Appendix 5.9A
EDR Offsite Receptor Report

Huntington Beach Electrical Power Plant
21730 Newland Street
Huntington Beach, CA 92646

Inquiry Number: 3275661.1s
March 12, 2012

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:

HUNTINGTON BEACH ELECTRICAL POWER PLANT
21730 NEWLAND STREET
HUNTINGTON BEACH, CA 92646

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: 353173 persons.

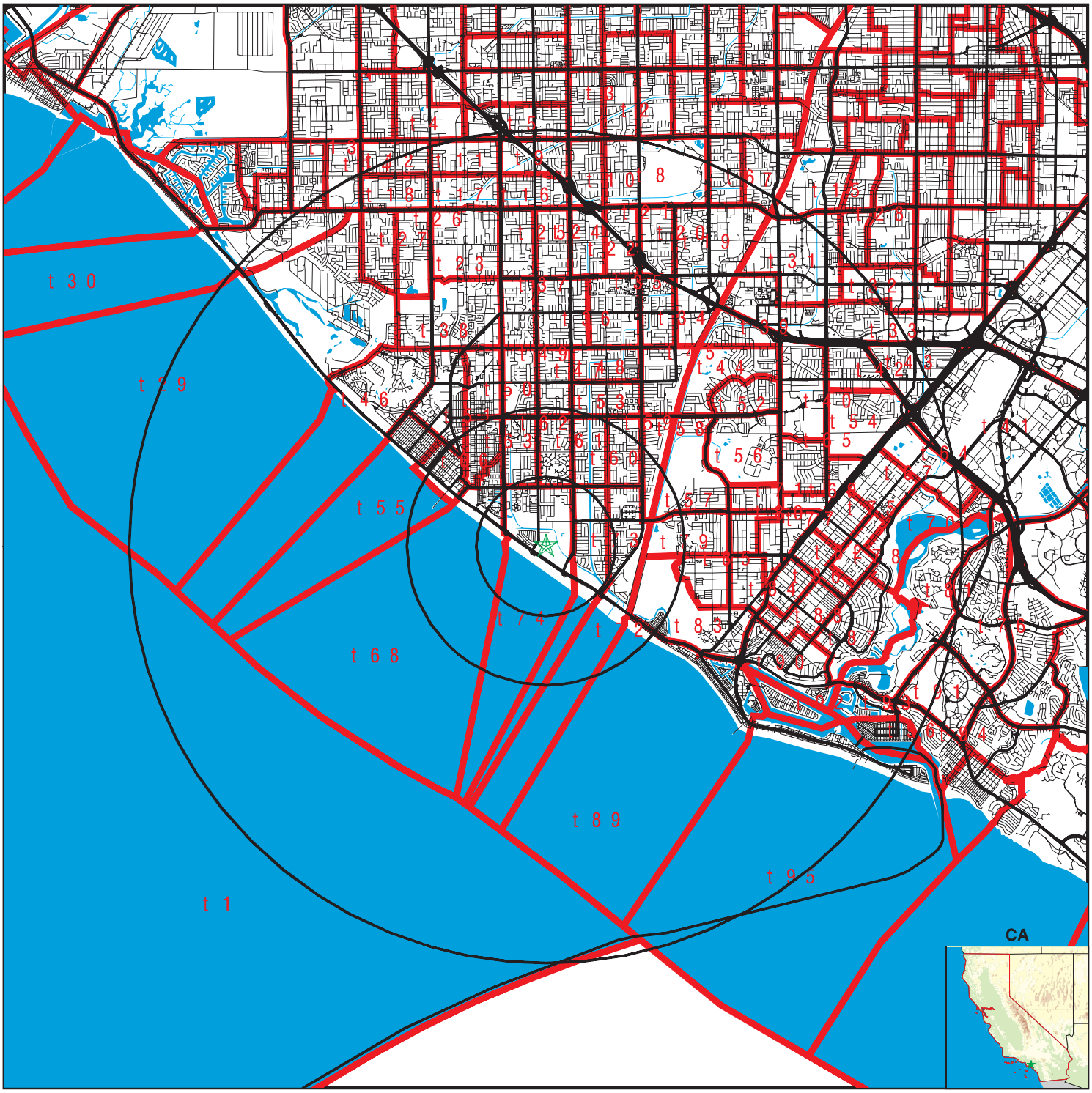
Other Public Receptors

Type	Within Search Radius	Sites Total
Day Care Centers:	☒	275
Medical Centers:	☐	
Nursing Homes:	☒	12
Schools:	☒	81
Hospitals:	☒	579
Colleges:	☒	7
Arena:	☐	
Prison:	☐	

Environmental Receptors

Type	Within Search Radius	Sites Total
Federal Land:	☒	5

CENSUS MAP - 3275661.1s



Target Property
Roads
Waterways
Census Tracts

0 2 4 8 Miles

TARGET PROPERTY:	Huntington Beach Electrical Power Plant	CUSTOMER:	CH2M Hill, Inc.
ADDRESS:	21730 Newland Street	CONTACT:	Jessica Brandt
CITY/STATE/ZIP:	Huntington Beach CA 92646	INQUIRY #:	3275661.1s
LAT/LONG:	33.6452 / 117.9778	DATE:	March 12, 2012 12:39 pm

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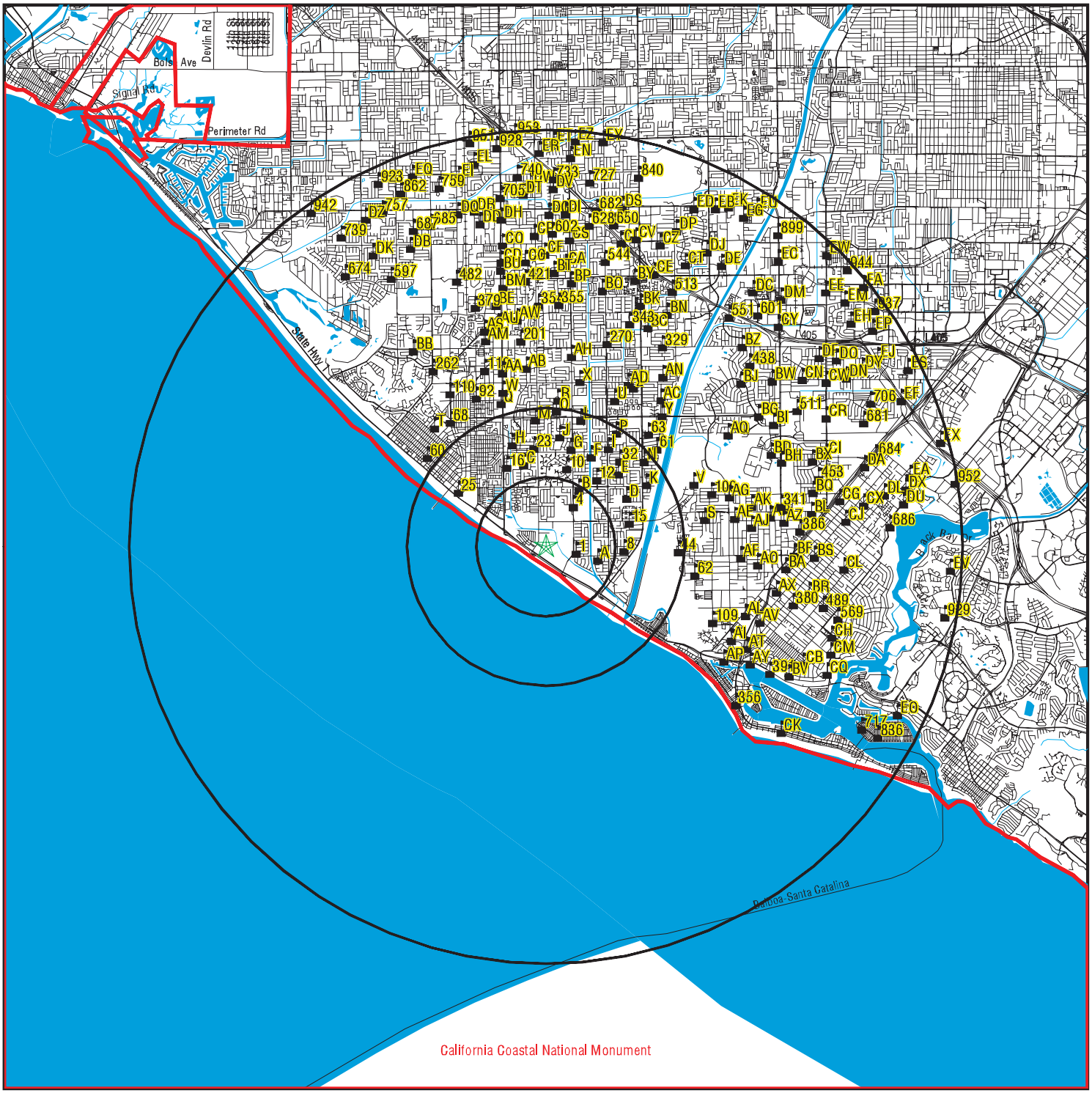
CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq.mi.)
T1	5991.00	671	13.0	742.20	14.36
T2	0992.23	5222	104.7	0.50	0.01
T3	0992.22	4671	365.7	0.50	0.04
T4	0996.05	3723	1.6	0.75	0.00
T5	0997.03	4614	820.3	0.74	0.13
T6	0992.26	3925	1864.8	0.50	0.24
T7	0992.27	6062	1089.7	0.68	0.12
T8	0992.25	3375	2887.0	1.48	1.26
T9	0992.41	4278	4278.0	0.52	0.52
T10	0992.24	3414	3414.0	0.50	0.50
T11	0994.10	4234	4023.2	0.51	0.48
T12	0994.06	4435	1966.8	0.50	0.22
T13	0994.08	3184	244.8	0.51	0.04
T14	0994.07	2491	960.0	0.50	0.19
T15	0741.08	5287	317.3	0.83	0.05
T16	0992.42	3757	3757.0	0.47	0.47
T17	0994.11	5615	5615.0	0.49	0.49
T18	0994.05	4427	4427.0	0.50	0.50
T19	0992.29	5719	5719.0	1.79	1.79
T20	0992.51	5187	5187.0	0.52	0.52
T21	0992.50	2950	2950.0	0.49	0.49
T22	0992.34	3034	3034.0	0.50	0.50
T23	0994.02	8726	8726.0	1.01	1.01
T24	0992.33	3347	3347.0	0.50	0.50
T25	0992.12	5061	5061.0	0.51	0.51
T26	0994.12	4670	4670.0	0.63	0.63
T27	0994.04	4723	4723.0	0.55	0.55
T28	0741.10	3826	172.0	0.32	0.01
T29	0994.15	5494	3458.6	15.88	10.00
T30	0994.17	3959	466.0	4.96	0.58
T31	0741.06	5438	4741.7	1.47	1.28
T32	0741.07	4526	1499.7	0.61	0.20
T33	0639.07	5068	3679.8	1.99	1.45
T34	0992.30	4404	4404.0	0.50	0.50
T35	0992.32	5442	5442.0	0.76	0.76
T36	0992.31	5693	5693.0	0.76	0.76
T37	0992.35	4686	4686.0	0.50	0.50
T38	0994.13	7583	7583.0	1.37	1.37
T39	0638.05	2329	2329.0	0.41	0.41
T40	0639.02	6688	6688.0	0.94	0.94
T41	0626.10	1495	94.4	4.72	0.30
T42	0639.03	4078	4078.0	0.54	0.54
T43	0639.08	5689	3579.2	0.77	0.48
T44	0638.06	3656	3656.0	0.85	0.85
T45	0992.16	4076	4076.0	0.64	0.64
T46	0993.08	4818	4818.0	4.25	4.25
T47	0992.46	3783	3783.0	0.50	0.50
T48	0992.14	3426	3426.0	0.50	0.50
T49	0992.45	3067	3067.0	0.50	0.50
T50	0993.05	7440	7440.0	0.53	0.53
T51	0993.09	3565	3565.0	0.79	0.79
T52	0638.02	2894	2894.0	0.47	0.47
T53	0992.15	5459	5459.0	0.50	0.50
T54	0639.04	5009	5009.0	0.93	0.93
T55	0993.10	4492	4492.0	3.36	3.36
T56	0638.07	5237	5237.0	1.01	1.01
T57	0638.03	4650	4650.0	1.06	1.06
T58	0992.17	2441	2441.0	0.46	0.46

CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T59	0992.38	4103	4103.0	0.50	0.50
T60	0992.37	3524	3524.0	0.50	0.50
T61	0992.44	3846	3846.0	0.50	0.50
T62	0992.43	4106	4106.0	0.50	0.50
T63	0993.06	5931	5931.0	0.43	0.43
T64	0631.01	2831	2425.3	0.76	0.65
T65	0639.05	4242	4242.0	0.53	0.53
T66	0993.11	3818	3818.0	0.40	0.40
T67	0631.02	6289	6289.0	0.59	0.59
T68	0993.07	2377	2377.0	9.31	9.31
T69	0639.06	6777	6777.0	0.39	0.39
T70	0630.09	1671	1431.1	1.03	0.89
T71	0638.08	6753	6753.0	0.29	0.29
T72	0992.40	5162	5162.0	2.83	2.83
T73	0992.39	4013	4013.0	1.48	1.48
T74	0992.20	5421	5421.0	3.43	3.43
T75	0632.01	3611	3611.0	0.40	0.40
T76	0630.07	5928	301.8	1.63	0.08
T77	0637.02	5592	5592.0	0.49	0.49
T78	0631.03	2560	2560.0	0.38	0.38
T79	0636.01	3662	3662.0	0.71	0.71
T80	0637.01	6692	6692.0	0.30	0.30
T81	0630.04	5602	5082.4	1.89	1.71
T82	0632.02	3510	3510.0	0.39	0.39
T83	0636.03	6263	6263.0	1.43	1.43
T84	0636.05	5621	5621.0	0.40	0.40
T85	0636.04	3983	3983.0	0.47	0.47
T86	0633.01	3049	3049.0	0.36	0.36
T87	0630.10	6495	6495.0	1.21	1.21
T88	0633.02	3986	3986.0	0.52	0.52
T89	0635.00	6191	6191.0	8.79	8.79
T90	0634.00	4995	4995.0	1.02	1.02
T91	0630.08	868	315.7	0.96	0.35
T92	0629.00	1800	1800.0	0.42	0.42
T93	0630.05	1476	1476.0	0.36	0.36
T94	0627.01	2913	628.8	0.54	0.12
T95	0628.00	4732	2189.4	13.70	6.34
T96	0630.06	3120	2776.0	0.41	0.37

RECEPTOR MAP - 3275661.1s



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

0 2 4 8 Miles

N

TARGET PROPERTY:	Huntington Beach Electrical Power Plant	CUSTOMER:	CH2M Hill, Inc.
ADDRESS:	21730 Newland Street	CONTACT:	Jessica Brandt
CITY/STATE/ZIP:	Huntington Beach CA 92646	INQUIRY #:	3275661.1s
LAT/LONG:	33.6452 / 117.9778	DATE:	March 12, 2012 12:40 pm

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MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
NA			CUSA112474
SSW	Name:	California Coastal National Monument	FED_LAND
1/8-1/4 mi	Feature:	National Monument BLM	
1264	URL:	http://www.ca.blm.gov/hollister/coastal_monument.html	
NA	Bureau:	BLM	
	State:	CA	
	Is DOD?:	No	

1			SRDCCA200713341
East	EDR ID:	SRDCCA200713341	Daycare
1/4-1/2 mi	Facility number:	304205509	
2324	Facility name:	"KELLNER, KIM "	
Higher	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	21912 KIOWA LANE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Alt. address:	21912 KIOWA LANE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Facility investor:	"KELLNER, KIM "	
	Licensee type:	A	
	License effective date:	712	
	License expiration date:	Not Reported	
	License issue date:	000712	
	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:	000426	
	Facility closed date:	Not Reported	
	Mailing address:	21912 KIOWA LANE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92646	
	Contact person:	"KELLNER, KIM "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7143785204	

A2			SRDCCA200743930
East	EDR ID:	SRDCCA200743930	Daycare
1/2-1 mi	Facility number:	300604021	
3828	Facility name:	EADER PROGRAM CENTER	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	
	Facility status code:	03	

Address:	9291 BANNING AVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	"13821 NEWPORT AVE., SUITE 200 "
City:	TUSTIN
State:	CA
Zip:	92780
Facility investor:	Y.M.C.A. OF ORANGE COUNTY
Licensee type:	C
License effective date:	950703
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY CHILDREN. 4.9 THROUGH 12 YEARS OLD. MON-FRI. 06:45AM TO 6:00 PM. PERIODIC FRI. EVENINGS, 6:00PM-11:00PM. PORTABLE. WAIVER TO SHARE RESTROOM AND PLAY YARD WITH "ELEMENTARY SCHOOL.
Original app. received date:	820712
Facility closed date:	Not Reported
Mailing address:	"13821 NEWPORT AVENUE,SUITE 200"
Mailing city:	TUSTIN
Mailing state:	CA
Mailing zip:	92780
Contact person:	LUCELYNA VAZQUEZ
Facility capacity:	75
Type of clients served:	950
Facility phone:	7149683638

A3 — SRPU20071015496
East — Public Schools
1/2-1 mi
3828
Higher

Ncessch:	061803002216
Schname05:	JOHN H. EADER ELEMENTARY
Mstreet05:	9291 BANNING AVE.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92646
Mzip405:	8302
Member05:	570
Phone05:	(714) 962-2451
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015496

---

4 — SRPU20071015505
NNE — Public Schools
1/2-1 mi
3836
Higher

Ncessch:	061806002226
Schname05:	EDISON HIGH
Mstreet05:	21400 MAGNOLIA
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92646
Mzip405:	6306
Member05:	2501

Phone05:	(714) 962-1356
Locale05:	3
Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071015505

A5 SRDCCA200703164
ESE Daycare
1/2-1 mi
4466
Higher

EDR ID:	SRDCCA200703164
Facility number:	300608264
Facility name:	"HIGGINS, GLORIA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9391 MOLOKAI DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	9391 MOLOKAI DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"HIGGINS, GLORIA "
Licensee type:	A
License effective date:	950331
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:	9391 MOLAKAI DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"HIGGINS, GLORIA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7149686694

B6 SRHO20070160414
NNE AHA Hospitals
1/2-1 mi
5124
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:	SAV ON PHARMACY #6183
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038816
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	9051 ATLANTA AVE
Phone num:	7149623338
Termination reason:	00
Term Date:	20070328
Purpose of action:	Not Reported
Provider control:	04
Zip:	92646
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:	SRHO20070160414

B7 SRDCCA200703124
NNE Daycare
1/2-1 mi
5142
Higher

EDR ID:	SRDCCA200703124
Facility number:	300608343
Facility name:	"MACIAS, CHERYL "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9131 BELCARO DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	9131 BELCARO DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"MACIAS, CHERYL "
Licensee type:	A
License effective date:	941027
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: 9131 BELCARO DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "MACIAS, CHERYL "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149624944

