zip: 90701
Facility investor: SMALL WORLD INC.
Licensee type: D
License effective date: 981002
License expiration date: Not Reported
License issue date: 981002
Program type: "LICENSEE PREFERS TO SERVE CHILDREN AGES 6 TO 12 YEARS OLD. PRESCHOOL PROGRAM ON SITE, #198004386 "
Original app. received date: 980714
Facility closed date: Not Reported
Mailing address: 4181 GREEN AVE.
Mailing city: LOS ALAMITOS
Mailing state: CA
Mailing zip: 90720
Contact person: JUDY SHEPPARD
Facility capacity: 28

	Type of clients served:	950
	Facility phone:	5628650482

IU1285 SRPR20051024244
North Private Schools
4-6 mi
29269
Higher

Pss school id:	A9302404
Pss inst:	CERRITOS LANE PRE-SCHOOL
Lograde:	PK
Higrade:	UG
Pss address:	20223 CABRILLO LN
Pss city:	CERRITOS
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90702
Pss phone:	5628650482
Pss sch days:	180
Pss stu day hrs:	8
Pss library:	No
Pss enroll ug:	24
Pss enroll pk:	86
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	110
Pss enroll tk12:	24
Pss race ai:	2
Pss race as:	6
Pss race h:	5
Pss race b:	1
Pss race w:	10
Pss fte teach:	1.9
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	8.33
Pss asian pct:	25
Pss hisp pct:	20.83
Pss black pct:	4.17
Pss white pct:	41.67
Pss stdtch rt:	12.63
Pss orient:	29

Pss county name:	LOS ANGELES	
Pss assoc 1:	Not Reported	
Pss assoc 2:	Not Reported	
Pss assoc 3:	Not Reported	
Pss assoc 4:	Not Reported	
Pss assoc 5:	Not Reported	
Pss assoc 6:	Not Reported	
Pss assoc 7:	Not Reported	
Source:	NCESDATA_E72D09B4	
Edr id:	SRPR20051024244	

1286 SRPU20071009696
SE Public Schools
4-6 mi
29274
Higher

Ncessch:	062814004346
Schname05:	SPRING VIEW MIDDLE
Mstreet05:	16662 TRUDY LN.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92647
Mzip405:	4261
Member05:	906
Phone05:	(714) 846-2891
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071009696

IV1287 SRDCCA200753839
NE Daycare
4-6 mi
29283
Higher

EDR ID:	SRDCCA200753839
Facility number:	304270808
Facility name:	CYPRESS LEARNING TREE
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	5417 BISHOP STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	4181 GREEN AVENUE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"CYPRESS LEARNING TREE, INC. "
Licensee type:	D
License effective date:	10507
License expiration date:	Not Reported
License issue date:	010507
Program type:	"AMBULATORY CHILDREN. 69 CHILDREN 24 MONTHS TO 6 YEARS OLD. 15 TODDLER OPTION CHILDREN 18 TO 30 MONTHS, ROOM #4. HOURS MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM "

Original app. received date:	010329	
Facility closed date:	Not Reported	
Mailing address:	4181 GREEN AVENUE	
Mailing city:	LOS ALAMITOS	
Mailing state:	CA	
Mailing zip:	90720	
Contact person:	"ERICKSON, NANCY "	
Facility capacity:	84	
Type of clients served:	950	
Facility phone:	7145272744	

IQ1288 SRDCCA200734028
NNE Daycare
4-6 mi
29301
Higher

EDR ID:	SRDCCA200734028
Facility number:	304310344
Facility name:	"SIMON, INGRID "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	4382 JADE AVE.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	4382 JADE AVE.
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"SIMON, INGRID "
Licensee type:	A
License effective date:	60712
License expiration date:	Not Reported
License issue date:	060712
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	051025
Facility closed date:	Not Reported
Mailing address:	4382 JADE AVE.
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"SIMON, INGRID "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148289989

HW1289 SRDCCA200747313
NNW Daycare
4-6 mi
29321
Higher

EDR ID:	SRDCCA200747313
Facility number:	191671133
Facility name:	TWAIN CHILD DEVELOPMENT CENTER
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19

Facility type code:	850
Facility status code:	03
Address:	4666 SUNFIELD AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	2209 SEABRIGHT AVE.
City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	931205
License expiration date:	Not Reported
License issue date:	871205
Program type:	AMBULATORY CHILDREN AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date:	870930
Facility closed date:	Not Reported
Mailing address:	2209 SEABRIGHT AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90810
Contact person:	"HAUSER, KELLIE "
Facility capacity:	64
Type of clients served:	950
Facility phone:	5624252735

1290
NW
4-6 mi
29328
Higher

SRHO20070010881
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19930111
Medicare/Medicaid:	1
Facility name:	PHYSITECH PHYSICAL THERAPT
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19930113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056666
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	4007 PARAMOUNT BLVD, SUITE 104
Phone num:	3109821498
Termination reason:	01

Term Date:	19960930
Purpose of action:	1
Provider control:	06
Zip:	90712
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010881

IP1291
NE
4-6 mi
29335
Higher

SRDCCA200706849
Daycare

EDR ID:	SRDCCA200706849
Facility number:	300615985
Facility name:	"KAVEH, PARVIN "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5821 LEMON AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5821 LEMON AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"KAVEH, PARVIN "
Licensee type:	A
License effective date:	940214
License expiration date:	Not Reported
License issue date:	940214
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	930923
Facility closed date:	Not Reported
Mailing address:	5821 LEMON AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"KAVEH, PARVIN "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7147614176

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IR1292 West 4-6 mi 29333 Higher			SRHO20070165198 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HEALTHCARE PARTNERS MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20060705	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1056070	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	300 W OCEAN BLVD SUITE A	
	Phone num:	3103544461	
	Termination reason:	00	
	Term Date:	20080704	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90802	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070165198	
IH1293 NNW 4-6 mi 29335 Higher			SRDCCA200710555 Daycare
	EDR ID:	SRDCCA200710555	
	Facility number:	198005595	
	Facility name:	SNYDER FAMILY CHILD CARE	
	Facility eval. code:	9130	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	4812 MONTAIR AVE.	
	City:	LONG BEACH	

State: CA
Zip: 90808
Alt. address: 4812 MONTAIR AVE.
City: LONG BEACH
State: CA
Zip: 90808
Facility investor: "SNYDER,STEPHANIE ANN "
Licensee type: A
License effective date: 991203
License expiration date: Not Reported
License issue date: 991203
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 991012
Facility closed date: Not Reported
Mailing address: 4812 MONTAIR AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "SNYDER,STEPHANIE ANN "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629388460

II1294
WNW
4-6 mi
29341
Higher

SRDCCA200710516
Daycare

EDR ID: SRDCCA200710516
Facility number: 192000178
Facility name: BRENA FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2338 PASADENA AVE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2338 PASADENA AVE
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: "BRENA, LIZABETH "
Licensee type: A
License effective date: 991223
License expiration date: Not Reported
License issue date: 991223
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990909
Facility closed date: Not Reported
Mailing address: 2338 PASADENA AVE

Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90806	
Contact person:	"BRENA, LIZABETH "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5629978822	

IW1295 SRDCCA200706730
NNW 4-6 mi 29343 Higher Daycare

EDR ID:	SRDCCA200706730
Facility number:	198000521
Facility name:	"VARGAS, ANGIE FAMILY DAY CARE "
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4832 BRIERCREST ST.
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	4832 BRIERCREST ST.
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"VARGAS, ANGIE LEE "
Licensee type:	A
License effective date:	970803
License expiration date:	Not Reported
License issue date:	950803
Program type:	"12 CHILDREN INCLUDING LICENSEE'S & ASSISTANT'S CHILDREN UNDER 10 YEARSOF AGE WHEN IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	940726
Facility closed date:	Not Reported
Mailing address:	4832 BRIERCREST ST.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"VARGAS, ANGIE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5624252950

1296 SRHO20070130572
ENE 4-6 mi 29346 Higher AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	GARDEN GROVE
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported

FMS survey date:	Not Reported
Current survey date:	19971217
Medicare/Medicaid:	1
Facility name:	HOSPITAL SERVICES LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553375
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11450 MARKON DRIVE
Phone num:	7146385022
Termination reason:	01
Term Date:	19981023
Purpose of action:	2
Provider control:	04
Zip:	92841
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130572

1297
NNE
4-6 mi
29347
Higher

SRPU20071006127
Public Schools

Ncessch:	060162000002
Schname05:	ARTESIA HIGH
Mstreet05:	12108 EAST DEL AMO BLVD.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90715
Mzip405:	1516
Member05:	1896
Phone05:	(562) 926-5566
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071006127

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

IU1298 SRHO20070145449
North AHA Hospitals
4-6 mi
29354
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOO-SUNG AHN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940616
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0887759
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20145 S PIONEER BLVD
Phone num:	5629165020
Termination reason:	00
Term Date:	20080615
Purpose of action:	Not Reported
Provider control:	04
Zip:	90715
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145449

IU1299 SRHO20070140279
North AHA Hospitals
4-6 mi
29354
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	CENTRAL MEDICAL CLINIC INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0709576
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20145 S PIONEER BLVD
Phone num:	3108655285
Termination reason:	15
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90715
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140279

IX1300 SRDCCA200709229
NNW Daycare
4-6 mi
29367
Higher

EDR ID:	SRDCCA200709229
Facility number:	198004686
Facility name:	BEILER FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4529 PEPPERWOOD AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Alt. address:	4529 PEPPERWOOD AVE.
City:	LONG BEACH
State:	CA
Zip:	90808
Facility investor:	"BEILER, BEATRICE "
Licensee type:	A
License effective date:	981209
License expiration date:	Not Reported
License issue date:	981209

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 981026
Facility closed date: Not Reported
Mailing address: 4529 PEPPERWOOD AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90808
Contact person: "BEILER, BEATRICE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624252147

IY1301 SRDCCA200713787
North EDR ID: SRDCCA200713787 Daycare
4-6 mi Facility number: 198005778
29374 Facility name: GREEN FAMILY CHILD CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 6536 IANITA STREET
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 6536 IANITA STREET
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "GREEN, DEANNA "
Licensee type: A
License effective date: 403
License expiration date: Not Reported
License issue date: 000403
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 000218
Facility closed date: Not Reported
Mailing address: 6536 IANITA STREET
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "GREEN, DEANNA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629200275

IU1302 SRHO20070154854
North Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
29377
Higher

Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RALPHS PHARMACY #250
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010605
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0987437
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20137 PIONEER BLVD
Phone num:	5629241210
Termination reason:	00
Term Date:	20070604
Purpose of action:	Not Reported
Provider control:	04
Zip:	90715
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154854

IL1303
NE
4-6 mi
29378
Higher

SRDCCA200722572
Daycare

EDR ID:	SRDCCA200722572
Facility number:	304300460
Facility name:	"URBINA, JESSIE & CARRANZA, IRELI "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10140 HOLDER STREET
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	10140 HOLDER STREET

City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	"URBINA, JESSIE & CARRANZA, IRELI "
Licensee type:	A
License effective date:	40130
License expiration date:	Not Reported
License issue date:	040130
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031006
Facility closed date:	Not Reported
Mailing address:	10140 HOLDER STREET
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	"URBINA, J & CARRANZA, I "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147287935

1304
NNW
4-6 mi
29376
Higher

SRPR20051024933
Private Schools

Pss school id:	00082797
Pss inst:	BETHANY LUTHERAN SCHOOL
Lograde:	K
Higrade:	8
Pss address:	5100 E ARBOR ROAD
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808
Pss phone:	5624207783
Pss sch days:	178
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	29
Pss enroll 1:	32
Pss enroll 2:	39
Pss enroll 3:	36
Pss enroll 4:	34
Pss enroll 5:	46
Pss enroll 6:	51
Pss enroll 7:	56
Pss enroll 8:	55
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	378

Pss enroll tk12:	378
Pss race ai:	2
Pss race as:	29
Pss race h:	49
Pss race b:	41
Pss race w:	257
Pss fte teach:	19
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0.53
Pss asian pct:	7.67
Pss hisp pct:	12.96
Pss black pct:	10.85
Pss white pct:	67.99
Pss stdtch rt:	19.89
Pss orient:	19
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024933

IS1305
West
4-6 mi
29382
Higher

SRPR20051024624
Private Schools

Pss school id:	BB040092
Pss inst:	ARTESIAN WELL PREPARTORY ACADE
Lograde:	K
Higrade:	8
Pss address:	1203 PACIFIC AVE
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90813
Pss phone:	5624323102
Pss sch days:	182
Pss stu day hrs:	6.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	2
Pss enroll 1:	1
Pss enroll 2:	Not Reported
Pss enroll 3:	1
Pss enroll 4:	1
Pss enroll 5:	1

Pss enroll 6:	3
Pss enroll 7:	1
Pss enroll 8:	1
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	11
Pss enroll tk12:	11
Pss race ai:	0
Pss race as:	0
Pss race h:	0
Pss race b:	11
Pss race w:	0
Pss fte teach:	2
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	0
Pss black pct:	100
Pss white pct:	0
Pss stdtch rt:	5.5
Pss orient:	8
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024624

IA1306
ENE
4-6 mi
29404
Higher

SRDCCA200745820
Daycare

EDR ID:	SRDCCA200745820
Facility number:	304270744
Facility name:	CHILDS PACE - CERRITOS
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	3731 CERRITOS AVENUE
City:	CERRITOS
State:	CA
Zip:	92804
Alt. address:	1860 ANAHEIM AVE
City:	COSTA MESA
State:	CA

Zip:	92627
Facility investor:	"CHILD'S PACE FOUNDATION INC., THE "
Licensee type:	C
License effective date:	1221
License expiration date:	Not Reported
License issue date:	001221
Program type:	"AMB CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI.RM 27 HOURS-6:30AM-6:00PM. RM 25 HOURS-1:30PM-6:00PM. PER 09/28/2004 FIRE CLEARANCE, NO MORE THAN 35 CHILDREN IN ONE CLASSRM AT ANY "ONE TIME. WAIVER TO USE COMPUTER SYSTEM TO SIGN IN/OUT CHILDREN.
Original app. received date:	001128
Facility closed date:	Not Reported
Mailing address:	1860 ANAHEIM AVE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"PEREZ,MICHAEL "
Facility capacity:	70
Type of clients served:	950
Facility phone:	7142369564

IA1307
ENE
4-6 mi
29404
Higher

SRDCCA200756080
Daycare

EDR ID:	SRDCCA200756080
Facility number:	304370141
Facility name:	CHILDS-PACE CERRITOS
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	3731 CERRITOS AVENUE
City:	ANAHEIM
State:	CA
Zip:	92804
Alt. address:	1860 ANAHEIM AVENUE
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"LEVERE, JOHN "
Licensee type:	C
License effective date:	41103
License expiration date:	Not Reported
License issue date:	041103
Program type:	24 AMB. CHILDREN. AGES 3 THROUGH 5 YRS OLD. 7:30AM TO 12:45PM. MON-FRI. RM 25. WAIVERS TO SHARE ELEM SCH RESTROOMWITHSPECIAL NEEDS PROG; USE COMPUTER SYSTEM FOR SIGNIN/OUT;ALLOWOUTDOORPLAY COMMINGLING OF KINDERGARTEN SPECIAL NEEDS PROG & PRESCHOOL.
Original app. received date:	041007
Facility closed date:	Not Reported
Mailing address:	2184 MINER STREET# C
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"PEREZ, MICHAEL "
Facility capacity:	24

Type of clients served:	950	
Facility phone:	7142369564	

IA1308 SRPU20071011086
ENE Public Schools
4-6 mi
29404
Higher

Ncessch:	063603006165
Schname05:	CERRITOS ELEMENTARY
Mstreet05:	3731 CERRITOS
Mcity05:	ANAHEIM
Mstate05:	CA
Mzip05:	92804
Mzip405:	4603
Member05:	474
Phone05:	(714) 236-3830
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071011086

IZ1309 SRHO20070131519
West AHA Hospitals
4-6 mi
29406
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060123
Medicare/Medicaid:	1
Facility name:	LONG BEACH MEDICAL CLINIC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554919
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1250 PACIFIC AVENUE
Phone num:	5624370831
Termination reason:	00
Term Date:	20080814
Purpose of action:	2
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037

SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131519

1310 SRDCCA200703437
North
4-6 mi
29439
Higher
Daycare

EDR ID:	SRDCCA200703437
Facility number:	191511518
Facility name:	SISNEROS FAMILY CHILD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	19939 S. GRIDLEY RD.
City:	CERRITOS
State:	CA
Zip:	90703
Alt. address:	19939 S. GRIDLEY RD.
City:	CERRITOS
State:	CA
Zip:	90703
Facility investor:	"SISNEROS, ESTHER E. "
Licensee type:	A
License effective date:	950511
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	830415
Facility closed date:	Not Reported
Mailing address:	19939 S. GRIDLEY RD.
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90703
Contact person:	"SISNEROS, ESTHER "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5628609387

IF1311 SRDCCA200709064
NE
4-6 mi
29470
Higher
Daycare

EDR ID:	SRDCCA200709064
Facility number:	304204461
Facility name:	"SCRIMPSHER, TAWNYA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810

Facility status code:	03
Address:	5101 NEW YORK AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5101 NEW YORK AVENUE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"SCRIMPSHER, TAWNYA "
Licensee type:	A
License effective date:	990202
License expiration date:	Not Reported
License issue date:	990202
Program type:	"LICENSE INACTIVE AS OF APRIL 16, 2007 "
Original app. received date:	980923
Facility closed date:	Not Reported
Mailing address:	5101 NEW YORK AVENUE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"SCRIMPSHER, TAWNYA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149957656

IY1312 SRDCCA200734995
North Daycare
4-6 mi

29477	EDR ID:	SRDCCA200734995
Higher	Facility number:	198012555
	Facility name:	MURRAY FAMILY CHILD CARE
	Facility eval. code:	8160
	Facility office number:	33
	Facility county number:	19
	Facility type code:	810
	Facility status code:	03
	Address:	6702 EBERLE STREET
	City:	LAKEWOOD
	State:	CA
	Zip:	90713
	Alt. address:	6702 EBERLE STREET
	City:	LAKEWOOD
	State:	CA
	Zip:	90713
	Facility investor:	"MURRAY, ANALIZA "
	Licensee type:	A
	License effective date:	60531
	License expiration date:	Not Reported
	License issue date:	060531
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
	Original app. received date:	060424
	Facility closed date:	Not Reported
	Mailing address:	6702 EBERLE STREET

Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"MURRAY, ANALIZA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628665783

IE1313 SRHO20070010038
WNW AHA Hospitals
4-6 mi
29508
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051017
Medicare/Medicaid:	1
Facility name:	MEMORIAL MED CTR OF LONG BEACH
Intermediary/Carrier:	00040
Medicaid number:	HHA07748F
Partcipation date:	19860702
Prior COO date:	Not Reported
Prior carrier:	00140
Provider ID:	057748
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	695 E 27TH STREET
Phone num:	5629332000
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010038

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
IE1314 WNW 4-6 mi 29508 Higher			SRHO20070153314 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	SIGNAL HILL	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MEMORIAL HOME HEALTH CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010531	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0987257	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	695 E 27TH STREET	
	Phone num:	5629334663	
	Termination reason:	00	
	Term Date:	20070530	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90755	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070153314	
JA1315 NW 4-6 mi 29516 Higher			SRPU20071013801 Public Schools
	Ncessch:	062250002705	
	Schname05:	BURROUGHS ELEMENTARY	
	Mstreet05:	1260 EAST 33RD ST.	
	Mcity05:	SIGNAL HILL	
	Mstate05:	CA	
	Mzip05:	90755	
	Mzip405:	Not Reported	
	Member05:	311	
	Phone05:	(562) 426-8144	
	Locale05:	3	

Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071013801

JB1316 SRDCCA200700512
NW Daycare
4-6 mi
29525
Higher

EDR ID:	SRDCCA200700512
Facility number:	197800400
Facility name:	DREAM HOME CARE III
Facility eval. code:	6004
Facility office number:	32
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	3590 GAVIOTA AVE
City:	LONG BEACH
State:	CA
Zip:	90807
Alt. address:	4150 LOCUST AVE
City:	LONG BEACH
State:	CA
Zip:	90807
Facility investor:	DREAM HOME CARE
Licensee type:	C
License effective date:	950126
License expiration date:	Not Reported
License issue date:	950126
Program type:	"LICENSEE PREFERS TO SERVE DEVELOPMENTALLY DISABLED CHILDREN, NON-AMBULATORY, AGES 12 THRU 17 YEARS. "
Original app. received date:	941024
Facility closed date:	Not Reported
Mailing address:	4150 LOCUST AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90807
Contact person:	PAULETTE OWENS-GREEN
Facility capacity:	6
Type of clients served:	950
Facility phone:	5625959348