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8 SRDCCA200725947
East Daycare
1-2 mi
5940
Higher

EDR ID: SRDCCA200725947
Facility number: 304300860
Facility name: "PINELL, MARIA "
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 21861 VACATION LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 21861 VACATION LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "PINELL, MARIA "
Licensee type: A
License effective date: 40830
License expiration date: Not Reported
License issue date: 040830
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: 040803
Facility closed date: Not Reported
Mailing address: 21861 VACATION LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "PINELL, MARIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149620056

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
C9 North 1-2 mi 6247 Higher			SRDCCA200704109 Daycare
	EDR ID:	SRDCCA200704109	
	Facility number:	300615544	
	Facility name:	"ARDIS, STACY "	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	20691 SANDPIPER LANE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Alt. address:	20691 SANDPIPER LANE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Facility investor:	"ARDIS, STACY "	
	Licensee type:	A	
	License effective date:	930603	
	License expiration date:	Not Reported	
	License issue date:	930603	
	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:	930216	
	Facility closed date:	Not Reported	
	Mailing address:	20691 SANDPIPER LANE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92646	
	Contact person:	"ARDIS, STACY "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7149691466	
10 NNE 1-2 mi 6300 Higher			SRHO20070148150 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:	GLENN E MILLER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960815	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0918664	

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	8932 AMADOR CIR #13100
Phone num:	2096879840
Termination reason:	04
Term Date:	19980305
Purpose of action:	Not Reported
Provider control:	04
Zip:	92646
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:	SRHO20070148150

C11 SRDCCA200702090
NNW Daycare
1-2 mi
6430
Higher

EDR ID:	SRDCCA200702090
Facility number:	300610951
Facility name:	"TAYLOR, RICKI "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	20692 FARNSWORTH LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	20692 FARNSWORTH LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"TAYLOR, RICKI "
Licensee type:	A
License effective date:	940812
License expiration date:	Not Reported
License issue date:	900606
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:	900514
Facility closed date:	Not Reported
Mailing address:	20692 FARNSWORTH LANE
Mailing city:	HUNTINGTON BEACH

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

Mailing state: CA
Mailing zip: 92646
Contact person: "TAYLOR, RICKI "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7145369718

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12 NE 1-2 mi 6520 Higher		SRDCCA200703157 Daycare

EDR ID: SRDCCA200703157
Facility number: 300608362
Facility name: "STEVENSON, BARBARA "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 9321 COMSTOCK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 9321 COMSTOCK DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "STEVENSON, BARBARA "
Licensee type: A
License effective date: 931231
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: 9321 COMSTOCKDRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "STEVENSON, BARBARA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149634765

C13 NNW 1-2 mi 6586 Higher		SRDCCA200746430 Daycare

EDR ID: SRDCCA200746430
Facility number: 304270419
Facility name: YMCA PETERSON PROGRAM CENTER
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 20661 FARNSWORTH LANE
City: HUNTINGTON BEACH

State:	CA
Zip:	92646
Alt. address:	"13821 NEWPORT AVE., SUITE 200 "
City:	TUSTIN
State:	CA
Zip:	92780
Facility investor:	YMCA OF ORANGE COUNTY-WEST COUNTY
Licensee type:	C
License effective date:	970905
License expiration date:	Not Reported
License issue date:	970905
Program type:	"MONDAY THRU FRIDAY, 6:45AM TO 6:00PM. AGES: 4.9 TO 12 YEARS OLD. ROOM P5 ONLY. "
Original app. received date:	970804
Facility closed date:	Not Reported
Mailing address:	"13821 NEWPORT AVENUE,SUITE 200"
Mailing city:	TUSTIN
Mailing state:	CA
Mailing zip:	92780
Contact person:	AMY JENSEN
Facility capacity:	94
Type of clients served:	950
Facility phone:	7145360068

C14 SRPU20071015503
NNW Public Schools
1-2 mi
6586
Higher

Ncessch:	061803007190
Schname05:	JOHN R. PETERSON ELEMENTARY
Mstreet05:	20661 FARNSWORTH LN.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92648
Mzip405:	Not Reported
Member05:	744
Phone05:	(714) 378-1515
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015503

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15 SRDCCA200754439
ENE Daycare
1-2 mi
6634
Higher

EDR ID:	SRDCCA200754439
Facility number:	304270693
Facility name:	RESURRECTION LUTHERAN PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	9812 HAMILTON AVENUE
City:	HUNTINGTON BEACH
State:	CA

Zip:	92646
Alt. address:	9812 HAMILTON AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	RESURRECTION LUTHERAN CHURCH
Licensee type:	B
License effective date:	907
License expiration date:	Not Reported
License issue date:	000907
Program type:	"AMB. CHILDREN, AGES 2.6 TO 5 YEARS OLD, MON-FRI. 09:00 AM TO 12:00 PM AND MON-THURS. 12:00 PM TO 1:30 PM (LUNCH BUNCH) ROOMS 2,3,4. "
Original app. received date:	000609
Facility closed date:	Not Reported
Mailing address:	9812 HAMILTON AVENUE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"GIEM, JUDY "
Facility capacity:	43
Type of clients served:	950
Facility phone:	7149623919

16			SRDCCA200705052
NNW	EDR ID:	SRDCCA200705052	Daycare
1-2 mi	Facility number:	300611395	
6871	Facility name:	"BURKHART, DIANA "	
Higher	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	8061 MERMAID CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Alt. address:	8061 MERMAID CIRCLE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Facility investor:	"BURKHART, DIANA "	
	Licensee type:	A	
	License effective date:	931211	
	License expiration date:	Not Reported	
	License issue date:	901211	
	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:	901102	
	Facility closed date:	Not Reported	
	Mailing address:	8061 MERMAID CIRCLE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing zip:	92646	
	Contact person:	"BURKHART, DIANA "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7145365821	
D17			SRPR20051023526
ENE	Pss school id:	00093062	Private Schools
1-2 mi	Pss inst:	BRETHREN CHRISTIAN JR/SR HIGH	
7255	Lograde:	7	
Higher	Higrade:	12	
	Pss address:	21141 STRATHMOOR LN	
	Pss city:	HUNTINGTON BEACH	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92646	
	Pss phone:	7149626617	
	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:	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:	50	
	Pss enroll 8:	73	
	Pss enroll 9:	94	
	Pss enroll 10:	84	
	Pss enroll 11:	72	
	Pss enroll 12:	71	
	Pss enroll t:	444	
	Pss enroll tk12:	444	
	Pss race ai:	0	
	Pss race as:	34	
	Pss race h:	33	
	Pss race b:	19	
	Pss race w:	358	
	Pss fte teach:	31.6	
	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:	7.66	
	Pss hisp pct:	7.43	
	Pss black pct:	4.28	

Pss white pct:	80.63
Pss stdtch rt:	14.05
Pss orient:	6
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:	SRPR20051023526

D18 SRPR20051022279
ENE Private Schools
1-2 mi
7255
Higher

Pss school id:	BB040293
Pss inst:	ORANGE COAST GAKUEN
Lograde:	K
Higrade:	12
Pss address:	21141 STRATHMOOR LN
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92646
Pss phone:	7142355559
Pss sch days:	Not Reported
Pss stu day hrs:	3.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	17
Pss enroll 1:	12
Pss enroll 2:	9
Pss enroll 3:	8
Pss enroll 4:	10
Pss enroll 5:	7
Pss enroll 6:	11
Pss enroll 7:	4
Pss enroll 8:	6
Pss enroll 9:	7
Pss enroll 10:	7
Pss enroll 11:	5
Pss enroll 12:	23
Pss enroll t:	126
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:	12
Pss locale:	3
Pss coed:	1

Pss type:	6
Pss level:	3
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:	10.5
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:	SRPR20051022279

C19 SRDCCA200703160
NNW Daycare
1-2 mi
7315
Higher

EDR ID:	SRDCCA200703160
Facility number:	300608304
Facility name:	"MURRAY, LORIE "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8301 INDIANAPOLIS AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	8301 INDIANAPOLIS AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"MURRAY, LORIE "
Licensee type:	A
License effective date:	940624
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:	8301 INDIANAPOLIS AVENUE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"MURRAY, LORIE "

Facility capacity: 8
Type of clients served: 960
Facility phone: 7149609739

E20 SRDCCA200702816
NE Daycare
1-2 mi
7486
Higher

EDR ID: SRDCCA200702816
Facility number: 300610866
Facility name: "CASTRO, MARIA "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 20821 WOODLEA LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 20821 WOODLEA LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "CASTRO, MARIA "
Licensee type: A
License effective date: 930514
License expiration date: Not Reported
License issue date: 900514
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: 900417
Facility closed date: Not Reported
Mailing address: 20821 WOODLEA LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "CASTRO, MARIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149629492

F21 SRDCCA200703082
NNE Daycare
1-2 mi
7493
Higher

EDR ID: SRDCCA200703082
Facility number: 300608237
Facility name: "ETHEART, NATHALIE "
Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 20582 MINERVA
City: HUNTINGTON BEACH
State: CA
Zip: 92646

Alt. address:	20582 MINERVA
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"ETHEART, NATHALIE "
Licensee type:	A
License effective date:	931231
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:	20582 MINERVA
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"ETHEART, NATHALIE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7149650607

G22 SRDCCA200702645
NNE Daycare
1-2 mi
7574
Higher

EDR ID:	SRDCCA200702645
Facility number:	300610754
Facility name:	"JOHNSON, RUTH "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8951 BAINFORD DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	8951 BAINFORD DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"JOHNSON, RUTH "
Licensee type:	A
License effective date:	930416
License expiration date:	Not Reported
License issue date:	930416
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:	900309
Facility closed date:	Not Reported
Mailing address:	8951 BAINFORDDRIVE
Mailing city:	HUNTING BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"JOHNSON, RUTH "

Facility capacity: 14
Type of clients served: 960
Facility phone: 7149631949

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23 — SRDCCA200710950
North — Daycare
1-2 mi
7715
Higher

EDR ID: SRDCCA200710950
Facility number: 304205318
Facility name: "GREER, LESLIE "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 20402 DUBLIN LN.
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 20402 DUBLIN LN.
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "GREER, LESLIE "
Licensee type: A
License effective date: 211
License expiration date: Not Reported
License issue date: 000211
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: 991130
Facility closed date: Not Reported
Mailing address: 20402 DUBLIN LN.
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "GREER, LESLIE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149691444

H24 — SRDCCA200703123
NNW — Daycare
1-2 mi
7865
Higher

EDR ID: SRDCCA200703123
Facility number: 300608344
Facility name: "MADRID, TENA KAYE "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 8102 MALLOY DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646

Alt. address:	8102 MALLOY DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"MADRID, TENA KAYE "
Licensee type:	A
License effective date:	931019
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 CHILD UNDER 2 YEARS OLD). "
Original app. received date:	890630
Facility closed date:	Not Reported
Mailing address:	8102 MALLOY DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"MADRID, TENA KAYE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7145362351

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25 SRHO20070140312
WNW AHA Hospitals
1-2 mi
7935
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:	BERNARD MASON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930205
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0714920
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	220 WALNUT AVE
Phone num:	7145366011
Termination reason:	15
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	02

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Zip:	92648	
	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:	SRHO20070140312	

G26			SRPR20051023017
NNE	Pss school id:	00075418	Private Schools
1-2 mi	Pss inst:	S S SIMON AND JUDE SCHOOL	
8025	Lograde:	K	
Higher	Higrade:	8	
	Pss address:	20400 MAGNOLIA STREET	
	Pss city:	HUNTINGTON BEACH	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92646	
	Pss phone:	7149624451	
	Pss sch days:	180	
	Pss stu day hrs:	6.83	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	97	
	Pss enroll 1:	70	
	Pss enroll 2:	71	
	Pss enroll 3:	75	
	Pss enroll 4:	76	
	Pss enroll 5:	76	
	Pss enroll 6:	72	
	Pss enroll 7:	73	
	Pss enroll 8:	73	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	683	
	Pss enroll tk12:	683	
	Pss race ai:	7	
	Pss race as:	49	
	Pss race h:	54	
	Pss race b:	3	
	Pss race w:	570	
	Pss fte teach:	32.4	
	Pss locale:	3	
	Pss coed:	1	
	Pss type:	1	

Pss level:	1
Pss relig:	1
Pss comm type:	2
Pss indian pct:	1.02
Pss asian pct:	7.17
Pss hisp pct:	7.91
Pss black pct:	0.44
Pss white pct:	83.46
Pss stdtch rt:	21.08
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:	SRPR20051023017

F27
NNE
1-2 mi
8104
Higher

SRPU20071015502
Public Schools

Ncessch:	061803002225
Schname05:	ISAAC L. SOWERS MIDDLE
Mstreet05:	9300 INDIANAPOLIS AVE.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92646
Mzip405:	Not Reported
Member05:	1254
Phone05:	(714) 962-7738
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071015502

E28
NE
1-2 mi
8354
Higher

SRPR20051024312
Private Schools

Pss school id:	01899354
Pss inst:	HUNTINGTON CHRISTIAN SCHOOL
Lograde:	K
Higrade:	8
Pss address:	9700 LEVEE DR
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92646
Pss phone:	7143789932
Pss sch days:	175
Pss stu day hrs:	6
Pss library:	Yes

Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	72
Pss enroll 1:	72
Pss enroll 2:	48
Pss enroll 3:	48
Pss enroll 4:	46
Pss enroll 5:	46
Pss enroll 6:	32
Pss enroll 7:	28
Pss enroll 8:	20
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	412
Pss enroll tk12:	412
Pss race ai:	0
Pss race as:	50
Pss race h:	15
Pss race b:	4
Pss race w:	343
Pss fte teach:	22
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:	12.14
Pss hisp pct:	3.64
Pss black pct:	0.97
Pss white pct:	83.25
Pss stdtch rt:	18.73
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:	SRPR20051024312

I29 SRHO20070154947
NNE AHA Hospitals
1-2 mi
8488
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:	ADULT DAY SERVICES OF ORANGE COUNTY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020418
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0998592
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9451 INDIANAPOLIS AVENUE
Phone num:	7145939630
Termination reason:	00
Term Date:	20080417
Purpose of action:	Not Reported
Provider control:	02
Zip:	92646
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:	SRHO20070154947

J30 SRDCCA200743934
North Daycare
1-2 mi
8574
Higher

EDR ID:	SRDCCA200743934
Facility number:	300605643
Facility name:	YMCA MOFFETT PROGRAM CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	8800 BURLCREST
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	"13821 NEWPORT AVE.,SUITE 200 "
City:	TUSTIN
State:	CA
Zip:	92780
Facility investor:	YMCA OF ORANGE COUNTY
Licensee type:	C

License effective date: 930914
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YRS OLD. MON-FRI. 06:45 A.M. TO 6:00 P.M. OCCASIONAL FRIDAY NIGHTS, 6-11 P.M. DOUBLE PORTABLE. WAIVERS TO SHARE ELEMENTARY SCHOOL "RESTROOMS AND PLAY YARD.
Original app. received date: 840727
Facility closed date: Not Reported
Mailing address: "13821 NEWPORT AVENUE,SUITE 200"
Mailing city: TUSTIN
Mailing state: CA
Mailing zip: 92780
Contact person: JAMIE ALLS
Facility capacity: 90
Type of clients served: 950
Facility phone: 7149641870

J31 — SRPU20071015499
North — Public Schools
1-2 mi
8574
Higher

Ncessch: 061803002221
Schname05: S. A. MOFFETT ELEMENTARY
Mstreet05: 8800 BURLCREST AVE.
Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92646
Mzip405: 0071
Member05: 522
Phone05: (714) 963-8985
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071015499

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32 — SRDCCA200702726
NE — Daycare
1-2 mi
8735
Higher

EDR ID: SRDCCA200702726
Facility number: 300609517
Facility name: "ETEMADIEH, MINOO & ATA ESHRAGHIAN "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 20601 TROON
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 20601 TROON
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "ETEMADIEH, MINOO & ATA ESHRAGHIAN "
Licensee type: A

License effective date: 950918
License expiration date: Not Reported
License issue date: 890918
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: 890828
Facility closed date: Not Reported
Mailing address: 20601 TROON LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "ETEMADIEH, MINOO "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7149641847

H33 NNW 1-2 mi 8752 Higher		SRHO20070148261 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: LAWRENCE J DOMARACKI DC
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19930527
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0871113
Record Status: A
Region code: 09
Is Partial Record: Not Reported
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 8122 SEAWATER DR #205
Phone num: 3109453543
Termination reason: 08
Term Date: 19930529
Purpose of action: Not Reported
Provider control: 04
Zip: 92646
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:	SRHO20070148261

K34 SRHO20070133709
ENE AHA Hospitals
1-2 mi
8813
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:	REMY R ROSELLINI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950607
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577272
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20932 BROOKHURST ST #105
Phone num:	7149622497
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92646
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:	SRHO20070133709

K35 SRHO20070148449
ENE AHA Hospitals
1-2 mi
8813
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:	FAMILY PRACTICE PHYSICIANS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960123
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0910976
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	20932 BROOKHURST #101
Phone num:	7149634559
Termination reason:	00
Term Date:	20080122
Purpose of action:	Not Reported
Provider control:	04
Zip:	92646
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:	SRHO20070148449

K36 SRDCCA200703083
ENE Daycare
1-2 mi
8883
Higher

EDR ID:	SRDCCA200703083
Facility number:	300608235
Facility name:	"FOSTER, JANET "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	21011 MANESSA CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	21011 MANESSA CIRCLE
City:	HUNTINGTON BEACH

State: CA
Zip: 92646
Facility investor: "FOSTER, JANET "
Licensee type: A
License effective date: 931031
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: 21011 MANESSA CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "FOSTER, JANET "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149686819

I37 NNE 1-2 mi 9489 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: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served:	SRDCCA200703119 300608178 "BONEV, LINDA " 3403 06 30 810 03 9572 ZION CIRCLE HUNTINGTON BEACH CA 92646 9572 ZION CIRCLE HUNTINGTON BEACH CA 92646 "BONEV, LINDA " A 930430 Not Reported 890701 "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). " 890630 Not Reported 9572 ZION CIRCLE HUNTINGTON BEACH CA 92646 "BONEV, LINDA " 6 960	SRDCCA200703119 Daycare

Facility phone: 7149643288

L38 NNE 1-2 mi 9541 Higher		SRDCCA200748526 Daycare

EDR ID: SRDCCA200748526
Facility number: 300600197
Facility name: CHRIST PRESBYTERIAN CHURCH PRE SCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 20112 MAGNOLIA AVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 20112 MAGNOLIA AVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: CHRIST PRESBYTERIAN CHURCH
Licensee type: C
License effective date: 950801
License expiration date: Not Reported
License issue date: Not Reported
Program type: "MONDAY THRU FRIDAY, 8:00AM TO 2:45PM, AGES: 2 TO 6 YEARS OLD.
ROOMS: SEASIDE, SUNNYSIDE, LIBRARY & BIGROOM.
AMBULATORY ONLY.
"
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 20112 MAGNOLIA
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "WEBB, SUSAN L. "
Facility capacity: 74
Type of clients served: 950
Facility phone: 7149626791