HZ1317 SRHO20070107275
NNE AHA Hospitals
4-6 mi
29547
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060705
Medicare/Medicaid:	1

Facility name:	SIERRA HOUSE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970521
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G106
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	12632 206TH STREET
Phone num:	5628090043
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90715
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107275

HZ1318
NNE
4-6 mi
29547
Higher

SRHO20070156634
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	SIERRA HOUSE ICF-DDN
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021021
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1005387
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA

ssa state:	05
state region cd:	LAB
street address:	12632 206TH STREET
Phone num:	5628090042
Termination reason:	00
Term Date:	20081020
Purpose of action:	Not Reported
Provider control:	04
Zip:	90715
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156634

IP1319 SRDCCA200735879
NE
4-6 mi
29561
Higher

EDR ID:	SRDCCA200735879
Facility number:	304310425
Facility name:	"MARTYN, SUZY "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5772 SHIRL ST.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	5772 SHIRL ST.
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"MARTYN, SUZY "
Licensee type:	A
License effective date:	60412
License expiration date:	Not Reported
License issue date:	060412
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060224
Facility closed date:	Not Reported
Mailing address:	5772 SHIRL ST.
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"MARTYN, SUZY "
Facility capacity:	8
Type of clients served:	960

Daycare

	Facility phone:	7142090359

IU1320 — SRPU20071005773
North — Public Schools
4-6 mi
29563
Higher

Ncessch:	060010410917
Schname05:	SOUTHEAST ROP
Mstreet05:	20122 CABRILLO LN.
Mcity05:	CERRITOS
Mstate05:	CA
Mzip05:	90703
Mzip405:	Not Reported
Member05:	-1
Phone05:	(562) 403-7382
Locale05:	2
Type05:	3
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071005773

IT1321 — SRDCCA200754635
NNE — Daycare
4-6 mi
29588
Higher

EDR ID:	SRDCCA200754635
Facility number:	304270699
Facility name:	CYPRESS MONTESSORI ACADEMY
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	8622 LA SALLE
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	8622 LA SALLE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"GUNARATNE, PRADEEP & PREETH "
Licensee type:	A
License effective date:	1019
License expiration date:	Not Reported
License issue date:	001019
Program type:	33 AMBULATORY CHILDREN AGES 2.5 THROUGH 6 YEARS OF AGE. MONDAY THROUGH FRIDAY 07:00 A.M. TO 6:00 P.M.
Original app. received date:	000706
Facility closed date:	Not Reported
Mailing address:	8622 LA SALLE
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	PREETH GUNARATNE
Facility capacity:	33
Type of clients served:	950
Facility phone:	7148260800

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

IS1322 — SRDCCA200730117
West — Daycare
4-6 mi
29651
Higher

EDR ID:	SRDCCA200730117
Facility number:	198011540
Facility name:	MCGUIRE FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1005 CEDAR AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1005 CEDAR AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"MCGUIRE, WILHELMENA "
Licensee type:	A
License effective date:	50504
License expiration date:	Not Reported
License issue date:	050504
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050310
Facility closed date:	Not Reported
Mailing address:	1005 CEDAR AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"MCGUIRE, WILHELMENA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624320937

IS1323 — SRDCCA200709782
West — Daycare
4-6 mi
29653
Higher

EDR ID:	SRDCCA200709782
Facility number:	198003733
Facility name:	BERRY FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1001 CEDAR AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1001 CEDAR AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"BERRY, ALISA D. "
Licensee type:	A

License effective date: 980209
License expiration date: Not Reported
License issue date: 980209
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 971216
Facility closed date: Not Reported
Mailing address: 1001 CEDAR AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90813
Contact person: "BERRY, ALISA D. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624320380

IN1324 SRDCCA200719742
West Daycare
4-6 mi
29655
Higher

EDR ID: SRDCCA200719742
Facility number: 198008559
Facility name: GUZMAN FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 335 W. 5TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 335 W. 5TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "GUZMAN, MYRIAM "
Licensee type: A
License effective date: 30124
License expiration date: Not Reported
License issue date: 030124
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 021205
Facility closed date: Not Reported
Mailing address: 335 W. 5TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "GUZMAN, MYRIAM "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624363350

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

IY1325 — SRDCCA200710615
North — Daycare
4-6 mi
29656
Higher

EDR ID:	SRDCCA200710615
Facility number:	198005613
Facility name:	FLORES FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6604 EBERLE ST.
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	6604 EBERLE ST.
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"FLORES,CRISTINA "
Licensee type:	A
License effective date:	991201
License expiration date:	Not Reported
License issue date:	991201
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	991015
Facility closed date:	Not Reported
Mailing address:	6604 EBERLE ST.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"FLORES,CRISTINA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624617209

II1326 — SRDCCA200749746
WNW — Daycare
4-6 mi
29667
Higher

EDR ID:	SRDCCA200749746
Facility number:	198004743
Facility name:	LONG BEACH BLVD HEAD START
Facility eval. code:	8070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2236 LONG BEACH BLVD.
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2898 ORANGE AVE.
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F

License effective date: 981209
License expiration date: Not Reported
License issue date: 981209
Program type: "LAUP FACILITY
SERVING CHILDREN AGE 3 YEARS UNTIL ENTRY INTO KINDERGARTEN.
TOTAL CAPACITY IS 85 CHILDREN: 20 CHILDREN MAY BE IN ""CLASSROOM 5,""
"THE CONVERTED HOUSE.
Original app. received date: 981116
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE.
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "HERNANDEZ, ESTHER "
Facility capacity: 85
Type of clients served: 950
Facility phone: 5624270833

IV1327 SRDCCA200713214
NE EDR ID: SRDCCA200713214 Daycare
4-6 mi Facility number: 304205464
29676 Facility name: "PREUSS, KIMBERLY "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5552 BISHOP ST.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5552 BISHOP ST.
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "PREUSS, KIMBERLY "
Licensee type: A
License effective date: 1024
License expiration date: Not Reported
License issue date: 001024
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED
"
Original app. received date: 000329
Facility closed date: Not Reported
Mailing address: 5552 BISHOP ST.
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "PREUSS, KIMBERLY "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148268650

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

IN1328 SRDCCA200719602
West EDR ID: SRDCCA200719602 Daycare
4-6 mi Facility number: 198008427
29680 Facility name: LAUSCH FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 345 W. 5TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 345 W. 5TH STREET
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: "LAUSCH, XIMENA "
Licensee type: A
License effective date: 21205
License expiration date: Not Reported
License issue date: 021205
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 021105
Facility closed date: Not Reported
Mailing address: 345 W. 5TH STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: "LAUSCH, XIMENA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629830042

1329 SRPU20071009693
SE Ncessch: 062814004338 Public Schools
4-6 mi Schname05: MARINE VIEW MIDDLE
29736 Mstreet05: 5682 TILBURG DR.
Higher Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92649
Mzip405: 4699
Member05: 931
Phone05: (714) 846-0624
Locale05: 3
Type05: 1
Level05: 2
Gslo05: 06
Gshi05: 08
Edr id: SRPU20071009693

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JB1330 NW 4-6 mi 29734 Higher			SRDCCA200700931 Daycare
	EDR ID:	SRDCCA200700931	
	Facility number:	197803967	
	Facility name:	DREAM HOME CARE I	
	Facility eval. code:	6004	
	Facility office number:	32	
	Facility county number:	19	
	Facility type code:	730	
	Facility status code:	03	
	Address:	3720 GARDENIA AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90807	
	Alt. address:	4150 LOCUST AVE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90807	
	Facility investor:	DREAM CARE HOME INC	
	Licensee type:	C	
	License effective date:	20503	
	License expiration date:	Not Reported	
	License issue date:	020503	
	Program type:	LICENSED TO SERVE AMBULATORY CHILDREN AGES 6-17 YEARS.	
	Original app. received date:	011213	
	Facility closed date:	Not Reported	
	Mailing address:	4150 LOCUST AVE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90807	
	Contact person:	CORA MANALANG	
	Facility capacity:	6	
	Type of clients served:	950	
	Facility phone:	5629891884	
1331 ESE 4-6 mi 29749 Higher			SRPU20071009688 Public Schools
	Ncessch:	062814004329	
	Schname05:	COLLEGE VIEW ELEMENTARY	
	Mstreet05:	6582 LENNOX DR.	
	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92647	
	Mzip405:	3452	
	Member05:	516	
	Phone05:	(714) 847-3505	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009688	
IX1332 NNW 4-6 mi 29755 Higher			SRDCCA200739578 Daycare
	EDR ID:	SRDCCA200739578	
	Facility number:	198013288	

Facility name:	BENTLEY FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4116 CENTRALIA STREET
City:	LAKEWOOD
State:	CA
Zip:	90712
Alt. address:	4116 CENTRALIA STREET
City:	LAKEWOOD
State:	CA
Zip:	90712
Facility investor:	EMMA RUTH BENTLEY
Licensee type:	A
License effective date:	70320
License expiration date:	Not Reported
License issue date:	070320
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070220
Facility closed date:	Not Reported
Mailing address:	4116 CENTRALIA STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90712
Contact person:	"BENTLEY, EMMA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624295431

IT1333
NNE
4-6 mi
29780
Higher

SRDCCA200743236
Daycare

EDR ID:	SRDCCA200743236
Facility number:	304270101
Facility name:	ABC DEVELOPMENT PRESCHOOL #5
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	8630 MOODY ST.
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	16633 BLACKBURN DRIVE
City:	LA MIRADA
State:	CA
Zip:	90638
Facility investor:	ABC 4 B & J INC.
Licensee type:	D
License effective date:	950120
License expiration date:	Not Reported
License issue date:	950120

Program type: "AMB. CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI. ROOM A, 06:30AM TO 08:00AM & 2:30PM TO 6:00PM, RM A. INCLUDES DAYS ELEM SCHOOL IS CLOSED-M-F, 06:30AM TO 6:00PM, RM A. WAIVER-"COMBINE P/S & SCH-AGE CHILDREN FIRST & LAST HR OF DAY.
Original app. received date: 941128
Facility closed date: Not Reported
Mailing address: 16633 BLACKBURN DRIVE
Mailing city: LA MIRADA
Mailing state: CA
Mailing zip: 90638
Contact person: JOLENE GUTIERREZ
Facility capacity: 30
Type of clients served: 950
Facility phone: 7149524222

IT1334 SRDCCA200752059
NNE EDR ID: SRDCCA200752059 Daycare
4-6 mi Facility number: 304270216
29780 Facility name: ABC DEVELOPMENT PRESCHOOL #5
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 8630 MOODY ST.
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 16633 BLACKBURN DRIVE
City: LA MIRADA
State: CA
Zip: 90638
Facility investor: ABC B & J INC.
Licensee type: A
License effective date: 960115
License expiration date: Not Reported
License issue date: 960115
Program type: "AMBULATORY CHILDREN. 24 MONTHS THROUGH 6 YRS OLD. MON-FRI. 06:30AM TO 6:00PM, ROOM B. 08:30AM TO 2:30PM, RM A. WAIVER-COMBINE P/S AND SCH-AGE CHILDREN FIRST & LAST HR OF DAY. "
Original app. received date: 951221
Facility closed date: Not Reported
Mailing address: 16633 BLACKBURN DRIVE
Mailing city: LA MIRADA
Mailing state: CA
Mailing zip: 90638
Contact person: JOLENE GUTIERREZ
Facility capacity: 48
Type of clients served: 950
Facility phone: 7149524222

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

IY1335 — SRDCCA200711003
North — Daycare
4-6 mi
29784
Higher

EDR ID:	SRDCCA200711003
Facility number:	198005705
Facility name:	MATTHEWS FAMILY CHILD CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5037 RACHEL AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	5037 RACHEL AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"MATTHEWS, MARCY "
Licensee type:	A
License effective date:	317
License expiration date:	Not Reported
License issue date:	000317
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	991203
Facility closed date:	Not Reported
Mailing address:	5037 RACHEL AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"MATTHEWS, MARCY "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629200776

IE1336 — SRHO20070131791
WNW — AHA Hospitals
4-6 mi
29798
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20050118
Medicare/Medicaid:	1
Facility name:	HEALTHCARE PARTNERS MEDICAL GROUP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554421

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2699 ATLANTIC AVENUE
Phone num:	5624263333
Termination reason:	00
Term Date:	20070309
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131791

IN1337
West
4-6 mi
29801
Higher

SRDCCA200737512
Daycare

EDR ID:	SRDCCA200737512
Facility number:	198012688
Facility name:	MOORE FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	401 W 4TH STREET
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	401 W 4TH STREET
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	ANNA MOORE
Licensee type:	A
License effective date:	60815
License expiration date:	Not Reported
License issue date:	060815
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060616
Facility closed date:	Not Reported
Mailing address:	401 W 4TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA

Mailing zip:	90802	
Contact person:	ANNA MOORE	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5624328623	

IE1338 SRHO20070137541
WNW AHA Hospitals
4-6 mi
29806
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOHN CRIVARO MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930106
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0679688
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2701 ATLANTIC AVE
Phone num:	3105957784
Termination reason:	08
Term Date:	19971222
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137541

IE1339 SRHO20070137760
WNW AHA Hospitals
4-6 mi
29806
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEMORIAL WOMENS CTR FOR FAMLY PLANNING
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941209
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0687202
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2701 ATLANTIC AVENUE, SUITE B
Phone num:	3109332998
Termination reason:	00
Term Date:	20090102
Purpose of action:	Not Reported
Provider control:	07
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137760

JC1340
WNW
4-6 mi
29825
Higher

SRHO20070131647
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060816
Medicare/Medicaid:	1
Facility name:	ATLANTIC UROLOGY MEDICAL GROUP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported

Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554349
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	701 EAST 28TH STREET #319
Phone num:	5625955977
Termination reason:	00
Term Date:	20070410
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131647

JC1341 SRHO20070010490
WNW AHA Hospitals
4-6 mi
29825
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020911
Medicare/Medicaid:	1
Facility name:	INDEPENDENT PHYSICAL THERAPY
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19980507
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056861
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	701 EAST 28TH STREET, SUITE 419

Phone num:	5624900946
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010490

JC1342 SRHO20070005926
WNW AHA Hospitals
4-6 mi
29825
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030709
Medicare/Medicaid:	1
Facility name:	SURGICAL INSTITUTE OF LONG BEACH
Intermediary/Carrier:	00542
Medicaid number:	Not Reported
Partcipation date:	20030709
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001602
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L3
street address:	701 EAST 28TH STREET, SUITE 300
Phone num:	5624267111
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported

Accred expire date:	Not Reported
Accred Org:	2
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070005926

JC1343 SRHO20070140247
WNW AHA Hospitals
4-6 mi
29825
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OSTERGARD GYNECOLOGY & FEMALE UROLOGY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930106
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0703590
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	701 E 28TH STREET SUITE 212
Phone num:	3109337865
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140247

JC1344 SRHO20070158622
WNW AHA Hospitals
4-6 mi
29825
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH SURGICAL INSTITUTE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20031112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1019192
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	701 E 28TH STREET SUITE 300
Phone num:	5624267111
Termination reason:	00
Term Date:	20071111
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158622

JC1345 SRHO20070142005
WNW AHA Hospitals
4-6 mi
29825
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19940302
Medicare/Medicaid:	1
Facility name:	IMPACT CENTER OF LONG BEACH
Intermediary/Carrier:	02050

Medicaid number:	Not Reported
Partcipation date:	19931210
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0880342
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	701 E 28TH ST SUITE 117
Phone num:	3104268140
Termination reason:	12
Term Date:	19951020
Purpose of action:	1
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142005

JC1346
WNW
4-6 mi
29825
Higher

SRHO20070139201
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060622
Medicare/Medicaid:	1
Facility name:	CARY EDWARD FEIBLEMAN MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0686334
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	701 EAST 28TH STREET, SUITE 311
Phone num:	5625954777
Termination reason:	00
Term Date:	20070215
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139201

JC1347 SRHO20070143829
WNW AHA Hospitals
4-6 mi
29825
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	VAUGHN NIXON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930225
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862699
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	701 EAST 28TH STREET #318
Phone num:	3105955538
Termination reason:	08
Term Date:	19930225
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143829

JC1348 SRHO20070146262
WNW AHA Hospitals
4-6 mi
29825
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020502
Medicare/Medicaid:	1
Facility name:	BREASTLINK MEDICAL GROUP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19961003
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0920535
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	701 E 28TH STREET #201
Phone num:	5629337820
Termination reason:	00
Term Date:	20090119
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146262

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1349			SRHO20070150059
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29825	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PHILIP J DI SAIA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970723	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0931146	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	701 EAST 28TH STREET #212	
	Phone num:	5629337851	
	Termination reason:	00	
	Term Date:	20070722	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150059	

JC1350			SRHO20070141962
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29825	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	20020730	
	Current survey date:	20060615	

Medicare/Medicaid:	1
Facility name:	REPRODUCTIVE PARTNERS ENDOCRINE LAB
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0866385
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	701 E 28TH STREET #202
Phone num:	5624272229
Termination reason:	00
Term Date:	20070220
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141962

JD1351
NNE
4-6 mi
29831
Higher

SRDCCA200750480
Daycare

EDR ID:	SRDCCA200750480
Facility number:	191605136
Facility name:	"PARK MONTESSORI SCHOOL, THE "
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	12350 E. DEL AMO BLVD #2800
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	9351 WALKER STREET
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"JOSEPH, ELIZABETH PORTIA "
Licensee type:	A
License effective date:	931016
License expiration date:	Not Reported
License issue date:	901016

Program type: """"AGE TWO UNTIL ENTRY TO FIRST GRADE"" INCREASE EFFECTIVE 01/15/97 "
Original app. received date: 900517
Facility closed date: Not Reported
Mailing address: 9351 WALKER STREET
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "JOSEPH, ELIZABETH PORTIA "
Facility capacity: 46
Type of clients served: 950
Facility phone: 5628091948

IO1352 SRDCCA200707224
ESE EDR ID: SRDCCA200707224 Daycare
4-6 mi Facility number: 304202963
29833 Facility name: "KOONZE, IMELDA & CHARLIE "
Higher Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 7121 RUTGERS AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 7121 RUTGERS AVENUE
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "KOONZE, IMELDA & CHARLIE "
Licensee type: A
License effective date: 970722
License expiration date: Not Reported
License issue date: 970722
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 970227
Facility closed date: Not Reported
Mailing address: 7121 RUTGERS AVENUE
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "KOONZE, IMELDA & CHARLIE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148912823

JE1353 SRHO20070152408
SE Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
29860 Owner date: Not Reported
Higher

City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MORRIS SILVER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0953916
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17071 SPRINGDALE STREET
Phone num:	7143779333
Termination reason:	08
Term Date:	19981114
Purpose of action:	Not Reported
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152408

JE1354
SE
4-6 mi
29860
Higher

SRHO20070143976
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ARMANDO HOOL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19930226
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862784
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17071 SPRINGDALE STREET
Phone num:	7143379333
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92649
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143976

II1355
WNW
4-6 mi
29860
Higher

SRDCCA200724224
Daycare

EDR ID:	SRDCCA200724224
Facility number:	198010381
Facility name:	GODFREY FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2161 LOCUST # C
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2161 LOCUST # C
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	YVONNE MELISSA GODFREY
Licensee type:	A
License effective date:	40504
License expiration date:	Not Reported
License issue date:	040504
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date:	040322
Facility closed date:	Not Reported
Mailing address:	2161 LOCUST # C
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"GODFREY, YVONNE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625918017

IT1356 SRDCCA200728031
NNE Daycare
4-6 mi
29875
Higher

EDR ID:	SRDCCA200728031
Facility number:	304310060
Facility name:	"PRATO, TINA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8561 LASALLE STREET #59
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	8561 LASALLE STREET #59
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"PRATO, TINA "
Licensee type:	A
License effective date:	50425
License expiration date:	Not Reported
License issue date:	050425
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050210
Facility closed date:	Not Reported
Mailing address:	8561 LASALLE STREET #59
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"PRATO, TINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7142291224

IQ1357 SRDCCA200747749
NNE Daycare
4-6 mi
29880
Higher

EDR ID:	SRDCCA200747749
Facility number:	300601686
Facility name:	MONTESSORI CHILDREN'S HOUSE
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30

Facility type code:	850
Facility status code:	03
Address:	8271 GAY ST
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	8271 GAY ST
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	PERRAH ANN S
Licensee type:	A
License effective date:	931203
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"CHILDREN AGES 2 YEARS THRU 6 YEARS OLD. MONDAY THROUGH FRIDAY, 07:00 A.M. TO 6:00 P.M. "
Original app. received date:	750721
Facility closed date:	Not Reported
Mailing address:	8271 GAY ST
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"PERRAH, A S "
Facility capacity:	45
Type of clients served:	950
Facility phone:	7149952054