M39 North 1-2 mi 9647 Higher		SRDCCA200714642 Daycare

EDR ID: SRDCCA200714642
Facility number: 304205962
Facility name: "REED, LIANA "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 8512 AFTON CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 8512 AFTON CIRCLE
City: HUNTINGTON BEACH

State: CA
Zip: 92646
Facility investor: "REED, LIANA "
Licensee type: A
License effective date: 10702
License expiration date: Not Reported
License issue date: 010702
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: 010309
Facility closed date: Not Reported
Mailing address: 8512 AFTON CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "REED, LIANA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149624124

N40 SRDCCA200702578
NE
1-2 mi
9682
Higher

EDR ID: SRDCCA200702578 Daycare
Facility number: 300609678
Facility name: "KIMBLE, BETH "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 20582 PEBBLE LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 20582 PEBBLE LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "KIMBLE, BETH "
Licensee type: A
License effective date: 951205
License expiration date: Not Reported
License issue date: 891205
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: 891025
Facility closed date: Not Reported
Mailing address: 20582 PEBBLE LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "KIMBLE, BETH "
Facility capacity: 14

Type of clients served:	960	
Facility phone:	7149634960	

K41 SRDCCA200709848
ENE Daycare
1-2 mi
9833
Higher

EDR ID:	SRDCCA200709848
Facility number:	304204367
Facility name:	"MACIAS, AZUCENA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	20772 SPINDRIFT LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	20772 SPINDRIFT LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"MACIAS, AZUCENA "
Licensee type:	A
License effective date:	980605
License expiration date:	Not Reported
License issue date:	980605
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:	980107
Facility closed date:	Not Reported
Mailing address:	20772 SPINDRIFT LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"MACIAS, AZUCENA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149682720

O42 SRDCCA200703079
North Daycare
1-2 mi
9938
Higher

EDR ID:	SRDCCA200703079
Facility number:	300608251
Facility name:	"GOSSETT, TONI & GARY "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8741 ADAMS AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	8741 ADAMS AVENUE

City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "GOSSETT, TONI & GARY "
Licensee type: A
License effective date: 940531
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: 8741 ADAMS AVENUE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "GOSSETT, TONI "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7149645398

M43 SRDCCA200730138
North Daycare
1-2 mi
10069
Higher

EDR ID: SRDCCA200730138
Facility number: 304310105
Facility name: "ZAKARY, AFAF "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 8402 CLARKDALE DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 8402 CLARKDALE DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "ZAKARY, AFAF "
Licensee type: A
License effective date: 50823
License expiration date: Not Reported
License issue date: 050823
Program type: LICENSEE HAS INACTIVE STATUS UNTIL 8/18/07.
Original app. received date: 050307
Facility closed date: Not Reported
Mailing address: 8402 CLARKDALE DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "ZAKARY, AFAF "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149624564

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

44 — SRDCCA200715131 — Daycare
East
1-2 mi
10088
Higher

EDR ID:	SRDCCA200715131
Facility number:	304205917
Facility name:	TURNER SHERRI
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	06
Address:	39 SEABIRD CT.
City:	NEWPORT BEACH
State:	CA
Zip:	92663
Alt. address:	39 SEABIRD CT.
City:	NEWPORT BEACH
State:	CA
Zip:	92663
Facility investor:	TURNER SHERRI
Licensee type:	A
License effective date:	10410
License expiration date:	Not Reported
License issue date:	010410
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:	010205
Facility closed date:	Not Reported
Mailing address:	39 SEABIRD CT.
Mailing city:	NEWPORT BEACH
Mailing state:	CA
Mailing zip:	92663
Contact person:	TURNER SHERRI
Facility capacity:	6
Type of clients served:	960
Facility phone:	9495159312

P45 — SRDCCA200743754 — Daycare
NNE
1-2 mi
10251
Higher

EDR ID:	SRDCCA200743754
Facility number:	300611774
Facility name:	YMCA HAWES PROGRAM CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	9682 YELLOWSTONE DR.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	"13821 NEWPORT AVE., SUITE 200 "
City:	TUSTIN
State:	CA
Zip:	92780
Facility investor:	YMCA OF ORANGE COUNTY

Licensee type:	A
License effective date:	941002
License expiration date:	Not Reported
License issue date:	910722
Program type:	48 AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YRS OLD. MON-FRI. 06:45 AM TO 6:00 PM. PERIODIC FRIDAY NIGHTS 6-11 PM. PORTABLE ONLY. WAIVERS TO SHARE RESTROOMS AND PLAY YARD WITHELEMENTARY SCHOOL.
Original app. received date:	910314
Facility closed date:	Not Reported
Mailing address:	"13821 NEWPORT AVENUE,SUITE 200"
Mailing city:	TUSTIN
Mailing state:	CA
Mailing zip:	92780
Contact person:	JAIME GREENLEE
Facility capacity:	48
Type of clients served:	950
Facility phone:	7149647011

P46 SRPU20071015497
NNE Public Schools
1-2 mi
10251
Higher

Ncessch:	061803002218
Schname05:	RALPH E. HAWES ELEMENTARY
Mstreet05:	9682 YELLOWSTONE DR.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92646
Mzip405:	Not Reported
Member05:	471
Phone05:	(714) 963-8302
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015497

L47 SRHO20070144051
NNE AHA Hospitals
1-2 mi
10322
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:	FOUNTAIN VALLEY MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940523
Prior COO date:	Not Reported
Prior carrier:	Not Reported

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

Provider ID:	05D0886576
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9131 ADAMS AVENUE
Phone num:	7149642796
Termination reason:	12
Term Date:	19941020
Purpose of action:	Not Reported
Provider control:	04
Zip:	92646
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:	SRHO20070144051

L48			SRHO20070153172
NNE	Hospital type:	01	AHA Hospitals
1-2 mi	Num of times COO:	00	
10322	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:	PRIMARY CARE SPECIALISTS	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980406	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0943871	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	9131 ADAMS AVENUE	
	Phone num:	7149687800	
	Termination reason:	00	
	Term Date:	20080405	

Purpose of action:	Not Reported
Provider control:	04
Zip:	92646
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:	SRHO20070153172

L49
NNE
1-2 mi
10343
Higher

SRDCCA200712259
Daycare

EDR ID:	SRDCCA200712259
Facility number:	304205662
Facility name:	"MICHAEL, NARGES "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9151 ADAMS AVE.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	9151 ADAMS AVE.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"MICHAEL, NARGES "
Licensee type:	A
License effective date:	901
License expiration date:	Not Reported
License issue date:	000901
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:	000727
Facility closed date:	Not Reported
Mailing address:	9151 ADAMS AVE.
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"MICHAEL, NARGES "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149681714

N50
NE
1-2 mi
10349
Higher

SRDCCA200707570
Daycare

EDR ID:	SRDCCA200707570
Facility number:	304204090

Facility name:	"WONG, ALICE "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10121 THESEUS DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	10121 THESEUS DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"WONG, ALICE "
Licensee type:	A
License effective date:	971007
License expiration date:	Not Reported
License issue date:	971007
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:	970721
Facility closed date:	Not Reported
Mailing address:	10121 THESEUS DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"WONG, ALICE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149648069

P51 — SRDCCA200733240
NNE — Daycare
1-2 mi
10461
Higher

EDR ID:	SRDCCA200733240
Facility number:	304310390
Facility name:	"MOORMAN, MICHELLE "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	20101 BIG BEND LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	20101 BIG BEND LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"MOORMAN, MICHELLE "
Licensee type:	A
License effective date:	60209
License expiration date:	Not Reported

License issue date: 060209
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: 051223
Facility closed date: Not Reported
Mailing address: 20101 BIG BEND LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "MOORMAN, MICHELLE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149627906

Q52 SRDCCA200752697
NNW Daycare
2-4 mi
11006
Higher

EDR ID: SRDCCA200752697
Facility number: 304270089
Facility name: LA PETITE ACADEMY
Facility eval. code: 1206
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 06
Address: 19860 BEACH BOULEVARD
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 19860 BEACH BOULEVARD
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: LA PETITE ACADEMY
Licensee type: D
License effective date: 941117
License expiration date: Not Reported
License issue date: 941117
Program type: AGES 2 YEARS TO 6 YEARS OLD. MONDAY THROUGH FRIDAY.
HOURS: 6:00 A.M. TO 6:30 P.M.
Original app. received date: 941114
Facility closed date: Not Reported
Mailing address: 130 S. JEFFERSON ST. SUITE 300
Mailing city: CHICAGO
Mailing state: IL
Mailing zip: 60661
Contact person: "JOANIS, MARGIE "
Facility capacity: 113
Type of clients served: 950
Facility phone: 7149620339

Q53 SRDCCA200740921
NNW Daycare
2-4 mi
11006
Higher

EDR ID: SRDCCA200740921
Facility number: 304270091
Facility name: LA PETITE ACADEMY

Facility eval. code:	1206
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	19860 BEACH BOULEVARD
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	19860 BEACH BOULEVARD
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	LA PETITE ACADEMY
Licensee type:	D
License effective date:	941117
License expiration date:	Not Reported
License issue date:	941117
Program type:	MONDAY THRU FRIDAY. 6:00AM - 6:30PM AGES: 1-2 YEARS OF AGE.
Original app. received date:	941114
Facility closed date:	Not Reported
Mailing address:	130 S. JEFFERSON ST. SUITE 300
Mailing city:	CHICAGO
Mailing state:	IL
Mailing zip:	60661
Contact person:	"HECKMAN-MOSS, DIANE "
Facility capacity:	12
Type of clients served:	955
Facility phone:	7149620339

Q54 SRDCCA200743186
NNW Daycare
2-4 mi
11006
Higher

EDR ID:	SRDCCA200743186
Facility number:	304270090
Facility name:	LA PETITE ACADEMY
Facility eval. code:	1206
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	19860 BEACH BOULEVARD
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	19860 BEACH BOULEVARD
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	LA PETITE ACADEMY
Licensee type:	D
License effective date:	941117
License expiration date:	Not Reported
License issue date:	941117
Program type:	29 AMBULATORY. & 2 NON-AMBULATORY. AGES 6 YEARS TO 1‘2 YEARS OLD. MONDAY THROUGH FRIDAY. HOURS: 6:00 A.M. TO 6:30 P.M.