IQ1358
NNE
4-6 mi
29880
Higher

SRPR20051021872
Private Schools

Pss school id:	BB040171
Pss inst:	MONTESSORI CHILDRENS HOUSE - C
Lograde:	UG
Higrade:	UG
Pss address:	8271 GAY ST
Pss city:	CYPRESS
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	7149952054
Pss sch days:	Not Reported
Pss stu day hrs:	6
Pss library:	Yes
Pss enroll ug:	12
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported

Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	12
Pss enroll tk12:	12
Pss race ai:	1
Pss race as:	4
Pss race h:	2
Pss race b:	2
Pss race w:	3
Pss fte teach:	2.6
Pss locale:	3
Pss coed:	1
Pss type:	2
Pss level:	3
Pss relig:	3
Pss comm type:	2
Pss indian pct:	8.33
Pss asian pct:	33.33
Pss hisp pct:	16.67
Pss black pct:	16.67
Pss white pct:	25
Pss stdtch rt:	4.62
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051021872

JA1359
NW
4-6 mi
29886
Higher

SRDCCA200721401
Daycare

EDR ID:	SRDCCA200721401
Facility number:	198009250
Facility name:	BATES FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3213 LEMON AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Alt. address:	3213 LEMON AVENUE
City:	SIGNAL HILL
State:	CA
Zip:	90755
Facility investor:	"BATES, MARIA & ANA "

Licensee type:	A
License effective date:	30806
License expiration date:	Not Reported
License issue date:	030806
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	030516
Facility closed date:	Not Reported
Mailing address:	3213 LEMON AVENUE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90755
Contact person:	"BATES, MARIA & ANA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629883633

JF1360 SRDCCA200746306
NE EDR ID: SRDCCA200746306 Daycare
4-6 mi Facility number: 304370123
29891 Facility name: A CHILD'S ADVENTURE (ACA) SWAIN ELEMENTARY SCHOOL
Higher

Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	5791 NEWMAN STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	3811 HOLDEN CIRCLE
City:	LOS ALAMITOS
State:	CA
Zip:	90720
Facility investor:	"ROBERT A. MORRIS, INC. "
Licensee type:	D
License effective date:	40831
License expiration date:	Not Reported
License issue date:	040831
Program type:	64 AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOMS AND PLAY YARD. PROGRAM USES PORTABLE.
Original app. received date:	040727
Facility closed date:	Not Reported
Mailing address:	3811 HOLDEN CIRCLE
Mailing city:	LOS ALAMITOS
Mailing state:	CA
Mailing zip:	90720
Contact person:	"KANUSE, KRISTY "
Facility capacity:	64
Type of clients served:	950
Facility phone:	7148288379

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JD1361 NNE 4-6 mi 29903 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	060162000027 MARTIN B. TETZLAFF MIDDLE 12351 EAST DEL AMO BLVD. CERRITOS CA 90703 7635 662 (562) 865-9539 2 1 2 06 08 SRPU20071006150	SRPU20071006150 Public Schools
IW1362 NNW 4-6 mi 29907 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Partcipation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date:	01 00 Not Reported LAKEWOOD Not Reported Not Reported 200 05D0549671 Not Reported Not Reported Not Reported PLANNED PARENTHOOD OF L A LAKEWOOD CTR Not Reported Not Reported 19930108 Not Reported Not Reported 05D0710251 A 09 Y CA 05 LAB 5525 EAST DEL AMO BLVD 2132234462 13 19960831 Not Reported 02 90713 06 037 328 A Not Reported Not Reported	SRHO20070141614 AHA Hospitals

Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070141614	

1363 SRHO20070142887
ESE AHA Hospitals
4-6 mi
29918
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19990617
Medicare/Medicaid:	1
Facility name:	MEMORIAL PROMPT CARE MED GRPOUP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0860606
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15464 GOLDENWEST ST
Phone num:	7148919008
Termination reason:	00
Term Date:	20070917
Purpose of action:	2
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142887

JG1364 SRHO20070131530
WNW AHA Hospitals
4-6 mi
29918
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH DOCTORS HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554923
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1725 PACIFIC AVE
Phone num:	3105993551
Termination reason:	10
Term Date:	19990104
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131530

JG1365
WNW
4-6 mi
29918
Higher

SRHO20070146142
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH DOCTOR'S HOSPITAL-RESP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19950502
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0900646
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1725 PACIFIC AVE
Phone num:	5625993551
Termination reason:	08
Term Date:	19990624
Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146142

JG1366
WNW
4-6 mi
29918
Higher

SRHO20070008059
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950613
Medicare/Medicaid:	1
Facility name:	LONG BEACH DOCTORS HOSPITAL
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19660701
Prior COO date:	Not Reported
Prior carrier:	51051
Provider ID:	050343
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1725 PACIFIC AVENUE

Phone num:	3105993551
Termination reason:	01
Term Date:	19980624
Purpose of action:	2
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19920606
Accred expire date:	19950612
Accred Org:	1
Num beds:	0043
Num cert beds:	0043
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008059

IZ1367 SRDCCA200728068
West Daycare
4-6 mi
29934
Higher

EDR ID:	SRDCCA200728068
Facility number:	198011292
Facility name:	SENCION & MEZA-LUNA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	319 W. 12TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	319 W. 12TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"SENCION, GABRIELA & MEZA-LUNA, SONIA "
Licensee type:	A
License effective date:	50222
License expiration date:	Not Reported
License issue date:	050222
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	041130
Facility closed date:	Not Reported
Mailing address:	319 W. 12TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"SENCION,GABRIELA&MEZA,SONI"
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624954630

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JG1368			SRHO20070144279
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29950	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	J & L DE LEON MEDICAL CORPORATION	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950721	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0903443	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1745 PACIFIC AVENUE	
	Phone num:	3105910241	
	Termination reason:	08	
	Term Date:	20030720	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144279	

JC1369			SRHO20070145111
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29969	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20051025	

Medicare/Medicaid:	1
Facility name:	RATIONAL THERAPEUTICS INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19930609
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0871981
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	750 EAST 29TH STREET
Phone num:	3109896455
Termination reason:	00
Term Date:	20071215
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145111

JC1370
WNW
4-6 mi
29973
Higher

SRHO20070008920
AHA Hospitals

Hospital type:	03
Num of times COO:	03
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20051024
Current survey date:	20060610
Medicare/Medicaid:	1
Facility name:	ATLANTIC MEMORIAL HEALTHCARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	940000007
Partcipation date:	19670508
Prior COO date:	20030101
Prior carrier:	00040
Provider ID:	055744
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2750 ATLANTIC AVE.
Phone num:	5624248101
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0109
Num cert beds:	0109
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008920

JC1371
WNW
4-6 mi
29973
Higher

SRHO20070138632
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	AKINS POST ACUTE REHAB HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0686509
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2750 ATLANTIC AVENUE
Phone num:	3104248101
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138632

JC1372 SRNH20060900990
WNW Nursing Homes
4-6 mi
29973
Higher

Provnum:	055744
Nursinghomename:	ATLANTIC MEMORIAL HEALTHCARE CENTER
Street:	2750 ATLANTIC AVE.
City:	LONG BEACH
State:	CA
Zipcode:	90806
Phonenumber:	5624248101
Dateoflastinspection:	20050406
Certifiednumberofbeds:	109
Totalnumberofresidents:	77
Percofoccupiedbeds:	71
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060900990

IS1373 SRDCCA200734224
West Daycare
4-6 mi
29985
Higher

EDR ID:	SRDCCA200734224
Facility number:	198012124
Facility name:	PLATT FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	905 CHESTNUT
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	905 CHESTNUT
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	CINDY PLATT
Licensee type:	A
License effective date:	60131
License expiration date:	Not Reported
License issue date:	060131
Program type:	MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - 9 CHILDREN AND 3 INFANTS. CAN NOT EXCHANGE THE INFANTS FOR CHILDREN.

Original app. received date:	051103
Facility closed date:	Not Reported
Mailing address:	905 CHESTNUT
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"PLATT, CINDY "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5624366749

JC1374 SRHO20070157927
WNW AHA Hospitals
4-6 mi
29993
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEMORIAL ORTHOPAEDIC SURGICL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20031210
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1020073
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2760 ATLANTIC AVENUE
Phone num:	5624246666
Termination reason:	00
Term Date:	20071209
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157927

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

JH1375 SRDCCA200749375
East EDR ID: SRDCCA200749375 Daycare
4-6 mi Facility number: 304270008
30021 Facility name: BLESSED SACRAMENT SCHOOL
Higher Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 14146 OLIVE STREET
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 14146 OLIVE STREET
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: ROMAN CATHOLIC DIOCESE OF ORANGE
Licensee type: C
License effective date: 940901
License expiration date: Not Reported
License issue date: 940901
Program type: "AMBULATORY, 30 CHILDREN. AGES 3 YEARS-6 YEARS OLD. MONDAY - FRIDAY, 6:30 A.M.- 6:00 P.M.
"
Original app. received date: 940228
Facility closed date: Not Reported
Mailing address: 2811 EAST VILLA REAL DRIVE
Mailing city: ORANGE
Mailing state: CA
Mailing zip: 92667
Contact person: ROISIN MCAREE
Facility capacity: 30
Type of clients served: 950
Facility phone: 7148937701

JI1376 SRDCCA200707999
North EDR ID: SRDCCA200707999 Daycare
4-6 mi Facility number: 198001953
30023 Facility name: "HERRBACH, HELEN FAMILY DAY CARE "
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 4973 FAUST AVE
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 4973 FAUST AVE
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "HERRBACH, HELEN "
Licensee type: A

License effective date:	960701
License expiration date:	Not Reported
License issue date:	960701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	960228
Facility closed date:	Not Reported
Mailing address:	4973 FAUST AVE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"HERRBACH, HELEN "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5628666717

IZ1377 SRPU20071014054
WNW Public Schools
4-6 mi
30022
Higher

Ncessch:	062250002765
Schname05:	WASHINGTON MIDDLE
Mstreet05:	1450 CEDAR AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90813
Mzip405:	1705
Member05:	1014
Phone05:	(562) 591-2434
Locale05:	1
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071014054

II1378 SRDCCA200716490
WNW Daycare
4-6 mi
30026
Higher

EDR ID:	SRDCCA200716490
Facility number:	198007186
Facility name:	ROBERSON FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2231 LOCUST AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2231 LOCUST AVENUE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"ROBERSON, KATHERANE & WILLIAM "
Licensee type:	A
License effective date:	11205

License expiration date: Not Reported
License issue date: 011205
Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "
Original app. received date: 011116
Facility closed date: Not Reported
Mailing address: 2231 LOCUST AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "ROBERSON, K. & W. "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5629977180

JJ1379 SRDCCA200723521
East EDR ID: SRDCCA200723521 Daycare
4-6 mi Facility number: 304300352
30036 Facility name: "PHAN, HANH "
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 13832 IOWA STREET #D
City: WESTMINSTER
State: CA
Zip: 92683
Alt. address: 13832 IOWA STREET #D
City: WESTMINSTER
State: CA
Zip: 92683
Facility investor: "PHAN, HANH "
Licensee type: A
License effective date: 40507
License expiration date: Not Reported
License issue date: 040507
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 030725
Facility closed date: Not Reported
Mailing address: 13832 IOWA STREET #D
Mailing city: WESTMINSTER
Mailing state: CA
Mailing zip: 92683
Contact person: "PHAN, HANH "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149036843

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

1380 ENE 4-6 mi 30051 Higher — SRDCCA200720670 — Daycare

EDR ID:	SRDCCA200720670
Facility number:	304206831
Facility name:	"BOHN, BONNIE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10681 TAMMY STREET
City:	CYPRESS
State:	CA
Zip:	90630
Alt. address:	10681 TAMMY STREET
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"BOHN, BONNIE "
Licensee type:	A
License effective date:	21001
License expiration date:	Not Reported
License issue date:	021001
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020826
Facility closed date:	Not Reported
Mailing address:	10681 TAMMY STREET
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"BOHN, BONNIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147616377

IR1381 West 4-6 mi 30049 Higher — SRHO20070008199 — AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030628
Medicare/Medicaid:	1
Facility name:	BIO MEDICAL LONG BEACH COMM HEMODIALYSIS UNIT
Intermediary/Carrier:	00400
Medicaid number:	Not Reported
Partcipation date:	19770805
Prior COO date:	Not Reported
Prior carrier:	00040

Provider ID:	052523
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	440 WEST OCEAN BL
Phone num:	3104324444
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008199

IR1382 — SRHO20070131517
West — AHA Hospitals
4-6 mi
30049
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BIO-MEDICAL DIALYSIS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930722
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554890
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	440 WEST OCEAN BLVD
Phone num:	5624324444
Termination reason:	00
Term Date:	20080831

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90802	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131517	
JF1383			SRPU20071014139
NE	Ncessch:	061044001173	Public Schools
4-6 mi	Schname05:	CHRISTINE P. SWAIN ELEMENTARY	
30052	Mstreet05:	5851 NEWMAN ST.	
Higher	Mcity05:	CYPRESS	
	Mstate05:	CA	
	Mzip05:	90630	
	Mzip405:	3322	
	Member05:	443	
	Phone05:	(714) 220-6985	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071014139	
JE1384			SRHO20070146216
SE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30064	Owner date:	Not Reported	
Higher	City:	HUNTINGTON BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	DR KEN D LACROIX	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930520	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0869748	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	6094 WARNER AVE
Phone num:	7148428841
Termination reason:	01
Term Date:	20020325
Purpose of action:	Not Reported
Provider control:	04
Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146216

JD1385
NNE
4-6 mi
30066
Higher

SRDCCA200702644
Daycare

EDR ID:	SRDCCA200702644
Facility number:	191604892
Facility name:	WESTRICK FAMILY CHLD CARE
Facility eval. code:	6150
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12507 ELVINS STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Alt. address:	12507 ELVINS STREET
City:	LAKEWOOD
State:	CA
Zip:	90715
Facility investor:	"WESTRICK, MARLENE J. & ANTHONY J. "
Licensee type:	A
License effective date:	930426
License expiration date:	Not Reported
License issue date:	900426
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN WHEN IN THE HOME, NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	900228
Facility closed date:	Not Reported
Mailing address:	12507 ELVINS STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90715
Contact person:	"WESTRICK, MARLENE J. "

Facility capacity:	12	
Type of clients served:	960	
Facility phone:	5629244975	

JG1386 SRDCCA200754654
WNW EDR ID: SRDCCA200754654 Daycare
4-6 mi Facility number: 198006417
30101 Facility name: YOUNG HORIZONS
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1840 PACIFIC AVENUE
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 501 ATLANTIC AVENUE
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: YOUNG HORIZONS
Licensee type: C
License effective date: 10102
License expiration date: Not Reported
License issue date: 010102
Program type: STATE PRESCHOOL PROGRAM OPERATING WITH 2 HALF-DAY SESSION SERVING CHILDREN 3 TO 5 YEARS OF AGE. REFER TO WAIVER ON OUTDOOR SCHEDULING.
Original app. received date: 001108
Facility closed date: Not Reported
Mailing address: 501 ATLANTIC AVENUE
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90802
Contact person: ALBA CLAUNCH
Facility capacity: 86
Type of clients served: 950
Facility phone: 5625993136

1387 SRDCCA200732589
NW EDR ID: SRDCCA200732589 Daycare
4-6 mi Facility number: 198012244
30112 Facility name: ARIAS FAMILY CHILD CARE
Higher Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 3201 LEWIS AVE.
City: SIGNAL HILL
State: CA
Zip: 90755
Alt. address: 3201 LEWIS AVE.
City: SIGNAL HILL

State:	CA
Zip:	90755
Facility investor:	RITA ARIAS
Licensee type:	A
License effective date:	60221
License expiration date:	Not Reported
License issue date:	060221
Program type:	MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
Original app. received date:	051213
Facility closed date:	Not Reported
Mailing address:	3201 LEWIS AVE.
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90755
Contact person:	"ARIAS, RITA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624929516

JK1388
ENE
4-6 mi
30117
Higher

SRDCCA200735227
Daycare

EDR ID:	SRDCCA200735227
Facility number:	304310444
Facility name:	"HARGROVE, KRISTIN "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	7131 MARSHALL WAY
City:	"STANTON, "
State:	CA
Zip:	90680
Alt. address:	7131 MARSHALL WAY
City:	"STANTON, "
State:	CA
Zip:	90680
Facility investor:	"HARGROVE, KRISTIN "
Licensee type:	A
License effective date:	60718
License expiration date:	Not Reported
License issue date:	060718
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060308
Facility closed date:	Not Reported
Mailing address:	7131 MARSHALL WAY
Mailing city:	"STANTON, "
Mailing state:	CA
Mailing zip:	90680
Contact person:	"HARGROVE, KRISTIN "
Facility capacity:	8
Type of clients served:	960

Facility phone: 7142301313

JC1389 SRHO20070008100
WNW AHA Hospitals
4-6 mi
30121
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	19811107
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	053508
FMS survey date:	Not Reported
Current survey date:	19811113
Medicare/Medicaid:	2
Facility name:	MEMORIAL HOSP MED CTR
Intermediary/Carrier:	51050
Medicaid number:	Not Reported
Partcipation date:	19760901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	052353
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2801 ATLANTIC AVE
Phone num:	3109332000
Termination reason:	01
Term Date:	19890523
Purpose of action:	1
Provider control:	02
Zip:	90801
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008100

JC1390 SRHO20070138574
WNW AHA Hospitals
4-6 mi
30121
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020816
Medicare/Medicaid:	1
Facility name:	CHILDRENS CLINIC, SERVING CHILDREN AND
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0695687
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2801 ATLANTIC AVENUE
Phone num:	5629330400
Termination reason:	00
Term Date:	20090101
Purpose of action:	2
Provider control:	02
Zip:	90801
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138574

JC1391
WNW
4-6 mi
30121
Higher

SRHO20070108710
AHA Hospitals

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20061019
Current survey date:	20060911
Medicare/Medicaid:	1
Facility name:	LONG BEACH MEMORIAL MC D/P
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19870817
Prior COO date:	Not Reported
Prior carrier:	51051
Provider ID:	555280

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2801 ATLANTIC AVE.
Phone num:	5629339085
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	05
Zip:	90801
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0042
Num cert beds:	0042
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108710

JC1392
WNW
4-6 mi
30121
Higher

SRHO20070130548
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH MEMORIAL MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921228
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553826
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2801 ATLANTIC AVE
Phone num:	3109333419
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported

Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130548

JC1393 SRHO20070006969
WNW AHA Hospitals
4-6 mi
30121
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010925
Medicare/Medicaid:	1
Facility name:	LONG BEACH MEMORIAL MEDICAL CENTER
Intermediary/Carrier:	00040
Medicaid number:	05V485
Partcipation date:	19660701
Prior COO date:	Not Reported
Prior carrier:	51051
Provider ID:	050485
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2801 ATLANTIC AVE
Phone num:	5629332000
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	5
Provider control:	03
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	20010616
Accred expire date:	20040616
Accred Org:	1
Num beds:	0570
Num cert beds:	0528

	Source:	US_HOSPITAL_POSOTHER
	Edr id:	SRHO20070006969

JC1394 SRHO20070008130
WNW AHA Hospitals
4-6 mi
30121
Higher

Hospital type:	06
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20001129
Medicare/Medicaid:	1
Facility name:	MILLER CHILDREN'S HOSPITAL
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20010112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	053309
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2801 ATLANTIC AVENUE
Phone num:	5629338001
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	03
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	19980627
Accred expire date:	20010627
Accred Org:	1
Num beds:	0171
Num cert beds:	0171
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008130

JC1395 SRHO20070156289
WNW AHA Hospitals
4-6 mi
30121
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EARL & LORAINE MILLER CHILDREN'S HOSP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000706
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0975370
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2801 ATLANTIC AVENUE
Phone num:	5629330709
Termination reason:	00
Term Date:	20081017
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156289

JC1396 SRHO20070131674
WNW
4-6 mi
30121
Higher

AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040708
Medicare/Medicaid:	1
Facility name:	REPRODUCTIVE PARTNERS MEDICAL GROUP IVP AND
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0554389
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2801 ATLANTIC AVENUE, 2ND FLOOR
Phone num:	5629333758
Termination reason:	00
Term Date:	20071209
Purpose of action:	5
Provider control:	04
Zip:	90801
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131674

JC1397
WNW
4-6 mi
30121
Higher

SRNH20060913870
Nursing Homes

Provnum:	555280
Nursinghomename:	LONG BEACH MEMORIAL MC D/P
Street:	2801 ATLANTIC AVE.
City:	LONG BEACH
State:	CA
Zipcode:	90801
Phonenumber:	5629339085
Dateoflastinspection:	20050826
Certifiednumberofbeds:	42
Totalnumberofresidents:	29
Percofoccupiedbeds:	69
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	Non profit - Corporation
Locatedwithinahospital:	YES
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060913870

JG1398
WNW
4-6 mi
30157
Higher

SRHO20070149341
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported

FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS,A MEDICAL GROUP,INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971028
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0935379
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1868 PACIFIC AVENUE
Phone num:	5625954718
Termination reason:	00
Term Date:	20071027
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149341

JG1399 SRHO20070131515
WNW AHA Hospitals
4-6 mi
30157
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19941110
Medicare/Medicaid:	1
Facility name:	RICHARD A BERKSON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554300
Record Status:	A

Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1868 PACIFIC AVE
Phone num:	3105954718
Termination reason:	12
Term Date:	19960601
Purpose of action:	1
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131515

JL1400
WNW
4-6 mi
30198
Higher

SRDCCA200728275
Daycare

EDR ID:	SRDCCA200728275
Facility number:	198011276
Facility name:	ALVAREZ FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	120 W. 20TH STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	120 W. 20TH STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"ALVAREZ, ANGELITA "
Licensee type:	A
License effective date:	50119
License expiration date:	Not Reported
License issue date:	050119
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	041201
Facility closed date:	Not Reported
Mailing address:	120 W. 20TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806

Contact person:	"ALVAREZ, ANGELITA "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5625915817	

1401
NW
4-6 mi
30231
Higher

SRDCCA200717453
Daycare

EDR ID:	SRDCCA200717453
Facility number:	198007755
Facility name:	BLACKSTON FAMILY CHILD CARE
Facility eval. code:	9130
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3835 CHERRY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90807
Alt. address:	3835 CHERRY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90807
Facility investor:	"BLACKSTON, SHANDA "
Licensee type:	A
License effective date:	40715
License expiration date:	Not Reported
License issue date:	040715
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020701
Facility closed date:	Not Reported
Mailing address:	3835 CHERRY AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90807
Contact person:	"BLACKSTON, SHANDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629971984

IP1402
NE
4-6 mi
30248
Higher

SRDCCA200734818
Daycare

EDR ID:	SRDCCA200734818
Facility number:	304310488
Facility name:	"RAMIREZ, MARTHA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6081 LEMON AVENUE #D
City:	CYPRESS
State:	CA

Zip:	90630
Alt. address:	6081 LEMON AVENUE #D
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	"RAMIREZ, MARTHA "
Licensee type:	A
License effective date:	60715
License expiration date:	Not Reported
License issue date:	060715
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060420
Facility closed date:	Not Reported
Mailing address:	6081 LEMON AVENUE #D
Mailing city:	CYPRESS
Mailing state:	CA
Mailing zip:	90630
Contact person:	"RAMIREZ, MARTHA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148210630

IZ1403
West
4-6 mi
30274
Higher

SRHO20070142637
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHESTNUT & 14TH ST MED CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930323
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0865372
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1350 CHESTNUT AVE
Phone num:	3105991565
Termination reason:	15
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142637

IZ1404 — SRHO20070158474
West — AHA Hospitals
4-6 mi
30274
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ADORACION A REYES MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000412
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0972608
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1350 CHESTNUT AVE
Phone num:	5625991565
Termination reason:	00
Term Date:	20080411
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA

	Edr id:	SRHO20070158474

IZ1405 SRHO20070147737
West AHA Hospitals
4-6 mi
30274
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ANAHEIM AND CHESTNUT MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0873524
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1350 CHESTNUT AVENUE
Phone num:	3105991565
Termination reason:	12
Term Date:	20010319
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147737

IZ1406 SRHO20070138854
West AHA Hospitals
4-6 mi
30286
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970221
Medicare/Medicaid:	1
Facility name:	LONG BEACH COMPREHENSIVE HEALTH CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0696400
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1333 CHESTNUT AVENUE
Phone num:	3105998661
Termination reason:	00
Term Date:	20070223
Purpose of action:	1
Provider control:	07
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138854

IZ1407
West
4-6 mi
30286
Higher

SRHO20070145050
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COASTAL CLUSTER HEALTH CENTERS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950718
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0903275

Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1333 CHESTNUT AVENUE
Phone num:	3105998661
Termination reason:	00
Term Date:	20070717
Purpose of action:	Not Reported
Provider control:	06
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070145050

IZ1408
West
4-6 mi
30286
Higher

SRHO20070144031
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	05D0903275
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH COMPREHENSIVE HEALTH CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941004
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0892675
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1333 CHESTNUT AVE
Phone num:	3105998661
Termination reason:	08
Term Date:	19941004
Purpose of action:	Not Reported

Provider control:	06
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144031

JM1409 SRHO20070149852
WNW AHA Hospitals
4-6 mi
30305
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEMORIAL MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980528
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0946574
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2650 ELM AVE #209
Phone num:	5625958549
Termination reason:	08
Term Date:	20020527
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000

	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070149852

JM1410 SRHO20070156314
WNW AHA Hospitals
4-6 mi
30305
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH INTERNAL MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011214
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0994453
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2650 ELM AVENUE #309
Phone num:	5625958549
Termination reason:	00
Term Date:	20071213
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156314

JM1411 SRHO20070137762
WNW AHA Hospitals
4-6 mi
30305
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A

SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19940429
Medicare/Medicaid:	1
Facility name:	LONG BEACH INTERNAL MEDICAL GROUP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0687632
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2650 ELM AVENUE SUITE 309
Phone num:	3105958549
Termination reason:	12
Term Date:	19950725
Purpose of action:	1
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137762

JM1412
WNW
4-6 mi
30305
Higher

SRHO20070131396
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARIO I BRAKIN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930420
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0554275
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2650 ELM AVE #210
Phone num:	3105950166
Termination reason:	12
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131396

JL1413
WNW
4-6 mi
30313
Higher

SRHO20070007851
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19880505
Medicare/Medicaid:	1
Facility name:	CERTIFIED X-RAY MOBILE SERVICE
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19880505
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05X0009964
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1933 PACIFIC AVE, STE 1
Phone num:	2135990609
Termination reason:	01
Term Date:	19930630

Purpose of action:	1
Provider control:	03
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007851

JM1414
WNW
4-6 mi
30319
Higher

SRHO20070137976
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060421
Medicare/Medicaid:	1
Facility name:	PEDIATRIC ADOLESCENT HEMA ONCO ASSO
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0682601
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2653 ELM AVENUE, #200
Phone num:	5624921062
Termination reason:	00
Term Date:	20081215
Purpose of action:	2
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070137976	

JM1415 SRHO20070131660
WNW AHA Hospitals
4-6 mi
30319
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19940413
Medicare/Medicaid:	1
Facility name:	ONCOLOGY HEMATOLOGY CONSULT MED GRP IN
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554371
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2653 ELM AVENUE SUITE 300
Phone num:	5625957335
Termination reason:	00
Term Date:	20081209
Purpose of action:	1
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131660

1416 SRDCCA200707568
NE Daycare
4-6 mi
30326
Higher

EDR ID:	SRDCCA200707568
Facility number:	304204084
Facility name:	"MILLER, JENNIFER "
Facility eval. code:	3404
Facility office number:	06

Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6552 SEQUOIA DRIVE
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	6552 SEQUOIA DRIVE
City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	"MILLER, JENNIFER "
Licensee type:	A
License effective date:	980701
License expiration date:	Not Reported
License issue date:	980701
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	970715
Facility closed date:	Not Reported
Mailing address:	6552 SEQUOIA DRIVE
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	"MILLER, JENNIFER "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148282070

JC1417
WNW
4-6 mi
30342
Higher

SRHO20070153881
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOHN P CARDIN JR MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0983452
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	2880 ATLANTIC AVENUE, SUITE 230
Phone num:	5628096504
Termination reason:	00
Term Date:	20070221
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070153881

JC1418 SRHO20070004770
WNW AHA Hospitals
4-6 mi
30342
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010706
Medicare/Medicaid:	1
Facility name:	SURGERY CENTER OF LONG BEACH
Intermediary/Carrier:	00542
Medicaid number:	Not Reported
Partcipation date:	20010723
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001512
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2880 ATLANTIC AVENUE, SUITE 160
Phone num:	9492894832
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328

SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070004770

JC1419 SRHO20070006592
WNW AHA Hospitals
4-6 mi
30342
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040303
Medicare/Medicaid:	1
Facility name:	GREATER LONG BEACH ENDOSCOPY CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19940701
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001294
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2880 ATLANTIC AVE SUITE 180
Phone num:	5624262606
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	2
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006592

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
JC1420			SRHO20070150668
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30342	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JANINE K JENSEN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0969516	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2880 ATLANTIC AVENUE, SUITE 200	
	Phone num:	5624244277	
	Termination reason:	08	
	Term Date:	20060118	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150668	

JC1421			SRHO20070154850
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30342	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	SURGERY CENTER OF LONG BEACH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010524
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0986953
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2880 ATLANTIC AVENUE SUITE 160
Phone num:	8668029900
Termination reason:	00
Term Date:	20070523
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154850

JC1422
WNW
4-6 mi
30342
Higher

SRHO20070151875
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOHN P CARDIN JR MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990319
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0958475
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2880 ATLANTIC AVENUE, SUITE 230
Phone num:	5624244404
Termination reason:	00
Term Date:	20070318
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151875

JC1423
WNW
4-6 mi
30342
Higher

SRHO20070148545
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PROHEALTH PARTNERS A MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970820
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0932449
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2880 ATLANTIC AVENUE STE 170
Phone num:	5625957764
Termination reason:	00
Term Date:	20070819
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148545

JC1424 SRHO20070142136
WNW AHA Hospitals
4-6 mi
30342
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970929
Medicare/Medicaid:	1
Facility name:	TALBERT MEDICAL GROUP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19930818
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0875119
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2880 ATLANTIC AVE, STE 100
Phone num:	5629880088
Termination reason:	08
Term Date:	19980802
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142136

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1425			SRHO20070148049
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30342	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	GREATER LONG BEACH ENDOSCOPY CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19961010	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0920822	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2880 ATLANTIC AVENUE #180	
	Phone num:	5624262626	
	Termination reason:	00	
	Term Date:	20081009	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070148049	

JC1426			SRHO20070008254
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30342	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19880224	

Medicare/Medicaid:	1
Facility name:	MEMO HOSP MECICAL CTR LB DIALYSIS CTR
Intermediary/Carrier:	51051
Medicaid number:	Not Reported
Partcipation date:	19840905
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	053508
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2880 ATLANTIC BLVD, STE 230
Phone num:	2135952311
Termination reason:	01
Term Date:	19880901
Purpose of action:	2
Provider control:	02
Zip:	90801
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008254

JL1427
WNW
4-6 mi
30347
Higher

SRHO20070142546
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GOOD SAMARITAN FAMILY MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940131
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0882297
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1951 PACIFIC AVE
Phone num:	3105997594
Termination reason:	08
Term Date:	19980130
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142546

JL1428
WNW
4-6 mi
30347
Higher

SRHO20070148124
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OLUSEGUN Z SALAKO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0923108
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1951 PACIFIC AVENUE
Phone num:	5622186264
Termination reason:	00
Term Date:	20081215
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148124

JC1429
WNW
4-6 mi
30347
Higher

SRHO20070131384
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19980515
Medicare/Medicaid:	1
Facility name:	GENE RAY BOUCH
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554245
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2865 ATLANTIC AVE
Phone num:	3104266151
Termination reason:	00
Term Date:	20070226
Purpose of action:	2
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131384

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1430			SRHO20070142061
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30347	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MONE SANDHU MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930209	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0861142	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2865 ATLANTIC AVE STE 150	
	Phone num:	3105951141	
	Termination reason:	15	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070142061	

JC1431			SRHO20070149291
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30347	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	MONICA P LEFF MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960126
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0911147
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVENUE, SUITE 250
Phone num:	5625957709
Termination reason:	00
Term Date:	20080125
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149291

JC1432
WNW
4-6 mi
30347
Higher

SRHO20070131542
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010713
Medicare/Medicaid:	1
Facility name:	ADULT & PEDIATRIC DERMATOLOGY MEDICAL
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554332
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2865 ATLANTIC AVE #152
Phone num:	5625957581
Termination reason:	01
Term Date:	20030226
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131542

JC1433 SRHO20070156384
WNW AHA Hospitals
4-6 mi
30347
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TRACY L KELVIE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021003
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1004719
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVENUE SUITE 250
Phone num:	5625957709
Termination reason:	00
Term Date:	20081002
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156384

JC1434 SRHO20070131397
WNW AHA Hospitals
4-6 mi
30347
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960206
Medicare/Medicaid:	1
Facility name:	MICHAEL COGAN MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554276
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2865 ATLANTIC AVENUE SUITE 252
Phone num:	5629895722
Termination reason:	00
Term Date:	20080627
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131397

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1435			SRHO20070131528
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30347	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PAMELA R KUSHNER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19931011	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0554315	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2865 ATLANTIC AVE #207	
	Phone num:	3105956770	
	Termination reason:	00	
	Term Date:	20071222	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070131528	

JC1436			SRHO20070131651
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30347	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19980306	

Medicare/Medicaid:	1
Facility name:	LUN W HOM MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554985
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2865 ATLANTIC AVENUE #108
Phone num:	5624260301
Termination reason:	00
Term Date:	20081204
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131651

JC1437 SRHO20070142283
WNW AHA Hospitals
4-6 mi
30347
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MAURICE M LAM MD AND ASSOC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940219
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0882865
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVE SUITE 106
Phone num:	3105950591
Termination reason:	00
Term Date:	20080216
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070142283

JC1438
WNW
4-6 mi
30347
Higher

SRHO20070131514
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RAYMOND I MATHEWS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554283
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVE #101
Phone num:	3105951651
Termination reason:	04
Term Date:	19951119
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131514

JC1439 SRHO20070151602
WNW AHA Hospitals
4-6 mi
30347
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	05D0911147
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MONICA P LEFF MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990301
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0957772
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVE STE 250
Phone num:	5624260673
Termination reason:	16
Term Date:	20020912
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151602

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1440			SRHO20070154897
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30347	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SANDRA L MAKELA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020917	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1004020	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2865 ATLANTIC AVE STE 250	
	Phone num:	5625957709	
	Termination reason:	00	
	Term Date:	20080916	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154897	

JC1441			SRHO20070154769
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30347	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	DR CAROL GRABOWSKI
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980918
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0951473
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVENUE, SUITE 204
Phone num:	5625955056
Termination reason:	00
Term Date:	20080917
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154769

JC1442
WNW
4-6 mi
30347
Higher

SRHO20070141604
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH UROLOGICAL ASSOC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931011
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0710782
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVENUE SUITE 217
Phone num:	3104248893
Termination reason:	01
Term Date:	19950801
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141604

JC1443
WNW
4-6 mi
30347
Higher

SRHO20070156900
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	S GAINER PILLSBURY JR MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021007
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1004822
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVE STE 250
Phone num:	5625957709
Termination reason:	08
Term Date:	20041006
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156900

JC1444 SRHO20070155230
WNW AHA Hospitals
4-6 mi
30347
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEMORIAL RESEARCH MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011001
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0991876
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVE STE 227
Phone num:	5625959366
Termination reason:	00
Term Date:	20070930
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155230

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JC1445			SRHO20070164104
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30347	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	IRENE A MALEK MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20060207	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1050629	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2865 ATLANTIC AVENUE, SUITE 226	
	Phone num:	5624929288	
	Termination reason:	08	
	Term Date:	20060812	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070164104	

JC1446			SRHO20070164936
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30347	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	VANESSA M KALEB MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20061024
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1060475
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2865 ATLANTIC AVE STE 250
Phone num:	5625957709
Termination reason:	00
Term Date:	20081023
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164936

JC1447 SRHO20070130566
WNW AHA Hospitals
4-6 mi
30347
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950724
Medicare/Medicaid:	1
Facility name:	WEST COAST ENDOCRINE CLINICAL LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0553994
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2865 ATLANTIC AVENUE, SUITE 211
Phone num:	5629880040
Termination reason:	00
Term Date:	20070325
Purpose of action:	1
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070130566

JC1448
WNW
4-6 mi
30347
Higher

SRHO20070156652
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CAROLINE RICKARD MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021003
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1004723
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2865 ATLANTIC AVENUE SUITE 250
Phone num:	5625957709
Termination reason:	00
Term Date:	20081002
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156652

JC1449
WNW
4-6 mi
30347
Higher

SRHO20070160693
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WOUND HEALING CENTER LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051007
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1046445
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2865 ATLANTIC AVENUE, # 152
Phone num:	5629333136
Termination reason:	00
Term Date:	20071006
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070160693

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

IZ1450 SRDCCA200750980
West EDR ID: SRDCCA200750980 Daycare
4-6 mi Facility number: 192001162
30404 Facility name: WEST ANAHEIM CHILD CARE CENTER
Higher Facility eval. code: 9070
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 440 W. ANAHEIM STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 2898 ORANGE AVE
City: SIGNAL HILL
State: CA
Zip: 90806
Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type: F
License effective date: 307
License expiration date: Not Reported
License issue date: 000307
Program type: "HEADSTART PROGRAM ONLY. SERVING AGES 2 YEARS UNTIL ENTRY INTO KINDERGARTEN. ROOMS 1,2,& 3 HALF-DAY PROGRAM MAXIMUM 76 CHILDREN. ROOM 4 FULL-DAY PROGRAM MAXIMUM 28 CHILDREN. WAIVER FOR OUTDOOR "ACTIVITY AREA. AMBULATORY ONLY.
Original app. received date: 000111
Facility closed date: Not Reported
Mailing address: 2898 ORANGE AVE
Mailing city: SIGNAL HILL
Mailing state: CA
Mailing zip: 90806
Contact person: "SIMBILLO, CARMEN "
Facility capacity: 90
Type of clients served: 950
Facility phone: 5629513842

IZ1451 SRHO20070135849
West Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
30404 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19950112
Medicare/Medicaid: 1
Facility name: MILES INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19920901
Prior COO date: Not Reported
Prior carrier: Not Reported

Provider ID:	05D0668899
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	440 W ANAHEIM
Phone num:	3104320919
Termination reason:	01
Term Date:	19950712
Purpose of action:	1
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070135849

JN1452 — SRPU20071014015
NNW — Public Schools
4-6 mi
30423
Higher

Ncessch:	062250002724
Schname05:	HOOVER MIDDLE
Mstreet05:	3501 COUNTRY CLUB DR.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90712
Mzip405:	3429
Member05:	1169
Phone05:	(562) 421-1213
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071014015

JO1453 — SRDCCA200707054
NNE — Daycare
4-6 mi
30455
Higher

EDR ID:	SRDCCA200707054
Facility number:	300615923
Facility name:	"CUNNINGHAM, GINA & MICONI, DAVIDA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	4752 AMBERWOOD AVE.
City:	LA PALMA

State: CA
Zip: 90623
Alt. address: 4752 AMBERWOOD AVE.
City: LA PALMA
State: CA
Zip: 90623
Facility investor: "CUNNINGHAM, GINA & MICONI, DAVIDA "
Licensee type: A
License effective date: 940107
License expiration date: Not Reported
License issue date: 940107
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 930811
Facility closed date: Not Reported
Mailing address: 4752 AMBERWOOD AVE.
Mailing city: LA PALMA
Mailing state: CA
Mailing zip: 90623
Contact person: "CUNNINGHAM, GINA & MICONI,"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148285537

JP1454
WNW
4-6 mi
30466
Higher

SRDCCA200718163
Daycare

EDR ID: SRDCCA200718163
Facility number: 198007641
Facility name: FANTROY FAMILY CHILD CARE
Facility eval. code: 8160
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 1475 CHESTNUT AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1475 CHESTNUT AVENUE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "FANTROY, LYDIA "
Licensee type: A
License effective date: 21031
License expiration date: Not Reported
License issue date: 021031
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 020620
Facility closed date: Not Reported
Mailing address: 1475 CHESTNUT AVENUE

Mailing city:	LONG BEACH	
Mailing state:	CA	
Mailing zip:	90813	
Contact person:	"FANTROY, LYDIA "	
Facility capacity:	8	
Type of clients served:	960	
Facility phone:	5622182052	

1455 SRDCCA200703158
ENE
4-6 mi
30516
Higher

EDR ID:	SRDCCA200703158
Facility number:	300608458
Facility name:	"BEDWELL, TERESA "
Facility eval. code:	3405
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	1336 S. MOONSTONE STREET
City:	ANAHEIM
State:	CA
Zip:	92804
Alt. address:	1336 S. MOONSTONE STREET
City:	ANAHEIM
State:	CA
Zip:	92804
Facility investor:	"BEDWELL, TERESA "
Licensee type:	A
License effective date:	940613
License expiration date:	Not Reported
License issue date:	890701
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	1336 S. MOONSTONE STREET
Mailing city:	ANAHEIM
Mailing state:	CA
Mailing zip:	92804
Contact person:	"BEDWELL, TERESA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7149952770