Original app. received date:	941114
Facility closed date:	Not Reported
Mailing address:	130 S. JEFFERSON ST. SUITE 300
Mailing city:	CHICAGO
Mailing state:	IL
Mailing zip:	60661
Contact person:	"JOANIS, MARGIE "
Facility capacity:	28
Type of clients served:	950
Facility phone:	7149620339

Q55 SRPR20051023620
NNW Private Schools
2-4 mi
11006
Higher

Pss school id:	BB040295
Pss inst:	LA PETITE ACADEMY
Lograde:	PK
Higrade:	K
Pss address:	19860 BEACH BLVD
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92648
Pss phone:	7149620339
Pss sch days:	180
Pss stu day hrs:	5.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	120
Pss enroll k:	16
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:	136
Pss enroll tk12:	16
Pss race ai:	0
Pss race as:	4
Pss race h:	1
Pss race b:	1
Pss race w:	10
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3

Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	25
Pss hisp pct:	6.25
Pss black pct:	6.25
Pss white pct:	62.5
Pss stdtch rt:	16
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:	SRPR20051023620

O56 SRDCCA200713238
North Daycare
2-4 mi
11066
Higher

EDR ID:	SRDCCA200713238
Facility number:	304205434
Facility name:	"HOLGUIN, KELLY "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8791 CUTTER DR.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	8791 CUTTER DR.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"HOLGUIN, KELLY "
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:	000518
Facility closed date:	Not Reported
Mailing address:	8791 CUTTER DR.
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"HOLGUIN, KELLY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149633307

Q57 SRDCCA200748592
NNW Daycare
2-4 mi
11152
Higher

EDR ID:	SRDCCA200748592
Facility number:	300600533
Facility name:	JOYFUL NOISES PRE SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	1912 FLORIDA STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	1912 FLORIDA STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Facility investor:	HUNTINGTON BEACH EVANGELICAL CHURCH
Licensee type:	C
License effective date:	931005
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY CHILDREN, AGES 2 YEARS TO 5 YEARS. MONDAY THRU FRIDAY 8:00 A.M. TO 2:00 P.M. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	1912 FLORIDA STREET
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92648
Contact person:	LISA ZYLSTRA
Facility capacity:	106
Type of clients served:	950
Facility phone:	7145368909

R58 SRDCCA200751519
North Daycare
2-4 mi
11329
Higher

EDR ID:	SRDCCA200751519
Facility number:	304270406
Facility name:	NEWLAND SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	8787 DOLPHIN STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	8787 DOLPHIN STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	FOUNTAIN VALLEY SCHOOL DISTRICT
Licensee type:	F

License effective date: 970826
License expiration date: Not Reported
License issue date: 970826
Program type: 24 AMBULATORY CHILDREN. AGES 3-5 YEARS OLD. MONDAY THROUGH FRIDAY. ROOM 22 ONLY. HOURS: 8:00 A.M. TO 4:00 P.M.
Original app. received date: 970603
Facility closed date: Not Reported
Mailing address: 17210 OAK STREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "BOHLEN, SUE "
Facility capacity: 24
Type of clients served: 950
Facility phone: 7143789147

R59 SRPU20071012694
North Public Schools
2-4 mi
11329
Higher

Ncessch: 061422001630
Schname05: NEWLAND (WILLIAM T.) ELEMENTARY
Mstreet05: 8787 DOLPHIN ST.
Mcity05: HUNTINGTON BEACH
Mstate05: CA
Mzip05: 92646
Mzip405: 3218
Member05: 362
Phone05: (714) 378-4200
Locale05: 3
Type05: 1
Level05: 1
Gslo05: KG
Gshi05: 05
Edr id: SRPU20071012694

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60 SRDCCA200726510
NW Daycare
2-4 mi
11352
Higher

EDR ID: SRDCCA200726510
Facility number: 304300833
Facility name: "GALITZEN-TOMPKINS, MELISSA "
Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 315 13TH STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92648
Alt. address: 315 13TH STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92648
Facility investor: "TOMPKINS-GALITZEN, MELISSA "
Licensee type: A
License effective date: 50815
License expiration date: Not Reported

License issue date: 050815
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: 315 13TH STREET
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92648
Contact person: "GALITZEN-TOMPKINS, MELISSA"
Facility capacity: 8
Type of clients served: 960
Facility phone: 7145807633

61
NE
2-4 mi
11360
Higher

SRDCCA200756126
Daycare

EDR ID: SRDCCA200756126
Facility number: 304370113
Facility name: RINALDI'S CHILD CARE CONCERNS
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 20451 CRAIMER LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 20451 CRAIMER LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: RINALDI'S CHILD CARE CONCERNS INC.
Licensee type: D
License effective date: 40830
License expiration date: Not Reported
License issue date: 040830
Program type: 45 AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM.
Original app. received date: 040614
Facility closed date: Not Reported
Mailing address: 20451 CRAIMER LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "HARPER, VICKI "
Facility capacity: 45
Type of clients served: 950
Facility phone: 7149644223

62
East
2-4 mi
11497
Higher

SRDCCA200748944
Daycare

EDR ID: SRDCCA200748944
Facility number: 304270542

Facility name:	NMUSD WHITTIER PRESCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	1800 WHITTIER AVE.
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	425 E 18TH STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	NEWPORT-MESA UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	990820
License expiration date:	Not Reported
License issue date:	990820
Program type:	"AMBULATORY CHILDREN, AGES 2YEARS OLD TO 5 YEARS OLD. MONDAY THRU FRIDAY, 7:45AM TO 3:00PM. "
Original app. received date:	981224
Facility closed date:	Not Reported
Mailing address:	425 E 18TH STREET
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"DU LCA, MARITZA "
Facility capacity:	72
Type of clients served:	950
Facility phone:	9495156819

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63 SRDCCA200715149
NE Daycare
2-4 mi
11703
Higher

EDR ID:	SRDCCA200715149
Facility number:	304205885
Facility name:	"ERICKSON, PAMELA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10092 MEREDITH DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	10092 MEREDITH DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"ERICKSON, PAMELA "
Licensee type:	A
License effective date:	10319
License expiration date:	Not Reported
License issue date:	010319

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:	010110
Facility closed date:	Not Reported
Mailing address:	10092 MEREDITH DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"ERICKSON, PAMELA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7149687606

Q64 SRPR20051023950
NNW Private Schools
2-4 mi
11778
Higher

Pss school id:	01899252
Pss inst:	CARDEN ACADEMY
Lograde:	PK
Higrade:	8
Pss address:	721 E UTICA AVE
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92648
Pss phone:	7145361440
Pss sch days:	183
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	67
Pss enroll k:	30
Pss enroll 1:	23
Pss enroll 2:	25
Pss enroll 3:	36
Pss enroll 4:	32
Pss enroll 5:	26
Pss enroll 6:	26
Pss enroll 7:	28
Pss enroll 8:	26
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	319
Pss enroll tk12:	252
Pss race ai:	0
Pss race as:	60
Pss race h:	3
Pss race b:	2
Pss race w:	187
Pss fte teach:	21.8
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:	23.81
Pss hisp pct:	1.19
Pss black pct:	0.79
Pss white pct:	74.21
Pss stdtch rt:	11.56
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:	SRPR20051023950

S65 SRDCCA200700061
ENE Daycare
2-4 mi
11846
Higher

EDR ID:	SRDCCA200700061
Facility number:	300603549
Facility name:	"NEW ALTERNATIVES, INC #5 "
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	985 VICTORIA STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	"1202 W CIVIC CENTER, STE. 205 "
City:	SANTA ANA
State:	CA
Zip:	92703
Facility investor:	"NEW ALTERNATIVES, INC. "
Licensee type:	C
License effective date:	930504
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	CAPACITY: TWENTY (20): AMBULATORY ONLY: FACILITY TO SERVE SIBLINGS AGES FOUR THROUGH TWELVE:
Original app. received date:	810327
Facility closed date:	Not Reported
Mailing address:	"1202 W. CIVIC CENTER, STE. 205"
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92703
Contact person:	DANIELLE SAPORITA
Facility capacity:	20
Type of clients served:	970

	Facility phone:	9496463489

Q66			SRHO20070160527
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12025	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:	SAV ON PHARMACY #6124	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050328	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1038799	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	19640 BEACH BLVD	
	Phone num:	7149647989	
	Termination reason:	00	
	Term Date:	20070327	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070160527	

T67			SRPU20071015495
NW	Ncessch:	061803002215	Public Schools
2-4 mi	Schname05:	ETHEL DWYER MIDDLE	
12035	Mstreet05:	1502 PALM AVE.	
Higher	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92648	
	Mzip405:	0071	