Daycare

JQ1456 SRDCCA200732483
NNE
4-6 mi
30525
Higher

EDR ID:	SRDCCA200732483
Facility number:	304310214
Facility name:	"PADILLA, VIRGINIA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5171 DOVER DRIVE

Daycare

City: LA PALMA
State: CA
Zip: 90623
Alt. address: 5171 DOVER DRIVE
City: LA PALMA
State: CA
Zip: 90623
Facility investor: "PADILLA, VIRGINIA "
Licensee type: A
License effective date: 60629
License expiration date: Not Reported
License issue date: 060629
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 050623
Facility closed date: Not Reported
Mailing address: 5171 DOVER DRIVE
Mailing city: LA PALMA
Mailing state: CA
Mailing zip: 90623
Contact person: "PADILLA, VIRGINIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7142353771

JG1457
WNW
4-6 mi
30532
Higher

SRDCCA200750074
Daycare

EDR ID: SRDCCA200750074
Facility number: 191602046
Facility name: LONG BEACH DAY NURSERY - WEST BRANCH
Facility eval. code: 8140
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 1548 CHESTNUT AVE
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 1548 CHESTNUT AVE
City: LONG BEACH
State: CA
Zip: 90813
Facility investor: "LONG BEACH DAY NURSERY, INC "
Licensee type: C
License effective date: 930727
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, CAPACITY IS 100 CHILDREN INCLUDING 24 CHILDREN IN THE TODDLER OPTION PROGRAM, AGES 18 THRU 30 MONTHS; 76 CHILDREN AGES 2 THRU 6 YEARS. "
Original app. received date: 770822
Facility closed date: Not Reported
Mailing address: 1548 CHESTNUT AVE
Mailing city: L B

Mailing state:	CA
Mailing zip:	90813
Contact person:	LINDA BLACKSHIRE
Facility capacity:	100
Type of clients served:	960
Facility phone:	5625910509

JR1458 SRDCCA200744468
ESE Daycare
4-6 mi
30549
Higher

EDR ID:	SRDCCA200744468
Facility number:	304370205
Facility name:	GOLDEN WEST COLLEGE CHILD DEVELOPMENT CTR.
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	15744 GOLDENWEST STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	15744 GOLDENWEST STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
Licensee type:	C
License effective date:	51012
License expiration date:	Not Reported
License issue date:	051012
Program type:	AMBULATORY CHILDREN. AGES ZERO THROUGH 24 MONTHS. MONDAY THROUGH FRIDAY. 07:00 A.M. TO 6:00 P.M.
Original app. received date:	050822
Facility closed date:	Not Reported
Mailing address:	16582 BROOKHURST STREET
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"BIXLER, SUSAN "
Facility capacity:	28
Type of clients served:	955
Facility phone:	7148958127

JR1459 SRDCCA200755930
ESE Daycare
4-6 mi
30549
Higher

EDR ID:	SRDCCA200755930
Facility number:	304370204
Facility name:	GOLDEN WEST COLLEGE CHILD DEVELOPMENT CTR.
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	15744 GOLDENWEST STREET
City:	HUNTINGTON BEACH
State:	CA

Zip:	92647
Alt. address:	15744 GOLDENWEST STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
Licensee type:	C
License effective date:	51012
License expiration date:	Not Reported
License issue date:	051012
Program type:	AMBULATORY CHILDREN. 24 MONTHS THROUGH 5 YEARS OLD. MONDAY THROUGH FRIDAY. 07:00 A.M. TO 6:00 P.M.
Original app. received date:	050822
Facility closed date:	Not Reported
Mailing address:	16582 BROOKHURST STREET
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"BIXLER, SUSAN "
Facility capacity:	68
Type of clients served:	950
Facility phone:	7148958127

JR1460 SRHO20070159581
ESE AHA Hospitals
4-6 mi
30549
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GLDEN WEST COLLEGE STUDENT HEALTH SVCS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051004
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1046225
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	15744 GOLDEN WEST STREET
Phone num:	7148958382
Termination reason:	00
Term Date:	20071003
Purpose of action:	Not Reported
Provider control:	07
Zip:	92647

Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159581

JD1461 SRDCCA200731506
NNE
4-6 mi
30559
Higher
Daycare

EDR ID:	SRDCCA200731506
Facility number:	198012003
Facility name:	SALINAS FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12240 EBERLE PLACE
City:	CERRITOS
State:	CA
Zip:	90703
Alt. address:	12240 EBERLE PLACE
City:	CERRITOS
State:	CA
Zip:	90703
Facility investor:	GABRIELA SALINAS
Licensee type:	A
License effective date:	50901
License expiration date:	Not Reported
License issue date:	050901
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050819
Facility closed date:	Not Reported
Mailing address:	12240 EBERLE DRIVE
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90703
Contact person:	"SALINAS, GABRIELA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624025001

JS1462 SRHO20070108758
NE
4-6 mi
30566
Higher
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	1

Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020416
Medicare/Medicaid:	1
Facility name:	REHAB USA
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20000504
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	556534
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	5721 LINCOLN AVE, SUITE F
Phone num:	7144843103
Termination reason:	01
Term Date:	20030801
Purpose of action:	2
Provider control:	06
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108758

JT1463
WNW
4-6 mi
30576
Higher

SRDCCA200711714
Daycare

EDR ID:	SRDCCA200711714
Facility number:	198005410
Facility name:	SANDFORD FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	215 E. BURNETT STREET
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	215 E. BURNETT STREET
City:	LONG BEACH
State:	CA
Zip:	90806

Facility investor: "SANDFORD, LORRAINE "
Licensee type: A
License effective date: 990810
License expiration date: Not Reported
License issue date: 990810
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 990719
Facility closed date: Not Reported
Mailing address: 215 E. BURNETT STREET
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "SANDFORD, LORRAINE "
Facility capacity: 14
Type of clients served: 960
Facility phone: 5624242511

JS1464 SRDCCA200707618
NE
4-6 mi
30589
Higher

EDR ID: SRDCCA200707618 Daycare
Facility number: 304202694
Facility name: "COUCH, PAMELA "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5682 DANNY
City: CYPRESS
State: CA
Zip: 90630
Alt. address: 5682 DANNY
City: CYPRESS
State: CA
Zip: 90630
Facility investor: "COUCH, PAMELA "
Licensee type: A
License effective date: 961121
License expiration date: Not Reported
License issue date: 961121
Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date: 960823
Facility closed date: Not Reported
Mailing address: 5682 DANNY
Mailing city: CYPRESS
Mailing state: CA
Mailing zip: 90630
Contact person: "COUCH, PAMELA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148275682

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JU1465			SRHO20070006475
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
30596	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19961016	
	Medicare/Medicaid:	2	
	Facility name:	JENYMEL'S HOME	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19910606	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G512	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	6321 ROSEMARY DRIVE	
	Phone num:	7147615819	
	Termination reason:	05	
	Term Date:	19961130	
	Purpose of action:	3	
	Provider control:	02	
	Zip:	90630	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006475	

JU1466			SRHO20070107951
NE	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
30596	Owner date:	Not Reported	
Higher	City:	CYPRESS	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060223	

Medicare/Medicaid:	1
Facility name:	JENYMEL'S HOME
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC60426F
Partcipation date:	19970220
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G059
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	6321 ROSEMARY DRIVE
Phone num:	7147615819
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107951

JV1467
North
4-6 mi
30620
Higher

SRDCCA200707303
Daycare

EDR ID:	SRDCCA200707303
Facility number:	198002985
Facility name:	GUETTLER FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5138 CARFAX AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	5138 CARFAX AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"GUETTLER, TONIA "
Licensee type:	A
License effective date:	970515
License expiration date:	Not Reported
License issue date:	970515

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED IF "MORE THAN 6 CHILDREN IN CARE.
Original app. received date: 970331
Facility closed date: Not Reported
Mailing address: 5138 CARFAX AVENUE
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "GUETLER, TONIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628671294

JC1468 SRHO20070009415
WNW AHA Hospitals
4-6 mi
30628
Higher

Hospital type: 03
Num of times COO: 00
Owner date: Not Reported
City: LONG BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: 19881013
Medicare/Medicaid: 1
Facility name: COLUMBIA CONVALESCENT HOME
Intermediary/Carrier: 00040
Medicaid number: Not Reported
Partcipation date: 19670101
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 055118
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: L4
street address: 521 E COLUMBIA STREET
Phone num: 2134262557
Termination reason: 01
Term Date: 19890224
Purpose of action: 2
Provider control: 03
Zip: 90806
Fips state: 06
Fips cnty: 037
SSA MSA: 328
SSA MSA size code: A
Date accredited: Not Reported
Accred expire date: Not Reported
Accred Org: Not Reported
Num beds: 0048

Num cert beds: 0048
Source: US_HOSPITAL_POSOTHER
Edr id: SRHO20070009415

JK1469 SRDCCA200716951
ENE EDR ID: SRDCCA200716951 Daycare
4-6 mi Facility number: 304206309
30634 Facility name: "MUNOZ, ANGELICA "
Higher Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 7250 PENN WAY
City: STANTON
State: CA
Zip: 90680
Alt. address: 7250 PENN WAY
City: STANTON
State: CA
Zip: 90680
Facility investor: "MUNOZ, ANGELICA "
Licensee type: A
License effective date: 20118
License expiration date: Not Reported
License issue date: 020118
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 011001
Facility closed date: Not Reported
Mailing address: 7250 PENN WAY
Mailing city: STANTON
Mailing state: CA
Mailing zip: 90680
Contact person: "MUNOZ, ANGELICA "
Facility capacity: 8
Type of clients served: 950
Facility phone: 7147995419

JH1470 SRDCCA200752123
East EDR ID: SRDCCA200752123 Daycare
4-6 mi Facility number: 304270242
30661 Facility name: WESTMINSTER SCHOOL DISTRICT-WEBBER STATE PRESCHOOL
Higher Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 14142 HOOVER STREET
City: WESTMINSTER
State: CA
Zip: 92683

Alt. address:	15151 TEMPLE STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	WESTMINSTER SCHOOL DISTRICT
Licensee type:	F
License effective date:	960710
License expiration date:	Not Reported
License issue date:	960710
Program type:	"2 NON-AMBULATORY, 22 AMBULATORY CHILDREN. AGES 3 THROUGH 5 YEARS OLD. MON-FRI. 0700 AM TO 5:00 PM. PORTABLE C-2. WAIVERS FOR P/S TO SHARE RESTROOMS AND OUTDOOR ACTIVITY "SPACE WITH THE ELEMENTARY SCHOOL.
Original app. received date:	960603
Facility closed date:	Not Reported
Mailing address:	14121 CEDARWOOD AVENUE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	THAMARA WITHANA
Facility capacity:	24
Type of clients served:	950
Facility phone:	7148947388

JH1471
East
4-6 mi
30661
Higher

SRPU20071010657
Public Schools

Ncessch:	064215006917
Schname05:	WEBBER ELEMENTARY
Mstreet05:	14142 HOOVER ST.
Mcity05:	WESTMINSTER
Mstate05:	CA
Mzip05:	92683
Mzip405:	4312
Member05:	468
Phone05:	(714) 894-7288
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071010657

JW1472
West
4-6 mi
30670
Higher

SRHO20070108152
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19950331
Medicare/Medicaid:	1
Facility name:	AKL HOME CARE, INC

Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19950411
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	557521
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	400 OCEAMGATE, STE 220
Phone num:	3104321828
Termination reason:	01
Term Date:	19970620
Purpose of action:	1
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108152

JW1473 SRPS20071200021
West Prisons
4-6 mi
30676
Higher

Address type:	Physical Address
Facility name:	LONG BEACH
Facility type:	COMMUNITY CORRECTIONS OFFICE
Street:	501 W. OCEAN BLVD., STE 3260
City:	LONG BEACH
State:	CA
Zipcode:	90802
Phone number:	(562) 980-3536
Fax:	(562) 980-3543
Edr id:	SRPS20071200021

JW1474 SRPS20071200517
West Prisons
4-6 mi
30676
Higher

Address type:	Staff Mail
Facility name:	LONG BEACH
Facility type:	COMMUNITY CORRECTIONS OFFICE
Street:	501 W. OCEAN BLVD., STE 3260
City:	LONG BEACH
State:	CA
Zipcode:	90802
Phone number:	Not Reported
Fax:	Not Reported
Edr id:	SRPS20071200517

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

JV1475 SRDCCA200704317
North EDR ID: SRDCCA200704317 Daycare
4-6 mi Facility number: 191607554
30696 Facility name: SELTZER FAMILY DAY CARE
Higher Facility eval. code: 7110
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 5154 CARFAX
City: LAKEWOOD
State: CA
Zip: 90713
Alt. address: 5154 CARFAX
City: LAKEWOOD
State: CA
Zip: 90713
Facility investor: "SELTZER, MARILYN L. "
Licensee type: A
License effective date: 950204
License expiration date: Not Reported
License issue date: 920204
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 920109
Facility closed date: Not Reported
Mailing address: 5154 CARFAX
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90713
Contact person: "SELTZER, MARILYN L. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5629202727

JX1476 SRDCCA200739260
West EDR ID: SRDCCA200739260 Daycare
4-6 mi Facility number: 198013216
30713 Facility name: TYES FAMILY CHILD CARE
Higher Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 428 DAISY AVE.
City: LONG BEACH
State: CA
Zip: 90802
Alt. address: 428 DAISY AVE.
City: LONG BEACH
State: CA
Zip: 90802
Facility investor: YOLANDA TYES

Licensee type:	A
License effective date:	70523
License expiration date:	Not Reported
License issue date:	070523
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	070213
Facility closed date:	Not Reported
Mailing address:	428 DAISY AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	"TYES, YOLANDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624356653

JR1477
ESE
4-6 mi
30731
Higher

SRDCCA200748409
Daycare

EDR ID:	SRDCCA200748409
Facility number:	300602372
Facility name:	GRACE PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	6931 EDINGER AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	6931 EDINGER AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	GRACE LUTHERAN CHURCH
Licensee type:	C
License effective date:	931011
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY CHILDREN. AGES 2-6 YEARS OLD. MON-FRI, 7:00AM TO 6:00PM. "
Original app. received date:	770914
Facility closed date:	Not Reported
Mailing address:	6931 EDINGER AVENUE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"KNIGHT, CHERYL "
Facility capacity:	196
Type of clients served:	950
Facility phone:	7148941070

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

JY1478
East
4-6 mi
30737
Higher

SRDCCA200736812
Daycare

EDR ID:	SRDCCA200736812
Facility number:	304310540
Facility name:	"DAO, TOAN "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	13502 EVERGREEN STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	13502 EVERGREEN STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"DAO, TOAN "
Licensee type:	A
License effective date:	60713
License expiration date:	Not Reported
License issue date:	060713
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060619
Facility closed date:	Not Reported
Mailing address:	13502 EVERGREEN STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"DAO, TOAN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148966648

JN1479
NNW
4-6 mi
30738
Higher

SRDCCA200702597
Daycare

EDR ID:	SRDCCA200702597
Facility number:	191604868
Facility name:	KLAPPROTH FAMILY DAY CARE
Facility eval. code:	8140
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3736 FAIRMAN STREET
City:	LAKEWOOD
State:	CA
Zip:	90712
Alt. address:	3736 FAIRMAN STREET
City:	LAKEWOOD
State:	CA
Zip:	90712
Facility investor:	"KLAPPROTH, CONNIE MARIE "
Licensee type:	A

License effective date: 930406
License expiration date: Not Reported
License issue date: 900406
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 900220
Facility closed date: Not Reported
Mailing address: 3736 FAIRMAN STREET
Mailing city: "LAKEWOOD, "
Mailing state: CA
Mailing zip: 90712
Contact person: "KLAPPROTH, CONNIE M. "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624296623

JL1480 SRDCCA200736868
WNW EDR ID: SRDCCA200736868 Daycare
4-6 mi Facility number: 198012696
30743 Facility name: FOSTER FAMILY CHILD CARE
Higher Facility eval. code: 8150
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 232 WEST 21ST
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 232 WEST 21ST
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: LOLA MAE FOSTER
Licensee type: A
License effective date: 61116
License expiration date: Not Reported
License issue date: 061116
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060622
Facility closed date: Not Reported
Mailing address: 232 WEST 21ST
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: "FOSTER, LOLA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5628269803

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

JX1481 — SRDCCA200715639
West — Daycare
4-6 mi
30748
Higher

EDR ID:	SRDCCA200715639
Facility number:	192005884
Facility name:	LOVE FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	527 DAISY AVE
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	527 DAISY AVE
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	"LOVE, LAKEYSHA "
Licensee type:	A
License effective date:	10220
License expiration date:	Not Reported
License issue date:	010220
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	001208
Facility closed date:	Not Reported
Mailing address:	527 DAISY AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	"LOVE, LAKEYSHIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629014078

JX1482 — SRDCCA200721779
West — Daycare
4-6 mi
30748
Higher

EDR ID:	SRDCCA200721779
Facility number:	198009050
Facility name:	PADILLA FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	529 DAISY
City:	LONG BEACH
State:	CA
Zip:	90802
Alt. address:	529 DAISY
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	"PADILLA, GLORIA "
Licensee type:	A

License effective date:	30527
License expiration date:	Not Reported
License issue date:	030527
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP. 8 - NO MORE THAN 2 INFANTS,1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	030401
Facility closed date:	Not Reported
Mailing address:	529 DAISY
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	"PADILLA, GLORIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624362198

JL1483
WNW
4-6 mi
30769
Higher

SRHO20070153225
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHOK P WAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0988440
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2153 PACIFIC AVE PO BOX 6096
Phone num:	5624278971
Termination reason:	00
Term Date:	20070626
Purpose of action:	Not Reported
Provider control:	02
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070153225	

JL1484 SRHO20070138100
WNW AHA Hospitals
4-6 mi
30769
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19970703
Medicare/Medicaid:	1
Facility name:	PAK T YEE MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0673737
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2153 PACIFIC AVE
Phone num:	3104278971
Termination reason:	12
Term Date:	20011031
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138100

JC1485 SRHO20070131789
WNW AHA Hospitals
4-6 mi
30773
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19981218
Medicare/Medicaid:	1
Facility name:	MEMORIAL DERMATOLOGICAL
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554415
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	532 E 29TH ST
Phone num:	3104244222
Termination reason:	12
Term Date:	19990430
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131789

JJ1486 SRHO20070006900
East AHA Hospitals
4-6 mi
30778
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19870604
Medicare/Medicaid:	1
Facility name:	HOLIDAY HOUSE, LTD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site	EDR ID / Database

Partcipation date:	19870604
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G265
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	7571 WYOMING ST
Phone num:	7148970395
Termination reason:	01
Term Date:	19880408
Purpose of action:	1
Provider control:	02
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0099
Num cert beds:	0099
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006900

JJ1487
East
4-6 mi
30778
Higher

SRHO20070007546
AHA Hospitals

Hospital type:	02
Num of times COO:	02
Owner date:	19860301
City:	WESTMINISTER
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19850802
Medicare/Medicaid:	2
Facility name:	LIFE CARE HOMES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19850215
Prior COO date:	19850215
Prior carrier:	Not Reported
Provider ID:	05G133
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	7571 WYOMING ST

Phone num:	7148970395
Termination reason:	05
Term Date:	19880531
Purpose of action:	3
Provider control:	02
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0099
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007546

JP1488 SRDCCA200700877
West
4-6 mi
30777
Higher

EDR ID:	SRDCCA200700877
Facility number:	197803075
Facility name:	HV GROUP HOME
Facility eval. code:	2001
Facility office number:	32
Facility county number:	19
Facility type code:	730
Facility status code:	03
Address:	490 WEST 14TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	490 WEST 14TH STREET
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"H.V. GROUP HOME, INC. "
Licensee type:	C
License effective date:	216
License expiration date:	Not Reported
License issue date:	000216
Program type:	"LICENSE FOR 29 AMBULATORY CHILDREN AGES 11-17 YEARS, PROVIDED THAT THETOTAL CAPACITY OF THE SKILLED NURSING FACILITY AND THE GROUP HOME DOESNOT EXCEED 65. "
Original app. received date:	991217
Facility closed date:	Not Reported
Mailing address:	490 WEST 14TH STREET
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	MARYAM RIBADU
Facility capacity:	29
Type of clients served:	950
Facility phone:	5625918701

Daycare

MAP FINDINGS

Map ID / Direction / Distance / Distance (ft.) / Elevation	Site		EDR ID / Database
JP1489			SRHO20070005259
West	Hospital type:	02	AHA Hospitals
4-6 mi	Num of times COO:	00	
30777	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20051130	
	Medicare/Medicaid:	1	
	Facility name:	HARBOR VIEW CARE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	940000100	
	Partcipation date:	19891027	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05A376	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	L4	
	street address:	490 W. 14TH STREET	
	Phone num:	5625918701	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	90813	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0039	
	Num cert beds:	0039	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070005259	