Member05:	1219
Phone05:	(714) 536-7507
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071015495

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68 SRDCCA200748584
NW Daycare
2-4 mi
12053
Higher

EDR ID:	SRDCCA200748584
Facility number:	300600320
Facility name:	FIRST CHRISTIAN EARLY CHILDHOOD DEVELOPMENT CTR.
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	1207 MAIN STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	1207 MAIN STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Facility investor:	FIRST CHRISTIAN CHURCH
Licensee type:	C
License effective date:	951003
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY ONLY LICENSEE PREFERS TO SERVE AGES 2 YRS 9 MOS THRU 6 YRS HRS 8:00 AM TO 3:30 PM
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	1207 MAIN ST
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92648
Contact person:	"MARSH, LINDA S. "
Facility capacity:	110
Type of clients served:	950
Facility phone:	7145364111

U69 SRDCCA200729821
NNE Daycare
2-4 mi
12130
Higher

EDR ID:	SRDCCA200729821
Facility number:	304310159
Facility name:	"PEREIRA, BELINDA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9591 BICKLEY DRIVE

City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	9591 BICKLEY DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"PEREIRA, BELINDA "
Licensee type:	A
License effective date:	50513
License expiration date:	Not Reported
License issue date:	050513
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:	050426
Facility closed date:	Not Reported
Mailing address:	9591 BICKLEY DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"PEREIRA, BELINDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149623177

Q70 SRHO20070158010
NNW AHA Hospitals
2-4 mi
12213
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:	ADVANCED SURGICAL INSTITUTE,THE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040830
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1030089
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	19671 BEACH BLVD SUITE 321
Phone num:	7149622520
Termination reason:	00

Term Date:	20080829
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070158010

Q71			SRHO20070154371
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12213	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:	SEACLIFF SURGICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19971224	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0937903	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19671 BEACH BOULEVARD #321	
	Phone num:	7149694030	
	Termination reason:	08	
	Term Date:	20051223	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92648	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070154371	
Q72			SRHO20070005691
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12213	Owner date:	Not Reported	
Higher	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:	19981104	
	Medicare/Medicaid:	1	
	Facility name:	SEACLIFF SURGICAL CENTER	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19981112	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05C0001427	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	19671 BEACH BLVD, SUITE 321	
	Phone num:	7149694030	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	1	
	Provider control:	01	
	Zip:	92648	
	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:	SRHO20070005691	
V73			SRDCCA200755230
ENE	EDR ID:	SRDCCA200755230	Daycare
2-4 mi	Facility number:	304370298	
12283	Facility name:	WALDORF SCHOOL OF ORANGE	
Higher	Facility eval. code:	1203	

Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 2350 CANYON DRIVE
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 2350 CANYON DRIVE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "WALDORF COMMUNITY SCHOOL, THE "
Licensee type: C
License effective date: 60831
License expiration date: Not Reported
License issue date: 060831
Program type: "AMBULATORY CHILDREN 3 TO 6 YEARS OF AGE, MONDAY THROUGH FRIDAY
HOURS: 7:30 AM TO 6:00 PM
ROOMS: N1 AND N2 ONLY
"
Original app. received date: 060725
Facility closed date: Not Reported
Mailing address: 2350 CANYON DRIVE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "RICHARDS, HOLLY "
Facility capacity: 30
Type of clients served: 950
Facility phone: 9495747775

V74 SRDCCA200745594
ENE EDR ID: SRDCCA200745594 Daycare
2-4 mi Facility number: 304370299
12283 Facility name: WALDORF SCHOOL OF ORANGE COUNTY
Higher Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 2350 CANYON DRIVE
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 2350 CANYON DRIVE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "WALDORF COMMUNITY SCHOOL, THE "
Licensee type: C
License effective date: 60831
License expiration date: Not Reported
License issue date: 060831
Program type: "AMBULATORY CHILDREN AGES 4.9 TO 7 YEARS OF AGE, MONDAY THROUGH FRIDAY
HOURS: 7:30 AM TO 6:00 PM.
ROOM: K1 ONLY.
"

Original app. received date:	060724
Facility closed date:	Not Reported
Mailing address:	2350 CANYON DRIVE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"RICHARDS, HOLLY "
Facility capacity:	22
Type of clients served:	950
Facility phone:	9495747775

V75 SRPR20051026615
ENE Private Schools
2-4 mi
12283
Higher

Pss school id:	A9302805
Pss inst:	THE WALDORF SCH OF ORANGE CO
Lograde:	PK
Higrade:	8
Pss address:	2350 CANYON DR
Pss city:	COSTA MESA
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92627
Pss phone:	9495747731
Pss sch days:	171
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	24
Pss enroll k:	39
Pss enroll 1:	26
Pss enroll 2:	26
Pss enroll 3:	22
Pss enroll 4:	26
Pss enroll 5:	24
Pss enroll 6:	25
Pss enroll 7:	25
Pss enroll 8:	10
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	247
Pss enroll tk12:	223
Pss race ai:	7
Pss race as:	39
Pss race h:	28
Pss race b:	1
Pss race w:	148
Pss fte teach:	20.6
Pss locale:	2
Pss coed:	1
Pss type:	6
Pss level:	1
Pss relig:	3

Pss comm type:	1
Pss indian pct:	3.14
Pss asian pct:	17.49
Pss hisp pct:	12.56
Pss black pct:	0.45
Pss white pct:	66.37
Pss stdtch rt:	10.83
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	Association of Waldorf Schools of North America (AWSNA)
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:	SRPR20051026615

V76 SRDCCA200749477
ENE Daycare
2-4 mi
12289
Higher

EDR ID:	SRDCCA200749477
Facility number:	300614015
Facility name:	COSTA MESA HEAD START
Facility eval. code:	1202
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2352 CANYON DR.
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	2352 CANYON DRIVE
City:	"COSTA MESA, "
State:	CA
Zip:	92627
Facility investor:	"ORANGE COUNTY HEAD START, INC. "
Licensee type:	C
License effective date:	950514
License expiration date:	Not Reported
License issue date:	920514
Program type:	"NOT TO EXCEED 2 NON-AMBULATORY. CHILDREN AGES 3-4.9 YEARS OLD. HOURS: 8:00 AM - 11:30 AM & 12:30 PM - 4:00 PM, MONDAY THROUGH FRIDAY, ROOMS 1,2,3 ONLY. "
Original app. received date:	920218
Facility closed date:	Not Reported
Mailing address:	"2900 HARBOR BLVD., SUITE 101 "
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	"BACH, LYNN "
Facility capacity:	60
Type of clients served:	950
Facility phone:	9496316603

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
W77 NNW 2-4 mi 12345 Higher			SRHO20070156302 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:	NEWPORT BEACH OB/GYN MEDICAL GROU INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20011017	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0992458	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19582 BEACH BLVD SUITE 206	
	Phone num:	7142740414	
	Termination reason:	00	
	Term Date:	20071016	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070156302	

W78 NNW 2-4 mi 12345 Higher			SRHO20070134128 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:	W RAYMOND MENZIES MD A PROF CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930108
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577429
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19582 BEACH BLVD SUITE 307
Phone num:	7148470222
Termination reason:	08
Term Date:	19930110
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070134128

W79 SRHO20070159066
NNW AHA Hospitals
2-4 mi
12345
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:	PACIFIC SHORES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040203
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1021933
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19582 BEACH BLVD #212
Phone num:	7142529415
Termination reason:	00
Term Date:	20090105
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070159066

W80 SRHO20070134406
NNW AHA Hospitals
2-4 mi
12345
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:	Not Reported
Current survey date:	19941129
Medicare/Medicaid:	1
Facility name:	WENDELL C WITTE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577598
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	19582 BEACH BLVD,STE #207
Phone num:	7143782427
Termination reason:	00
Term Date:	20081128
Purpose of action:	1
Provider control:	04
Zip:	92648
Fips state:	06

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:	SRHO20070134406	

W81			SRHO20070143013
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12345	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:	MARTIN A STEINFIELD MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930112	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0857370	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19582 BEACH BLVD SUITE 117	
	Phone num:	7143782424	
	Termination reason:	08	
	Term Date:	19980831	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	92648	
	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:	SRHO20070143013	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
W82			SRHO20070155013
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12345	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:	THOMAS A GOODHEART MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000809	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0976615	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19582 BEACH BLVD STE 319	
	Phone num:	7143782488	
	Termination reason:	00	
	Term Date:	20080808	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070155013	

W83			SRHO20070142066
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12345	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	

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

Medicare/Medicaid:	Not Reported
Facility name:	ORANGE COAST UROLOGY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0862150
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19582 BEACH BLVD #316
Phone num:	7143782471
Termination reason:	12
Term Date:	19950801
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070142066

W84			SRHO20070152047
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12345	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:	ALAN BOYAR MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990824	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0964396	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19582 BEACH BLVD SUITE 310
Phone num:	7145939392
Termination reason:	08
Term Date:	20010823
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070152047

W85 SRHO20070134405
NNW AHA Hospitals
2-4 mi
12345
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:	Not Reported
Current survey date:	19941111
Medicare/Medicaid:	1
Facility name:	T H GAN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577584
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	19582 BEACH BLVD #212
Phone num:	7143782410
Termination reason:	12
Term Date:	19960831
Purpose of action:	1
Provider control:	04
Zip:	92648
Fips state:	06