JP1490			SRHO20070141757
West	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30777	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	HARBOR VIEW ADOLESCENT CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0712091
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	490 W 14TH STREET
Phone num:	5625918701
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070141757

JP1491
West
4-6 mi
30777
Higher

SRHO20070006438
AHA Hospitals

Hospital type:	02
Num of times COO:	02
Owner date:	19860501
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19870624
Medicare/Medicaid:	2
Facility name:	SEASIDE CARE CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19781101
Prior COO date:	19831201
Prior carrier:	Not Reported
Provider ID:	05G023
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	490 W 14TH ST
Phone num:	2135918701
Termination reason:	05
Term Date:	19870630
Purpose of action:	3
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0099
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006438

JP1492
West
4-6 mi
30777
Higher

SRNH20060901406
Nursing Homes

Provnum:	05A376
Nursinghomename:	HARBOR VIEW CARE CENTER
Street:	490 W. 14TH STREET
City:	LONG BEACH
State:	CA
Zipcode:	90813
Phonenumber:	5625918701
Dateoflastinspection:	20051130
Certifiednumberofbeds:	39
Totalnumberofresidents:	23
Percofoccupiedbeds:	59
Categorydescription:	Participating in Medicaid Only
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060901406

JP1493
West
4-6 mi
30777
Higher

SRPR20051022808
Private Schools

Pss school id:	A9101287
Pss inst:	REGENCY HIGH SCHOOL
Lograde:	7
Higrade:	12
Pss address:	490 W 14TH ST
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90813
Pss phone:	5625918701

Pss sch days:	210
Pss stu day hrs:	5.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	2
Pss enroll 8:	3
Pss enroll 9:	3
Pss enroll 10:	16
Pss enroll 11:	10
Pss enroll 12:	19
Pss enroll t:	53
Pss enroll tk12:	53
Pss race ai:	0
Pss race as:	0
Pss race h:	21
Pss race b:	21
Pss race w:	11
Pss fte teach:	5
Pss locale:	1
Pss coed:	1
Pss type:	4
Pss level:	2
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	39.62
Pss black pct:	39.62
Pss white pct:	20.75
Pss stdtch rt:	10.6
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022808

1494 SRDCCA200735218
SE EDR ID: SRDCCA200735218 Daycare
4-6 mi Facility number: 304310446
30805 Facility name: "CONIGLIO, THERESE "
Higher Facility eval. code: 3404

Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6301 WARNER AVE. #46
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	6301 WARNER AVE. #46
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"CONIGLIO, THERESE "
Licensee type:	A
License effective date:	60424
License expiration date:	Not Reported
License issue date:	060424
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060308
Facility closed date:	Not Reported
Mailing address:	6301 WARNER AVE. #46
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"CONIGLIO, THERESE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148456232

JR1495
ESE
4-6 mi
30825
Higher

SRDCCA200749098
Daycare

EDR ID:	SRDCCA200749098
Facility number:	304270537
Facility name:	HERITAGE MONTESSORI SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	15881 GOLDENWEST ST.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	15881 GOLDENWEST ST.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"AMERICUS EDUCATION, INC. "
Licensee type:	D
License effective date:	990115
License expiration date:	Not Reported
License issue date:	990115
Program type:	"AMBULATORY CHILDREN, AGES 2 YEARS TO 5 YEARS. MONDAY THROUGH FRIDAY. HOURS: 7:00AM TO 6:00PM. "

Original app. received date:	981104
Facility closed date:	Not Reported
Mailing address:	19032 POPPY HILL CIR.
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"EATON, REHANNA "
Facility capacity:	59
Type of clients served:	950
Facility phone:	7148919921

JR1496
ESE
4-6 mi
30825
Higher

SRPR20051023989
Private Schools

Pss school id:	BB020325
Pss inst:	HERITAGE MONTESSORI
Lograde:	K
Higrade:	5
Pss address:	15881 GOLDENWEST ST
Pss city:	OCEAN VIEW
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92647
Pss phone:	7148919921
Pss sch days:	235
Pss stu day hrs:	6.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	0
Pss enroll k:	30
Pss enroll 1:	10
Pss enroll 2:	10
Pss enroll 3:	10
Pss enroll 4:	10
Pss enroll 5:	10
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	80
Pss enroll tk12:	80
Pss race ai:	1
Pss race as:	20
Pss race h:	10
Pss race b:	4
Pss race w:	45
Pss fte teach:	4
Pss locale:	3
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3

Pss comm type:	2
Pss indian pct:	1.25
Pss asian pct:	25
Pss hisp pct:	12.5
Pss black pct:	5
Pss white pct:	56.25
Pss stdtch rt:	20
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023989

JL1497
WNW
4-6 mi
30828
Higher

SRDCCA200751213
Daycare

EDR ID:	SRDCCA200751213
Facility number:	198005888
Facility name:	PACIFIC HEAD START
Facility eval. code:	9070
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2179 PACIFIC AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2898 ORANGE AVE
City:	SIGNAL HILL
State:	CA
Zip:	90806
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	1107
License expiration date:	Not Reported
License issue date:	000907
Program type:	LICENSEE SERVES CHILDREN AGES 2 YEARS UNTIL ENTRY INTO KINDERGARTEN. ONE CHILD MAY BE NON-AMBULATORY. WAIVER ON OUTDOOR ACTIVITY SPACE.
Original app. received date:	000315
Facility closed date:	Not Reported
Mailing address:	2898 ORANGE AVE
Mailing city:	SIGNAL HILL
Mailing state:	CA
Mailing zip:	90806
Contact person:	"LEK, EMELY "
Facility capacity:	75
Type of clients served:	950
Facility phone:	5624270833

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

JO1498 SRDCCA200725828
NNE EDR ID: SRDCCA200725828 Daycare
4-6 mi Facility number: 304300556
30832 Facility name: "YOU, MYUNG-JOO "
Higher Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 8312 BELLHAVEN STREET
City: LA PALMA
State: CA
Zip: 90623
Alt. address: 8312 BELLHAVEN STREET
City: LA PALMA
State: CA
Zip: 90623
Facility investor: "YOU, MYUNG-JOO "
Licensee type: A
License effective date: 40114
License expiration date: Not Reported
License issue date: 040114
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 031215
Facility closed date: Not Reported
Mailing address: 8312 BELLHAVEN STREET
Mailing city: LA PALMA
Mailing state: CA
Mailing zip: 90623
Contact person: "YOU, MYUNG-JOO "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7142260005

JZ1499 SRHO20070159352
NW Hospital type: 01 AHA Hospitals
4-6 mi Num of times COO: 00
30833 Owner date: Not Reported
Higher City: LONG BEACH
Has plan of corr: Not Reported
Compliance status: Not Reported
SSA county code: 200
Cross ref number: Not Reported
FMS survey date: Not Reported
Current survey date: Not Reported
Medicare/Medicaid: Not Reported
Facility name: A-1 HEALTHCARE MANAGEMENT INC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 20030709
Prior COO date: Not Reported
Prior carrier: Not Reported

Provider ID:	05D1014559
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1050 EAST WARDLOW ROAD, SUITE #101
Phone num:	5629977242
Termination reason:	00
Term Date:	20070708
Purpose of action:	Not Reported
Provider control:	04
Zip:	90807
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159352

JZ1500
NW
4-6 mi
30833
Higher

SRHO20070011668
AHA Hospitals

Hospital type:	01
Num of times COO:	01
Owner date:	20060402
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20041117
Medicare/Medicaid:	1
Facility name:	MADISON HOME HEALTH CARE
Intermediary/Carrier:	00454
Medicaid number:	HHA08284F
Partcipation date:	20041117
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	058284
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	1050 E WARDLOW ROAD, SUITE 101
Phone num:	5629977242
Termination reason:	00
Term Date:	Not Reported

Purpose of action:	1
Provider control:	04
Zip:	90807
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	2
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011668

1501
North
4-6 mi
30861
Higher

SRDCCA200732533
Daycare

EDR ID:	SRDCCA200732533
Facility number:	198011863
Facility name:	JEFFERSON FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	11162 GONSALVES PL.
City:	CERRITOS
State:	CA
Zip:	90703
Alt. address:	11162 GONSALVES PL.
City:	CERRITOS
State:	CA
Zip:	90703
Facility investor:	"JEFFERSON, SHERMAL "
Licensee type:	A
License effective date:	50909
License expiration date:	Not Reported
License issue date:	050909
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050711
Facility closed date:	Not Reported
Mailing address:	11162 GONSALVES PL.
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90703
Contact person:	"JEFFERSON, SHERMAL "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628605041

JV1502
North
4-6 mi
30862
Higher

SRDCCA200715990
Daycare

EDR ID:	SRDCCA200715990
Facility number:	198007251

Facility name:	HUIZA FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6357 DASHWOOD STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	6357 DASHWOOD STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"HUIZA, CLAUDIA "
Licensee type:	A
License effective date:	20524
License expiration date:	Not Reported
License issue date:	020524
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	011213
Facility closed date:	Not Reported
Mailing address:	6357 DASHWOOD STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"HUIZA, CLAUDIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629252358

KA1503
NW
4-6 mi
30864
Higher

SRDCCA200708533
Daycare

EDR ID:	SRDCCA200708533
Facility number:	198001821
Facility name:	"POLO, ROSALBA FAMILY DAY CARE "
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4255 PARAMOUNT BLVD.
City:	LAKEWOOD
State:	CA
Zip:	90712
Alt. address:	4255 PARAMOUNT BLVD.
City:	LAKEWOOD
State:	CA
Zip:	90712
Facility investor:	"POLO, ROSALBA "
Licensee type:	A
License effective date:	960201
License expiration date:	Not Reported
License issue date:	960201

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date: 960108
Facility closed date: Not Reported
Mailing address: 4255 PARAMOUNT BLVD.
Mailing city: LAKEWOOD
Mailing state: CA
Mailing zip: 90712
Contact person: "POLO, ROSALBA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624213579

JQ1504 SRDCCA200732232
NNE EDR ID: SRDCCA200732232 Daycare
4-6 mi Facility number: 304310260
30867 Facility name: "AGORAMURTHY, KARPAGAM "
Higher Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 5197 BANBURY CIRCLE
City: LAPALMA
State: CA
Zip: 90623
Alt. address: 5197 BANBURY CIRCLE
City: LAPALMA
State: CA
Zip: 90623
Facility investor: "AGORAMURTHY, KARPAGAM "
Licensee type: A
License effective date: 50922
License expiration date: Not Reported
License issue date: 050922
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 050818
Facility closed date: Not Reported
Mailing address: 5197 BANBURY CIRCLE
Mailing city: LAPALMA
Mailing state: CA
Mailing zip: 90623
Contact person: "AGORAMURTHY, KARPAGAM "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148210884

KB1505 SRDCCA200748528
ESE EDR ID: SRDCCA200748528 Daycare
4-6 mi Facility number: 300600219
30877
Higher

Facility name:	COMMUNITY METHODIST NURSERY SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	6652 HEIL AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	6652 HEIL AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	COMMUNITY UNITED METHODIST CHURCH
Licensee type:	C
License effective date:	931101
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY CHILDREN. 2.6 YEARS THROUGH 5 YEARS OF AGE. MONDAY THROUGH FRIDAY. HALF DAY; 8:45 A.M. TO 11:45 A.M.
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	6652 HEIL AVENUE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	VICKI COMPEAN
Facility capacity:	84
Type of clients served:	950
Facility phone:	7148421630

JE1506 SRHO20070139300
SE AHA Hospitals
4-6 mi
30906
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	OCEANVIEW SCHOOL DISTRICT HEALTH SERV
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930301
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0698386
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA

ssa state:	05
state region cd:	LAB
street address:	17200 PINEHURST
Phone num:	7148472551
Termination reason:	12
Term Date:	19990908
Purpose of action:	Not Reported
Provider control:	07
Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139300

JX1507
West
4-6 mi
30903
Higher

SRHO20070146565
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19980224
Medicare/Medicaid:	1
Facility name:	XAVIER FAMILY MED CLNC/A PROF CORP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19960530
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0915510
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	630 W 3RD STREET
Phone num:	5625902241
Termination reason:	08
Term Date:	20060315
Purpose of action:	1
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037

SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146565

JX1508
West
4-6 mi
30903
Higher

SRHO20070156524
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HA SON NGUYEN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020702
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1001187
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	630 W 3RD STREET
Phone num:	5625902241
Termination reason:	00
Term Date:	20080701
Purpose of action:	Not Reported
Provider control:	04
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156524

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JJ1509			SRHO20070137364
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30914	Owner date:	Not Reported	
Higher	City:	WESTMINSTER	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19950908	
	Medicare/Medicaid:	1	
	Facility name:	MULLIKIN MEDICAL CENTER WESTMINSTER	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0580219	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	7632 21ST	
	Phone num:	7148931321	
	Termination reason:	12	
	Term Date:	19980416	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92683	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070137364	

1510			SRHO20070155706
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30914	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	RALPHS PHARMACY #196
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000822
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0977246
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2250 E CARSON ST
Phone num:	3108844722
Termination reason:	00
Term Date:	20080821
Purpose of action:	Not Reported
Provider control:	04
Zip:	90807
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070155706

1511
WNW
4-6 mi
30924
Higher

SRHO20070154957
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	AZRA A NISAR MD FAMILY MEDICAL PED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020515
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0999543
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2240 PACIFIC AVE, SUITE A
Phone num:	5624984510
Termination reason:	00
Term Date:	20080514
Purpose of action:	Not Reported
Provider control:	04
Zip:	90804
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154957

JZ1512
NW
4-6 mi
30925
Higher

SRHO20070149803
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	DARNELL HOME HEALTH SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19951229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0910179
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1051 EAST WARDLOW ROAD
Phone num:	5624244660
Termination reason:	08
Term Date:	20051228
Purpose of action:	Not Reported
Provider control:	02
Zip:	90807
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070149803

JZ1513 SRHO20070109042
NW AHA Hospitals
4-6 mi
30925
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20010101
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20040610
Current survey date:	20040206
Medicare/Medicaid:	2
Facility name:	DARNELL HH SRVS
Intermediary/Carrier:	00454
Medicaid number:	HHA57658F
Partcipation date:	19960116
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	557658
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L1
street address:	1051 EAST WARDLOW ROAD
Phone num:	5624244660
Termination reason:	05
Term Date:	20040804
Purpose of action:	2
Provider control:	04
Zip:	90807
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070109042

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

JI1514 — SRDCCA200703673
North — Daycare
4-6 mi
30927
Higher

EDR ID:	SRDCCA200703673
Facility number:	191610770
Facility name:	MORENO FAMILY DAY CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6139 MCKNIGHT
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	6139 MCKNIGHT
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"MORENO, MARCELINA "
Licensee type:	A
License effective date:	950614
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	820602
Facility closed date:	Not Reported
Mailing address:	6139 MCKNIGHT
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"MORENO, MARCELINA "
Facility capacity:	12
Type of clients served:	960
Facility phone:	5629209283

JJ1515 — SRHO20070147417
East — AHA Hospitals
4-6 mi
30932
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PRAKASH BONDADE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970313
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0926058
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	7631 WYOMING ST STE 103
Phone num:	7148957988
Termination reason:	08
Term Date:	20050312
Purpose of action:	Not Reported
Provider control:	02
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147417

JJ1516
East
4-6 mi
30932
Higher

SRHO20070148397
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19991203
Medicare/Medicaid:	1
Facility name:	RAYMOND J MAURER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19971027
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0935297
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	7631 WYOMING STREET #203
Phone num:	7148999932
Termination reason:	12
Term Date:	20011130

Purpose of action:	2
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148397

JJ1517
East
4-6 mi
30932
Higher

SRHO20070143495
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	TOAN QUOC TRAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931022
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0878309
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	7631 WYOMING STREET,#203
Phone num:	7143790199
Termination reason:	00
Term Date:	20080627
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070143495	

JT1518 SRDCCA200736842
WNW EDR ID: SRDCCA200736842 Daycare
4-6 mi Facility number: 198012660
30945 Facility name: ORELLANA FAMILY CHILD CARE
Higher Facility eval. code: 6170
Facility office number: 33
Facility county number: 19
Facility type code: 810
Facility status code: 03
Address: 2476 EARL AVE.
City: LONG BEACH
State: CA
Zip: 90806
Alt. address: 2476 EARL AVE.
City: LONG BEACH
State: CA
Zip: 90806
Facility investor: MARIA ORELLANA
Licensee type: A
License effective date: 60809
License expiration date: Not Reported
License issue date: 060809
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date: 060616
Facility closed date: Not Reported
Mailing address: 2476 EARL AVE.
Mailing city: LONG BEACH
Mailing state: CA
Mailing zip: 90806
Contact person: MARIA ORELLANA
Facility capacity: 8
Type of clients served: 960
Facility phone: 5624260824

JX1519 SRDCCA200750699
West EDR ID: SRDCCA200750699 Daycare
4-6 mi Facility number: 191604502
30947 Facility name: EDISON CHILD DEVELOPMENT CENTER
Higher Facility eval. code: 9130
Facility office number: 33
Facility county number: 19
Facility type code: 850
Facility status code: 03
Address: 640 W. 7TH STREET
City: LONG BEACH
State: CA
Zip: 90813
Alt. address: 2209 SEABRIGHT AVE.

City:	LONG BEACH
State:	CA
Zip:	90810
Facility investor:	LONG BEACH UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	931106
License expiration date:	Not Reported
License issue date:	900806
Program type:	SERVES AMBULATORY CHILDREN AGES 2 UNTIL ENTRY INTO KINDERGARTEN.
Original app. received date:	891011
Facility closed date:	Not Reported
Mailing address:	2209 SEABRIGHT AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90810
Contact person:	PEARLIE BAILEY
Facility capacity:	84
Type of clients served:	950
Facility phone:	5624376114

KC1520
NNW
4-6 mi
30951
Higher

SRDCCA200705921
Daycare

EDR ID:	SRDCCA200705921
Facility number:	198000703
Facility name:	"JAINOOR, CARMEN & MOHAMED FAMILY DAY CARE "
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5012 HERSHOLT AVE.
City:	LAKEWOOD
State:	CA
Zip:	90712
Alt. address:	5012 HERSHOLT AVE.
City:	LAKEWOOD
State:	CA
Zip:	90712
Facility investor:	"JAINOOR, CARMEN J. & MOHAMED R. "
Licensee type:	A
License effective date:	941031
License expiration date:	Not Reported
License issue date:	941031
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	940930
Facility closed date:	Not Reported
Mailing address:	5012 HERSHOLT AVE.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90712
Contact person:	"JAINOOR, CARMEN/MOHAMED "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5628673291

MAP FINDINGS

Map ID
Direction
Distance
Distance (ft.)
Elevation **Site** **EDR ID** **Database**

JI1521 SRDCCA200702052
North Daycare
4-6 mi
30964
Higher

EDR ID:	SRDCCA200702052
Facility number:	191612923
Facility name:	SIDES FAMILY DAY CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	6128 MCKNIGHT DR.
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	6128 MCKNIGHT DR.
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"SIDES, PAMELA J. "
Licensee type:	A
License effective date:	941011
License expiration date:	Not Reported
License issue date:	941011
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS WHO ARE IN THE HOME WITH NO MORE THAN 3 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD) OR 8 CHILDREN WHEN 2 CHILDREN ARE AT "LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS. DECREASE 6/11/03
Original app. received date:	840725
Facility closed date:	Not Reported
Mailing address:	6128 MCKNIGHT DR.
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"SIDES, PAMELA J. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629250528

1522 SRDCCA200723650
ESE Daycare
4-6 mi
30991
Higher

EDR ID:	SRDCCA200723650
Facility number:	304300383
Facility name:	"GOUD, PATRICIA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	7262 SIENA AVENUE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	7262 SIENA AVENUE
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"GOUD, PATRICIA "

Licensee type:	A
License effective date:	40525
License expiration date:	Not Reported
License issue date:	040525
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030805
Facility closed date:	Not Reported
Mailing address:	7262 SIENA AVENUE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"GOUD, PATRICIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148910089

JL1523
WNW
4-6 mi
30992
Higher

SRDCCA200705545
Daycare

EDR ID:	SRDCCA200705545
Facility number:	198000960
Facility name:	KENT FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	2121 CEDAR AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Alt. address:	2121 CEDAR AVE
City:	LONG BEACH
State:	CA
Zip:	90806
Facility investor:	"KENT, DORA "
Licensee type:	A
License effective date:	951020
License expiration date:	Not Reported
License issue date:	951020
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950124
Facility closed date:	Not Reported
Mailing address:	2121 CEDAR AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90806
Contact person:	"KENT, DORA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5622182016

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JM1524			SRHO20070160148
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30999	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SAV ON DRUGS #9458	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050310	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1038082	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	233 E WILLOW STREET	
	Phone num:	5629899868	
	Termination reason:	00	
	Term Date:	20070309	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070160148	

JT1525			SRHO20070158193
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31000	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	ALLIANCE HEALTH PACIFIC CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000713
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0975696
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2272 PACIFIC AVE
Phone num:	3105345590
Termination reason:	08
Term Date:	20040712
Purpose of action:	Not Reported
Provider control:	04
Zip:	90805
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158193

1526
West
4-6 mi
31023
Higher

SRDCCA200738284
Daycare

EDR ID:	SRDCCA200738284
Facility number:	198013000
Facility name:	ROSALES FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1136 DAISY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1136 DAISY AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	MARIA GLORIA ROSALES
Licensee type:	A
License effective date:	70109
License expiration date:	Not Reported
License issue date:	070109

Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	061012
Facility closed date:	Not Reported
Mailing address:	1136 DAISY AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"ROSALES, MARIA GLORIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5624370854

JF1527
NE
4-6 mi
31033
Higher

SRCL20051000211
Colleges

Unitid:	113236
Instnm:	CYPRESS COLLEGE
Addr:	9200 VALLEY VIEW
City:	CYPRESS
Stabbr:	CA
Zip:	90630
Zip4:	5897
Unk:	Not Reported
Fips:	090630
Oberge:	8
Chfnm:	MARJORIE D LEWIS
Chftitle:	PRESIDENT
Gentele:	7144847000
Fintele:	7144847114
Admtele:	7144847346
Ein:	952394131
Duns:	72521404
Opeid:	119300
Opeflag:	1
Webaddr:	www.cypresscollege.edu
Sector:	4
Iclevel:	2
Control:	1
Hloffer:	3
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	40
Deggrant:	1
Hbcu:	2
Hospital:	2
Medical:	2
Tribal:	2
Carnegie:	40
Locale:	3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2

Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	1
Fte:	7914
Enrtot:	13299
Edr id:	SRCL20051000211

JP1528 SRDCCA200724610
WNW Daycare
4-6 mi
31050
Higher

EDR ID:	SRDCCA200724610
Facility number:	198010463
Facility name:	GUTIERREZ FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1526 MAGNOLIA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	1526 MAGNOLIA AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"GUTIERREZ, SUSAN "
Licensee type:	A
License effective date:	60516
License expiration date:	Not Reported
License issue date:	060516
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040420
Facility closed date:	Not Reported
Mailing address:	1526 MAGNOLIA AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"GUTIERREZ, SUSAN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625993803

JU1529 SRDCCA200717848
NE Daycare
4-6 mi
31072
Higher

EDR ID:	SRDCCA200717848
Facility number:	304206786
Facility name:	"SOLIMAN, SABAH "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810

Facility status code:	03
Address:	6501 MT. WHITNEY DRIVE
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	6501 MT. WHITNEY DRIVE
City:	BUENA PARK
State:	CA
Zip:	90620
Facility investor:	"SOLIMAN, SABAH "
Licensee type:	A
License effective date:	21030
License expiration date:	Not Reported
License issue date:	021030
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020724
Facility closed date:	Not Reported
Mailing address:	6501 MT. WHITNEY DRIVE
Mailing city:	BUENA PARK
Mailing state:	CA
Mailing zip:	90620
Contact person:	"SOLIMAN, SABAH "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148265450

1530
SE
4-6 mi
31085
Higher

SRDCCA200714655
Daycare

EDR ID:	SRDCCA200714655
Facility number:	304205987
Facility name:	"PENA, LUCIA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6571 BRAD DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	6571 BRAD DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"PENA, LUCIA "
Licensee type:	A
License effective date:	20321
License expiration date:	Not Reported
License issue date:	020321
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date:	010716
Facility closed date:	Not Reported
Mailing address:	6571 BRAD DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"PENA, LUCIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148426864

JO1531 SRDCCA200708675
NNE 4-6 mi 31111 Higher Daycare

EDR ID:	SRDCCA200708675
Facility number:	304202169
Facility name:	"MILLER, LINDA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8171 SOMERDALE
City:	LA PALMA
State:	CA
Zip:	90623
Alt. address:	8171 SOMERDALE
City:	LA PALMA
State:	CA
Zip:	90623
Facility investor:	"MILLER, LINDA "
Licensee type:	A
License effective date:	960320
License expiration date:	Not Reported
License issue date:	960320
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	951018
Facility closed date:	Not Reported
Mailing address:	8171 SOMERDALE
Mailing city:	LA PALMA
Mailing state:	CA
Mailing zip:	90623
Contact person:	"MILLER, LINDA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7147610789

JX1532 SRPU20071014002
West 4-6 mi 31125 Higher Public Schools

Ncessch:	062250002711
Schname05:	EDISON ELEMENTARY
Mstreet05:	625 MAINE AVE.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90802

Mzip405:	1143
Member05:	1025
Phone05:	(562) 590-8481
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014002

1533 SRDCCA200732341
West Daycare
4-6 mi
31186
Higher

EDR ID:	SRDCCA200732341
Facility number:	198011880
Facility name:	CASTRO FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	748 MAINE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	748 MAINE AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Facility investor:	"CASTRO, GLORIA "
Licensee type:	A
License effective date:	50808
License expiration date:	Not Reported
License issue date:	050808
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	050701
Facility closed date:	Not Reported
Mailing address:	748 MAINE AVENUE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90813
Contact person:	"CASTRO, GLORIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5625907552

KD1534 SRHO20070164227
East AHA Hospitals
4-6 mi
31191
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400

Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PRECISION DIAGNOSTIC LABORATORY INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060921
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1059094
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	280 HOSPITAL CIRCLE SUITE 108
Phone num:	7143739484
Termination reason:	00
Term Date:	20080920
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070164227

KD1535
East
4-6 mi
31191
Higher

SRHO20070133148
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	05D0578544
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KHOSROW MAHDAVI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580057

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	280 HOSPITAL CIR 204
Phone num:	7148914537
Termination reason:	12
Term Date:	19950301
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070133148

KD1536 SRHO20070132850
East
4-6 mi
31191
Higher

AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHERYL L EFFRON MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940324
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580143
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	280 HOSPITAL CIRCLE SUITE 107
Phone num:	7148918818
Termination reason:	17
Term Date:	19940831
Purpose of action:	Not Reported

Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132850

KC1537 SRDCCA200738991
NNW Daycare
4-6 mi
31209
Higher

EDR ID:	SRDCCA200738991
Facility number:	198012851
Facility name:	BARONE FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5013 PREMIERE AVE.
City:	"LAKEWOOD, CA "
State:	CA
Zip:	90712
Alt. address:	5013 PREMIERE AVE.
City:	"LAKEWOOD, CA "
State:	CA
Zip:	90712
Facility investor:	STEFANIE BARONE
Licensee type:	A
License effective date:	61003
License expiration date:	Not Reported
License issue date:	061003
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
Original app. received date:	060824
Facility closed date:	Not Reported
Mailing address:	5013 PREMIERE AVE.
Mailing city:	"LAKEWOOD, CA "
Mailing state:	CA
Mailing zip:	90712
Contact person:	"BARONE, STEFANIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5629259656

KD1538 SRHO20070009164
East AHA Hospitals
4-6 mi
31218
Higher

Hospital type:	01
Num of times COO:	04
Owner date:	20051001

City:	WESTMINSTER
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20011102
Medicare/Medicaid:	1
Facility name:	RAI - HOSPITAL CIRCLE - WESTMINSTER
Intermediary/Carrier:	00101
Medicaid number:	Not Reported
Partcipation date:	19951220
Prior COO date:	20040101
Prior carrier:	00454
Provider ID:	052772
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	290 HOSPITAL CIRCLE
Phone num:	7148953698
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009164

KD1539 SRHO20070148326
East AHA Hospitals
4-6 mi

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RAI CARE CENTERS OF SOUTHERN CALIFORNIA I, LLC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19951013
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0907461
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	290 HOSPITAL CIRCLE
Phone num:	7148953698
Termination reason:	00
Term Date:	20071012
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148326

JT1540
WNW
4-6 mi
31224
Higher

SRHO20070138723
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ATLANTIC PROF SER/FRANK LOWE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930121
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0696287
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2360 PACIFIC AVE SUITE E

Phone num:	3109880352
Termination reason:	08
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138723

KA1541 SRDCCA200704070
NW Daycare
4-6 mi
31227
Higher

EDR ID:	SRDCCA200704070
Facility number:	191609074
Facility name:	DATTARAY FAMILY DAY CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	4212 DEEBOYAR AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90712
Alt. address:	4212 DEEBOYAR AVENUE
City:	LAKEWOOD
State:	CA
Zip:	90712
Facility investor:	"DATTARAY, TAPASRI "
Licensee type:	A
License effective date:	930504
License expiration date:	Not Reported
License issue date:	930504
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	930209
Facility closed date:	Not Reported
Mailing address:	4212 DEEBOYAR AVENUE
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90712
Contact person:	"DATTARAY, TAPASRI "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5624253433

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
JM1542			SRHO20070136123
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31237	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20060718	
	Medicare/Medicaid:	1	
	Facility name:	FAMILY PLANNING ASSOCIATES MEDICAL	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0668307	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2777 LONG BEACH BOULEVARD, SUITE 200	
	Phone num:	5625955653	
	Termination reason:	00	
	Term Date:	20070322	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070136123	

1543			SRDCCA200708657
North	EDR ID:	SRDCCA200708657	Daycare
4-6 mi	Facility number:	198001541	
31243	Facility name:	"MATTHEWS, TONIA FAMILY DAY CARE "	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5875 DASHWOOD	
	City:	LAKEWOOD	

State:	CA
Zip:	90713
Alt. address:	5875 DASHWOOD
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"MATTHEWS, TONIA "
Licensee type:	A
License effective date:	960118
License expiration date:	Not Reported
License issue date:	960118
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
Original app. received date:	950831
Facility closed date:	Not Reported
Mailing address:	5875 DASHWOOD
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90713
Contact person:	"MATTHEWS, TONIA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	5629202716

1544
NNE
4-6 mi
31246
Higher

SRDCCA200716618
Daycare

EDR ID:	SRDCCA200716618
Facility number:	304206235
Facility name:	"ANTONY, HARSHI "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	5001 CARTAGENA
City:	LA PALMA
State:	CA
Zip:	90623
Alt. address:	5001 CARTAGENA CIRCLE
City:	LA PALMA
State:	CA
Zip:	90623
Facility investor:	"HARSHI, ANTONY "
Licensee type:	A
License effective date:	20208
License expiration date:	Not Reported
License issue date:	020208
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010821
Facility closed date:	Not Reported
Mailing address:	5001 CARTAGENA CIRCLE
Mailing city:	LA PALMA
Mailing state:	CA

Mailing zip:	90623	
Contact person:	"ANTONY, HARSHI "	
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	7148282765	

1545
East
4-6 mi
31268
Higher

SRHO20070138616
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HOA NGUYEN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0707565
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	7631 WESTMINSTER SUITE B
Phone num:	7148989770
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070138616

JX1546
West
4-6 mi
31273
Higher

SRHO20070158816
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported

City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CHILDRENS CLINIC FAM HLTH CTR AT,THE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041027
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1032647
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	730 WEST 3RD STREET
Phone num:	5629330400
Termination reason:	00
Term Date:	20081026
Purpose of action:	Not Reported
Provider control:	02
Zip:	90802
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158816

JX1547
West
4-6 mi
31273
Higher

SRPU20071014268
Public Schools

Ncessch:	062250010828
Schname05:	CESAR CHAVEZ ELEMENTARY
Mstreet05:	730 WEST THIRD ST.
Mcity05:	LONG BEACH
Mstate05:	CA
Mzip05:	90802
Mzip405:	Not Reported
Member05:	526
Phone05:	(562) 590-0904
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Edr id:	SRPU20071014268	
JT1548 WNW 4-6 mi 31295 Higher			SRHO20070149656 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	L & S MEDICAL CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960201	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0911325	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2377 PACIFIC AVE	
	Phone num:	3109893236	
	Termination reason:	08	
	Term Date:	19980130	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149656	
JU1549 NE 4-6 mi 31301 Higher			SRDCCA200745821 Daycare
	EDR ID:	SRDCCA200745821	
	Facility number:	304270745	
	Facility name:	CHILDS PACE-HOLDER	
	Facility eval. code:	1205	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	

Facility status code:	03
Address:	9550 HOLDER STREET
City:	BUENA PARK
State:	CA
Zip:	90620
Alt. address:	1860 ANAHEIM AVE
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	TH CHILDS PACE FOUNDATION INC.
Licensee type:	C
License effective date:	1221
License expiration date:	Not Reported
License issue date:	001221
Program type:	AMBULATORY CHILDREN. AGES 5 THROUGH 12 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. MAIN ROOM-23. ADDT'L ROOM-24. WAIVER FOR CENTER TO USE COMPUTER SYSTEM TO SIGN IN/OUT CHILDREN.
Original app. received date:	001128
Facility closed date:	Not Reported
Mailing address:	1860 ANAHEIM AVE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	MARYBETH TABATABAEEPOUR
Facility capacity:	70
Type of clients served:	950
Facility phone:	7148275760

JU1550
NE
4-6 mi
31301
Higher

SRPU20071011089
Public Schools

Ncessch:	063603009194
Schname05:	HOLDER ELEMENTARY
Mstreet05:	9550 HOLDER ST.
Mcity05:	BUENA PARK
Mstate05:	CA
Mzip05:	90620
Mzip405:	4209
Member05:	618
Phone05:	(714) 236-3840
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071011089

JT1551
WNW
4-6 mi
31316
Higher

SRHO20070159751
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported

FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ACTIVE ADULT DAY HEALTH CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050425
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1039893
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2385 PACIFIC AVE
Phone num:	5624267772
Termination reason:	00
Term Date:	20070424
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159751

JT1552
WNW
4-6 mi
31327
Higher

SRHO20070148107
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WILLOW MEDICAL LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970610
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0929257
Record Status:	A

Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2404 PACIFIC AVENUE
Phone num:	5624265538
Termination reason:	12
Term Date:	19990609
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070148107

JT1553
WNW
4-6 mi
31360
Higher

SRDCCA200749352
Daycare

EDR ID:	SRDCCA200749352
Facility number:	191609482
Facility name:	YOUNG HORIZONS
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	850
Facility status code:	03
Address:	2418 PACIFIC AVENUE
City:	LONG BEACH
State:	CA
Zip:	90813
Alt. address:	501 ATLANTIC AVE
City:	LONG BEACH
State:	CA
Zip:	90802
Facility investor:	YOUNG HORIZONS
Licensee type:	C
License effective date:	930913
License expiration date:	Not Reported
License issue date:	930913
Program type:	PRE-SCHOOL CHILDREN AGES 2 TO 6 YEARS. FULLY TITLE IV FUNDED PROGRAM.
Original app. received date:	930525
Facility closed date:	Not Reported
Mailing address:	501 ATLANTIC AVE
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	90802
Contact person:	ELAINE TRIPLETT
Facility capacity:	30

	Type of clients served:	950
	Facility phone:	3104246933

KD1554 SRHO20070007758
East AHA Hospitals
4-6 mi

31369	Hospital type:	01
Higher	Num of times COO:	01
	Owner date:	19921119
	City:	WESTMINSTER
	Has plan of corr:	Not Reported
	Compliance status:	A
	SSA county code:	400
	Cross ref number:	052035
	FMS survey date:	Not Reported
	Current survey date:	19820922
	Medicare/Medicaid:	1
	Facility name:	VENCOR HOSPITAL-ORANGE COUNTY
	Intermediary/Carrier:	52280
	Medicaid number:	Not Reported
	Partcipation date:	19700101
	Prior COO date:	Not Reported
	Prior carrier:	00040
	Provider ID:	050363
	Record Status:	A
	Region code:	09
	Is Partial Record:	Not Reported
	state abbrev:	CA
	ssa state:	05
	state region cd:	SA
	street address:	200 HOSPITAL CIRCLE
	Phone num:	7148934541
	Termination reason:	07
	Term Date:	19930601
	Purpose of action:	2
	Provider control:	04
	Zip:	92683
	Fips state:	06
	Fips cnty:	059
	SSA MSA:	033
	SSA MSA size code:	B
	Date accredited:	19820922
	Accred expire date:	19830922
	Accred Org:	1
	Num beds:	0182
	Num cert beds:	0182
	Source:	US_HOSPITAL_POSOTHER
	Edr id:	SRHO20070007758

KD1555 SRHO20070146440
East AHA Hospitals
4-6 mi

31369	Hospital type:	01
Higher	Num of times COO:	00
	Owner date:	Not Reported
	City:	WESTMINSTER
	Has plan of corr:	Not Reported
	Compliance status:	Not Reported

SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KINDRED HOSPITAL-WESTMINSTER PULMO LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960930
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0920385
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	200 HOSPITAL CIRCLE
Phone num:	7148934541
Termination reason:	00
Term Date:	20070629
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070146440

KD1556 SRHO20070008084
East AHA Hospitals
4-6 mi

31369 Hospital type:	02
Higher Num of times COO:	01
Owner date:	20010901
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19990701
Medicare/Medicaid:	1
Facility name:	KINDRED HOSPITAL WESTMINSTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19930601
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	052035
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	200 HOSPITAL CIRCLE
Phone num:	7148934541
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	5
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	19990408
Accred expire date:	20020408
Accred Org:	1
Num beds:	0099
Num cert beds:	0099
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008084

KD1557 — SRHO20070132852
East — AHA Hospitals
4-6 mi
31369
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KINDRED HOSPITAL-WESTMINSTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930325
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580165
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	200 HOSPITAL CIR
Phone num:	7148934541
Termination reason:	00
Term Date:	20070227

Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070132852

KD1558 SRHO20070132837
East AHA Hospitals
4-6 mi
31370
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	RICHARD S FLAGG MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580118
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13800 ARIZONA SUITE 105
Phone num:	7148971028
Termination reason:	01
Term Date:	19980101
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070132837	

KD1559 SRHO20070008827
East AHA Hospitals
4-6 mi
31370
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19940524
Medicare/Medicaid:	1
Facility name:	COORDINATED HOSPICE
Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19940609
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051623
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	13800 ARIZONA ST, SUITE 204
Phone num:	7148987106
Termination reason:	04
Term Date:	19980630
Purpose of action:	1
Provider control:	06
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008827

KD1560 SRHO20070143205
East AHA Hospitals
4-6 mi
31370
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported

Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COORDINATED HOME HEALTH SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930813
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0874894
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	13800 ARIZONA ST #101
Phone num:	7148956962
Termination reason:	08
Term Date:	19970814
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070143205

KE1561
WNW
4-6 mi
31383
Higher

SRHO20070131659
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010821
Medicare/Medicaid:	1
Facility name:	COLUMBIA PEDIATRICS MEDICAL GROUP INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0554369
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2840 LONG BEACH BOULEVARD SUITE 315
Phone num:	5625955479
Termination reason:	00
Term Date:	20080403
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131659

KE1562 SRHO20070131527
WNW AHA Hospitals
4-6 mi
31383
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	KEE IN YANG
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950710
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554312
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2840 LONG BEACH BOULEVARD SUITE 465
Phone num:	5625957647
Termination reason:	00

Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131527

KE1563 SRHO20070152700
WNW AHA Hospitals
4-6 mi
31383
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GEORGE H TARRYK MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990716
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0962922
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2840 LONG BEACH BLVD SUITE 465
Phone num:	5629895844
Termination reason:	00
Term Date:	20070715
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported

Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070152700

KE1564 SRHO20070131676
WNW AHA Hospitals
4-6 mi
31383
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MEMORIAL CARDIOLOGY MED GR INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554414
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2840 LONG BEACH BLVD #120
Phone num:	3105958671
Termination reason:	12
Term Date:	19931201
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131676

KE1565 SRHO20070139531
WNW AHA Hospitals
4-6 mi
31383
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH

Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MAGELLA MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930114
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0693350
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2840 LONG BEACH BLVD STE 120
Phone num:	3109880081
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139531

KE1566
WNW
4-6 mi
31383
Higher

SRHO20070131529
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CURTIS LI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930630

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554319
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2840 LONG BEACH BLVD #130
Phone num:	3109880043
Termination reason:	15
Term Date:	19950629
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131529

KE1567
WNW
4-6 mi
31383
Higher

SRHO20070150298
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20051007
Medicare/Medicaid:	1
Facility name:	VALERIUS MEDICAL GROUP AND RESEARCH CENTER OF
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970911
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0933376
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2840 LONG BEACH BLVD #365
Phone num:	5629892374

Termination reason:	00
Term Date:	20071006
Purpose of action:	1
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070150298

KE1568 SRHO20070131675
WNW AHA Hospitals
4-6 mi
31383
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19960711
Medicare/Medicaid:	1
Facility name:	LONG BEACH OBSTETRICS
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554404
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2840 LNG BCH BLVD 230
Phone num:	3105951961
Termination reason:	00
Term Date:	20070604
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131675

KF1569 SRDCCA200725105
NNE Daycare
4-6 mi
31388
Higher

EDR ID:	SRDCCA200725105
Facility number:	198010070
Facility name:	RAMOS FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	12316 VIARNA STREET
City:	CERRITOS
State:	CA
Zip:	90703
Alt. address:	12316 VIARNA STREET
City:	CERRITOS
State:	CA
Zip:	90703
Facility investor:	"RAMOS, GRACIE JEAN "
Licensee type:	A
License effective date:	40907
License expiration date:	Not Reported
License issue date:	040907
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	031217
Facility closed date:	Not Reported
Mailing address:	12316 VIARNA STREET
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90703
Contact person:	"RAMOS, GRACIE JEAN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628098052

KB1570 SRDCCA200720661
ESE Daycare
4-6 mi
31394
Higher

EDR ID:	SRDCCA200720661
Facility number:	304206828
Facility name:	"LICERIO DE VALLE, VERONICA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6802 BRIDGEWATER DRIVE
City:	HUNTINGTON BEACH

State:	CA
Zip:	92647
Alt. address:	6802 BRIDGEWATER DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"LICERIO DE VALLE, VERONICA "
Licensee type:	A
License effective date:	21022
License expiration date:	Not Reported
License issue date:	021022
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020822
Facility closed date:	Not Reported
Mailing address:	6802 BRIDGEWATER DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"LICERO DE VALLE, VERONICA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7143750012

1571
North
4-6 mi
31424
Higher

SRDCCA200719727
Daycare

EDR ID:	SRDCCA200719727
Facility number:	198008514
Facility name:	RANDALL-WALKER FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5327 IROQUOIS STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Alt. address:	5327 IROQUOIS STREET
City:	LAKEWOOD
State:	CA
Zip:	90713
Facility investor:	"RANDALL-WALKER, VALENCIA "
Licensee type:	A
License effective date:	30123
License expiration date:	Not Reported
License issue date:	030123
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	021119
Facility closed date:	Not Reported
Mailing address:	5327 IROQUOIS STREET
Mailing city:	LAKEWOOD

Mailing state:	CA	
Mailing zip:	90713	
Contact person:	RANDALL-WALKER VALENCIA	
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5629206308	

KG1572 SRHO20070107530
North AHA Hospitals
4-6 mi
31439
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	ARTESIA
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060329
Medicare/Medicaid:	1
Facility name:	CERRITOS HOME CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC80300F
Partcipation date:	20010615
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G382
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	11541 BINGHAM STREET
Phone num:	5628603057
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	07
Zip:	90703
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0006
Num cert beds:	0006
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107530

KG1573 SRHO20070156352
North AHA Hospitals
4-6 mi
31439
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	CERRITOS
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	CERRITOS HOME CARE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020722
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1001819
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11541 BINGHAM ST
Phone num:	5628603057
Termination reason:	08
Term Date:	20060721
Purpose of action:	Not Reported
Provider control:	07
Zip:	90703
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156352

KE1574
WNW
4-6 mi
31453
Higher

SRHO20070131790
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	LONG BEACH MEMORIAL FAMILY MED DEPT
Intermediary/Carrier:	Not Reported

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

Medicaid number:	Not Reported
Partcipation date:	19941114
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554416
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	450 E SPRING ST SUITE 1
Phone num:	3105955255
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	03
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131790

KE1575
WNW
4-6 mi
31453
Higher

SRHO20070008558
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20020621
Medicare/Medicaid:	1
Facility name:	MEMORIAL HOSPICE PROGRAM
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19900216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051563
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4

street address:	450 E SPRING ST
Phone num:	5629330910
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	90807
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008558

KD1576 — SRHO20070157803
East — AHA Hospitals
4-6 mi
31460
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	WESTMINSTER ADHC CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040602
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1026336
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	202 HOSPITAL CIRCLE
Phone num:	7148943080
Termination reason:	00
Term Date:	20080601
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070157803

1577 SRDCCA200716705
ENE Daycare
4-6 mi
31466
Higher

EDR ID:	SRDCCA200716705
Facility number:	304206256
Facility name:	"PHAM, MARGIE "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	7579 ORANGEWOOD AVE.
City:	STANTON
State:	CA
Zip:	90680
Alt. address:	7579 ORANGEWOOD AVE.
City:	STANTON
State:	CA
Zip:	90680
Facility investor:	"PHAM, MARGIE "
Licensee type:	A
License effective date:	20129
License expiration date:	Not Reported
License issue date:	020129
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	010828
Facility closed date:	Not Reported
Mailing address:	7579 ORANGEWOOD AVE.
Mailing city:	STANTON
Mailing state:	CA
Mailing zip:	90680
Contact person:	"PHAM, MARGIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148951166

1578 SRDCCA200727169
NNE Daycare
4-6 mi
31475
Higher

EDR ID:	SRDCCA200727169
Facility number:	198010736
Facility name:	HAMILTON FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03

Address:	4471 VAIL STREET
City:	CERRITOS
State:	CA
Zip:	90703
Alt. address:	4471 VAIL STREET
City:	CERRITOS
State:	CA
Zip:	90703
Facility investor:	"HAMILTON, DANIELLE & L.M. "
Licensee type:	A
License effective date:	40921
License expiration date:	Not Reported
License issue date:	040921
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	040615
Facility closed date:	Not Reported
Mailing address:	4471 VAIL STREET
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90703
Contact person:	"HAMILTON, DANIELLE & L.M. "
Facility capacity:	8
Type of clients served:	960
Facility phone:	5628609569

JY1579 SRHO20070010694
East AHA Hospitals
4-6 mi
31479
Higher

Hospital type:	03
Num of times COO:	01
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20050615
Current survey date:	20060324
Medicare/Medicaid:	1
Facility name:	HELPING HANDS OF WESTMINSTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19710222
Prior COO date:	20020201
Prior carrier:	00040
Provider ID:	056271
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	240 HOSPITAL CIRCLE
Phone num:	7148926686

Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	05
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0099
Num cert beds:	0099
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010694

JY1580 SRHO20070142145
East AHA Hospitals
4-6 mi
31479
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	BEVERLY HEALTHCARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930916
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0876282
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	240 HOSPITAL CIRCLE
Phone num:	7148926686
Termination reason:	00
Term Date:	20070915
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported

Accred Org:	Not Reported	
Num beds:	0000	
Num cert beds:	0000	
Source:	US_HOSPITAL_POSCLIA	
Edr id:	SRHO20070142145	

JY1581 SRNH20060901230
East Nursing Homes
4-6 mi
31479
Higher

Provnum:	056271
Nursinghomename:	HELPING HANDS OF WESTMINSTER
Street:	240 HOSPITAL CIRCLE
City:	WESTMINSTER
State:	CA
Zipcode:	92683
Phonenumber:	7148926686
Dateoflastinspection:	20060324
Certifiednumberofbeds:	99
Totalnumberofresidents:	87
Percofoccupiedbeds:	88
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	Non profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060901230

1582 SRDCCA200720760
ENE Daycare
4-6 mi
31487
Higher

EDR ID:	SRDCCA200720760
Facility number:	304300233
Facility name:	"KENDRICK, BARBARA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	11060 RADCLIFF WAY
City:	STANTON
State:	CA
Zip:	90680
Alt. address:	11060 RADCLIFF WAY
City:	STANTON
State:	CA
Zip:	90680
Facility investor:	"KENDRICK, BARBARA "
Licensee type:	A
License effective date:	30625
License expiration date:	Not Reported
License issue date:	030625
Program type:	"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	030403
Facility closed date:	Not Reported
Mailing address:	11060 RADCLIFF WAY

Mailing city:	STANTON
Mailing state:	CA
Mailing zip:	90680
Contact person:	"KENDRICK, BARBARA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148948300

1583 SRPR20051019157
NE Private Schools
4-6 mi
31495
Higher

Pss school id:	A9302289
Pss inst:	ALTON SCHOOL
Lograde:	6
Higrade:	12
Pss address:	8721 CYPRESS AVE
Pss city:	CYPRESS
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	7148216588
Pss sch days:	180
Pss stu day hrs:	5.25
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	1
Pss enroll 7:	5
Pss enroll 8:	7
Pss enroll 9:	13
Pss enroll 10:	14
Pss enroll 11:	7
Pss enroll 12:	7
Pss enroll t:	54
Pss enroll tk12:	54
Pss race ai:	0
Pss race as:	2
Pss race h:	17
Pss race b:	5
Pss race w:	30
Pss fte teach:	5.3
Pss locale:	3
Pss coed:	1
Pss type:	4
Pss level:	3
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	3.7

Pss hisp pct:	31.48
Pss black pct:	9.26
Pss white pct:	55.56
Pss stdtch rt:	10.19
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	Council for Exceptional Children (CEC)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051019157

KC1584 SRDCCA200719932
NNW Daycare
4-6 mi
31527
Higher

EDR ID:	SRDCCA200719932
Facility number:	198008133
Facility name:	BUCKLEY FAMILY CHILD CARE
Facility eval. code:	7110
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	5118 AUTRY STREET
City:	LAKEWOOD
State:	CA
Zip:	90712
Alt. address:	5118 AUTRY STREET
City:	LAKEWOOD
State:	CA
Zip:	90712
Facility investor:	"BUCKLEY, TAMARA "
Licensee type:	A
License effective date:	21002
License expiration date:	Not Reported
License issue date:	021002
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	020829
Facility closed date:	Not Reported
Mailing address:	5118 AUTRY STREET
Mailing city:	LAKEWOOD
Mailing state:	CA
Mailing zip:	90712
Contact person:	"BUCKLEY, TAMARA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5629257002

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database

KH1585 — SRDCCA200743386
NW — Daycare
4-6 mi
31531
Higher

EDR ID:	SRDCCA200743386
Facility number:	198001217
Facility name:	YMCA GLB MADISON SITE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	840
Facility status code:	03
Address:	2801 BOMBERRY
City:	LAKEWOOD
State:	CA
Zip:	90712
Alt. address:	2801 BOMBERRY
City:	LAKEWOOD
State:	CA
Zip:	90712
Facility investor:	YMCA GLB WEINGART-LAKEWOOD
Licensee type:	C
License effective date:	960411
License expiration date:	Not Reported
License issue date:	960411
Program type:	SCHOOL AGE CHILDREN 5 YEARS AND ABOVE. FACILITY IS OPEN FROM 6:00 AM TO 6:30 PM. FACILITY DOES NOT PROVIDE LICENSED CHILD CARE FROM JUNE 21TO SEPTEMBER 10.
Original app. received date:	950505
Facility closed date:	Not Reported
Mailing address:	4949 ATLANTIC AVE.
Mailing city:	LONG BEACH
Mailing state:	CA
Mailing zip:	80805
Contact person:	TAMARA BRACEY
Facility capacity:	90
Type of clients served:	950
Facility phone:	5624206561

KH1586 — SRPU20071014032
NW — Public Schools
4-6 mi
31531
Higher

Ncessch:	062250002741
Schname05:	MADISON ELEMENTARY
Mstreet05:	2801 BOMBERRY ST.
Mcity05:	LAKEWOOD
Mstate05:	CA
Mzip05:	90712
Mzip405:	3724
Member05:	609
Phone05:	(562) 420-7731
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071014032

KE1587 SRHO20070131658
WNW AHA Hospitals
4-6 mi
31539
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COAST UROLOGICAL MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930308
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554366
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2888 LONG BEACH BLVD SUITE 340
Phone num:	3105956891
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131658

KE1588 SRHO20070136832
WNW AHA Hospitals
4-6 mi
31539
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported

Medicare/Medicaid:	Not Reported
Facility name:	MARK J CASTELLANET CARDIO CARE SPECIAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0666675
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2888 LONG BEACH BLVD SUITE 165
Phone num:	3105983200
Termination reason:	14
Term Date:	19930219
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070136832

KE1589 SRHO20070154542
WNW AHA Hospitals
4-6 mi
31539
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	ALAN M SHANBERG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0943633
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2888 LONG BEACH BOULEVARD SUITE 265
Phone num:	7144565319
Termination reason:	00
Term Date:	20080330
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070154542

KE1590 SRHO20070158210
WNW AHA Hospitals
4-6 mi
31539
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MARLENE ROCHA FAROOQ MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1021329
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2888 LONG BEACH BLVD SUITE 210
Phone num:	5625956050
Termination reason:	00
Term Date:	20080119
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070158210

KE1591 SRHO20070156455
WNW AHA Hospitals
4-6 mi
31539
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	MUTH & WEBER OB/GYN MEDICAL GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010927
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0991792
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2888 LONG BEACH BLVD STE 165
Phone num:	5625955380
Termination reason:	00
Term Date:	20070926
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156455

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
KE1592			SRHO20070140717
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31539	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19951207	
	Medicare/Medicaid:	1	
	Facility name:	ASSOCIATES IN UROLOGY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0719948	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2888 LONG BEACH BLVD 265	
	Phone num:	5625986166	
	Termination reason:	00	
	Term Date:	20071225	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	90806	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070140717	

KE1593			SRHO20070140300
WNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31539	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20010619	

Medicare/Medicaid:	1
Facility name:	ARTHUR LORBER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0714875
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2888 LONG BEACH BLVD,SUITE 410
Phone num:	5629891686
Termination reason:	08
Term Date:	20030326
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070140300

KE1594
WNW
4-6 mi
31539
Higher

SRHO20070131395
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	GARY RAMELLI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930330
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554269
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2888 LNG BCH BLVD 320
Phone num:	3104323469
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070131395

KE1595
WNW
4-6 mi
31539
Higher

SRHO20070139278
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	COLUMBIA MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0691888
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2888 LONG BEACH BLVD SUITE 165
Phone num:	3105955380
Termination reason:	01
Term Date:	20020729
Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06

Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070139278

KF1596 SRDCCA200710626
NNE
4-6 mi
31544
Higher

Daycare

EDR ID:	SRDCCA200710626
Facility number:	198005620
Facility name:	CHEEMA FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	19717 MIGUEL ST.
City:	CERRITOS
State:	CA
Zip:	90703
Alt. address:	19717 MIGUEL ST.
City:	CERRITOS
State:	CA
Zip:	90703
Facility investor:	"CHEEMA,KULWANT "
Licensee type:	A
License effective date:	991130
License expiration date:	Not Reported
License issue date:	991130
Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "
Original app. received date:	991020
Facility closed date:	Not Reported
Mailing address:	19717 MIGUEL ST.
Mailing city:	CERRITOS
Mailing state:	CA
Mailing zip:	90703
Contact person:	"CHEEMA,KULWANT "
Facility capacity:	14
Type of clients served:	960
Facility phone:	5628605497

KD1597 SRHO20070147671
East
4-6 mi
31560
Higher

AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported

SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	EXTENDED CARE HOSPITAL OF WESTMINSTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970325
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926499
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	206 HOSPITAL CIRCLE
Phone num:	7148912769
Termination reason:	00
Term Date:	20070324
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147671

KD1598
East
4-6 mi
31560
Higher

SRHO20070137911
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FHP SKILLED NURSING FACILITY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930119
Prior COO date:	Not Reported
Prior carrier:	Not Reported

Provider ID:	05D0700388
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	206 HOSPITAL CIRCLE
Phone num:	7148912769
Termination reason:	12
Term Date:	19930802
Purpose of action:	Not Reported
Provider control:	04
Zip:	92683
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137911

KD1599
East
4-6 mi
31560
Higher

SRHO20070110132
AHA Hospitals

Hospital type:	03
Num of times COO:	05
Owner date:	Not Reported
City:	WESTMINSTER
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20060316
Medicare/Medicaid:	1
Facility name:	EXTENDED CARE HOSP WESTMINSTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19850905
Prior COO date:	19960201
Prior carrier:	Not Reported
Provider ID:	555211
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	206 HOSPITAL CIRCLE
Phone num:	7148912769
Termination reason:	00
Term Date:	Not Reported

Purpose of action:	2	
Provider control:	02	
Zip:	92683	
Fips state:	06	
Fips cnty:	059	
SSA MSA:	033	
SSA MSA size code:	B	
Date accredited:	Not Reported	
Accred expire date:	Not Reported	
Accred Org:	Not Reported	
Num beds:	0099	
Num cert beds:	0099	
Source:	US_HOSPITAL_POSOTHER	
Edr id:	SRHO20070110132	

KD1600 — SRNH20060913711
East — Nursing Homes
4-6 mi
31560
Higher

Provnum:	555211
Nursinghomename:	EXTENDED CARE HOSP WESTMINSTER
Street:	206 HOSPITAL CIRCLE
City:	WESTMINSTER
State:	CA
Zipcode:	92683
Phonenumber:	7148912769
Dateoflastinspection:	20060316
Certifiednumberofbeds:	99
Totalnumberofresidents:	85
Percofoccupiedbeds:	86
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060913711

1601 — SRDCCA200728228
NNW — Daycare
4-6 mi
31600
Higher

EDR ID:	SRDCCA200728228
Facility number:	198011309
Facility name:	BANKS FAMILY CHILD CARE
Facility eval. code:	6170
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	3242 FAIRMAN STREET
City:	LAKEWOOD
State:	CA
Zip:	90712
Alt. address:	3242 FAIRMAN STREET
City:	LAKEWOOD
State:	CA
Zip:	90712
Facility investor:	"BANKS, RUTH "
Licensee type:	A
License effective date:	50114

License expiration date:	Not Reported	
License issue date:	050114	
Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	4
Original app. received date:	041201	
Facility closed date:	Not Reported	
Mailing address:	3242 FAIRMAN STREET	
Mailing city:	LAKEWOOD	
Mailing state:	CA	
Mailing zip:	90712	
Contact person:	"BANKS, RUTH "	
Facility capacity:	14	
Type of clients served:	960	
Facility phone:	5624296163	

NA
WSW
6-8 mi
37756
NA

CUSA143800
FED_LAND

Name:	Long Beach Naval Station (Closed)
Feature:	Navy DOD
URL:	Not Reported
Bureau:	DOD
State:	CA
Is DOD?:	Yes

NA
West
6-8 mi
40919
NA

CUSA143800
FED_LAND

Name:	Long Beach Naval Station (Closed)
Feature:	Navy DOD
URL:	Not Reported
Bureau:	DOD
State:	CA
Is DOD?:	Yes

RECORDS SEARCHED/DATA CURRENCY TRACKING

Census

Source: U.S. Census Bureau
Telephone: 301-457-4100
2000 U.S. Census data was used to estimate residential population following these EPA guidelines:
"Census data are presented by Census tract. If your circle covers only a portion of the tract, you should develop an estimate for that portion...Determine the population density per square mile (total population of the Census tract divided by the number of square miles in the tract) and apply that density figure to the number of square miles within your circle."

FED_LAND: Federal Lands

Source: USGS
Telephone: 888-275-8747
Federal lands data. Includes data from several Federal land management agencies, including Fish and Wildlife Service, Bureau of Land Management, National Park Service, and Forest Service. Includes National Parks, Forests, Monuments; . Wildlife Sanctuaries, Preserves, Refuges; Federal Wilderness Areas.

AHA Hospitals:

Source: American Hospital Association, Inc.
Telephone: 312-280-5991
The database includes a listing of hospitals based on the American Hospital Association's annual survey of hospitals.

Medical Centers: Provider of Services Listing

Source: Centers for Medicare & Medicaid Services
Telephone: 410-786-3000
A listing of hospitals with Medicare provider number, produced by Centers of Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services.

Nursing Homes

Source: National Institutes of Health
Telephone: 301-594-6248
Information on Medicare and Medicaid certified nursing homes in the United States.

Public Schools

Source: National Center for Education Statistics
Telephone: 202-502-7300
The National Center for Education Statistics' primary database on elementary and secondary public education in the United States. It is a comprehensive, annual, national statistical database of all public elementary and secondary schools and school districts, which contains data that are comparable across all states.

Private Schools

Source: National Center for Education Statistics
Telephone: 202-502-7300
The National Center for Education Statistics' primary database on private school locations in the United States.

Colleges - Integrated Postsecondary Education Data

Source: National Center for Education Statistics
Telephone: 202-502-7300
The National Center for Education Statistics' primary database on integrated postsecondary education in the United States.

Arenas

Source: Dunhill International
EDR indicates the location of buildings and facilities - arenas - where individuals who are public receptors are likely to be located.

Prisons: Bureau of Prisons Facilities

Source: Federal Bureau of Prisons
Telephone: 202-307-3198
List of facilities operated by the Federal Bureau of Prisons.

Daycare Centers: Licensed Facilities

Source: Department of Social Services
Telephone: 916-657-4041

STREET AND ADDRESS INFORMATION

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