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:	SRHO20070134405	

W86			SRHO20070157105
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
12345	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:	JULIE R MATSUURA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040407	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1024313	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	19582 BEACH BLVD STE 210	
	Phone num:	7149653253	
	Termination reason:	00	
	Term Date:	20080406	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070157105	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
W87 NNW 2-4 mi 12345 Higher			SRHO20070140648 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:	20010315	
	Medicare/Medicaid:	1	
	Facility name:	NEWPORT-HUNTINGTON MEDICAL GROUP LABORATORY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0703820	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	19582 BEACH BOULEVARD, SUITE #307	
	Phone num:	7143782401	
	Termination reason:	00	
	Term Date:	20071218	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070140648	
S88 East 2-4 mi 12371 Higher			SRDCCA200702510 Daycare
	EDR ID:	SRDCCA200702510	
	Facility number:	300610085	
	Facility name:	"BURKHART, GLORIA "	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2139 PRESIDENT PLACE	
	City:	COSTA MESA	

State:	CA
Zip:	92627
Alt. address:	2139 PRESIDENT PLACE
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"BURKHART, GLORIA "
Licensee type:	A
License effective date:	941031
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:	2139 PRESIDENT PLACE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"BURKHART, GLORIA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	9496469295

U89 SRDCCA200708585
NNE Daycare
2-4 mi
12451
Higher

EDR ID:	SRDCCA200708585
Facility number:	304202229
Facility name:	"BUSH, MELISSA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9652 TELHAN DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	9652 TELHAN DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"BUSH, MELISSA "
Licensee type:	A
License effective date:	960314
License expiration date:	Not Reported
License issue date:	960314
Program type:	INACTIVE STATUS FROM 11/30/06 THRU 12/31/07.
Original app. received date:	951120
Facility closed date:	Not Reported
Mailing address:	9652 TELHAN DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"BUSH, MELISSA "

Facility capacity: 6
Type of clients served: 960
Facility phone: 7149633222

X90 SRDCCA200703117
NNE Daycare
2-4 mi
12579
Higher

EDR ID: SRDCCA200703117
Facility number: 300608384
Facility name: "MEISINGER, SANDRA "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 9102 VERONICA DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 9102 VERONICA DRIVE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "MEISINGER, SANDRA "
Licensee type: A
License effective date: 960122
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: 9102 VERONICA DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "MEISINGER, SANDRA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149625767

S91 SRDCCA200706662
East Daycare
2-4 mi
12594
Higher

EDR ID: SRDCCA200706662
Facility number: 304200210
Facility name: "HALLOCK, ANITA "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 2094 NATIONAL
City: COSTA MESA
State: CA
Zip: 92627

Alt. address: 2094 NATIONAL
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "HALLOCK, ANITA "
Licensee type: A
License effective date: 940811
License expiration date: Not Reported
License issue date: 940811
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: 940411
Facility closed date: Not Reported
Mailing address: 2094 NATIONAL
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "HALLOCK, ANITA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 9496317081

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92 SRDCCA200716687
NNW EDR ID: SRDCCA200716687 Daycare
2-4 mi Facility number: 304206266
12631 Facility name: "OTSUKA, SHERRY "
Higher Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 2207 #3 HUNTINGTON STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92648
Alt. address: 2207 #3 HUNTINGTON STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92648
Facility investor: "OTSUKA, SHERRY "
Licensee type: A
License effective date: 11003
License expiration date: Not Reported
License issue date: 011003
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: 010904
Facility closed date: Not Reported
Mailing address: 2207 #3 HUNTINGTON STREET
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92648

Contact person:	"OTSUKA, SHERRY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149697274

U93 SRDCCA200715595
NNE Daycare
2-4 mi
12726
Higher

EDR ID:	SRDCCA200715595
Facility number:	304205790
Facility name:	"JAM, HEIDEH "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9621 WARBURTON DR.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	9621 WARBURTON DR.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"JAM, HEIDEH "
Licensee type:	A
License effective date:	1115
License expiration date:	Not Reported
License issue date:	001115
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:	001016
Facility closed date:	Not Reported
Mailing address:	9621 WARBURTON DR.
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"JAM, HEIDEH "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7149635547

T94 SRDCCA200743931
NW Daycare
2-4 mi
12743
Higher

EDR ID:	SRDCCA200743931
Facility number:	300605119
Facility name:	YMCA SMITH PROGRAM CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	770 17TH ST
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648

Alt. address:	"13821 NEWPORT AVE., SUITE 200 "
City:	TUSTIN
State:	CA
Zip:	92780
Facility investor:	YMCA OF ORANGE COUNTY
Licensee type:	C
License effective date:	950217
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY CHILDREN. 4.9 THROUGH 12 YRS OLD. MON-FRI. 06:45 AM TO 6:00 PM. DOUBLE PORTABLE. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOMS AND PLAY YARD.
Original app. received date:	821227
Facility closed date:	Not Reported
Mailing address:	"13821 NEWPORT AVENUE,SUITE 200"
Mailing city:	TUSTIN
Mailing state:	CA
Mailing zip:	92780
Contact person:	MELISSA MYERS
Facility capacity:	90
Type of clients served:	950
Facility phone:	7149605553

T95 SRPU20071015501
NW Public Schools
2-4 mi
12743
Higher

Ncessch:	061803002224
Schname05:	AGNES L. SMITH ELEMENTARY
Mstreet05:	770 17TH ST.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92648
Mzip405:	0071
Member05:	729
Phone05:	(714) 536-1469
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015501

Y96 SRHO20070133721
NE AHA Hospitals
2-4 mi
12950
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:	Not Reported
Current survey date:	19980528
Medicare/Medicaid:	1
Facility name:	SO CALIFORNIA MEDICAL ASSOCIATES INC
Intermediary/Carrier:	02050

Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577290
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	10188 ADAMS AVENUE
Phone num:	7149683266
Termination reason:	00
Term Date:	20081115
Purpose of action:	2
Provider control:	04
Zip:	92646
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:	SRHO20070133721

Z97 SRDCCA200703086
NNE Daycare
2-4 mi
13152
Higher

EDR ID:	SRDCCA200703086
Facility number:	300608158
Facility name:	"BAUMDRAHER, DONNA & JOHN "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9872 GARRETT CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	9872 GARRETT CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"BAUMDRAHER, DONNA & JOHN "
Licensee type:	A
License effective date:	931231
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:	9872 GARRETT CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"BAUMDRAHER, DONNA & JOHN "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7149685004

X98 SRDCCA200703115
NNE Daycare
2-4 mi
13164
Higher

EDR ID:	SRDCCA200703115
Facility number:	300608156
Facility name:	"BARAHONA, PATRICIA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9092 BRABHAM DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	9092 BRABHAM DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"BARAHONA, PATRICIA "
Licensee type:	A
License effective date:	950731
License expiration date:	Not Reported
License issue date:	890731
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:	9092 BRABHAM DRIVE
Mailing city:	HUNTINGTON
Mailing state:	CA
Mailing zip:	92646
Contact person:	"BARAHONA, PATRICIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149644913

X99 SRPU20071012697
NNE Public Schools
2-4 mi
13181
Higher

Ncessch:	061422001634
Schname05:	TALBERT (SAMUEL E.) MIDDLE
Mstreet05:	9101 BRABHAM DR.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mzip05:	92646	
	Mzip405:	2764	
	Member05:	574	
	Phone05:	(714) 378-4220	
	Locale05:	3	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071012697	

100			SRDCCA200706755
ENE	EDR ID:	SRDCCA200706755	Daycare
2-4 mi	Facility number:	300615718	
13285	Facility name:	"KISTLER, TAMI "	
Higher	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	899 DARRELL	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Alt. address:	899 DARRELL	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Facility investor:	"KISTLER, TAMI "	
	Licensee type:	A	
	License effective date:	930621	
	License expiration date:	Not Reported	
	License issue date:	930621	
	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:	930514	
	Facility closed date:	Not Reported	
	Mailing address:	899 DARRELL	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92627	
	Contact person:	"KISTLER, TAMI "	
	Facility capacity:	12	
	Type of clients served:	960	
	Facility phone:	7146505810	

AA101			SRDCCA200750756
NNW	EDR ID:	SRDCCA200750756	Daycare
2-4 mi	Facility number:	304270369	
13585	Facility name:	"KINDERCARE LEARNING CENTERS, INC. # 472 "	
Higher	Facility eval. code:	1203	
	Facility office number:	06	

Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	19342 BEACH BLVD.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	19342 BEACH BLVD.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "
Licensee type:	D
License effective date:	970425
License expiration date:	Not Reported
License issue date:	970425
Program type:	"AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MON.-FRI.,06:30AM - 6:30PM. 3RD WED., THURS. OR FRI. 06:30AM - 9:00PM. ROOMS 3,5,6,8,9,10. WAIVER FOR 12 SCHOOL-AGE "CHILDREN TO BE IN P/S FROM 06:30-07:30AM AND 5:30 - 6:30PM.
Original app. received date:	970423
Facility closed date:	Not Reported
Mailing address:	"650 NE HOLLADAY ST., STE 1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	PATTY DONOVAN
Facility capacity:	135
Type of clients served:	950
Facility phone:	7149642569

AA102 — SRDCCA200746648
NNW — Daycare
2-4 mi
13585
Higher

EDR ID:	SRDCCA200746648
Facility number:	304270371
Facility name:	"KINDERCARE LEARNING CENTERS, INC. # 472 "
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	19342 BEACH BLVD.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	19342 BEACH BLVD.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "
Licensee type:	D
License effective date:	970425
License expiration date:	Not Reported
License issue date:	970425
Program type:	"AMBULATORY CHILDREN AGES 6 YRS. THROUGH 12 YRS. OLD. MON. - FRI. 06:30AM TO 6:30PM. 3RD WED., THURS., OR FRI. 06:30AM - 9:00PM. ROOM 7. WAIVER FOR 12 SCHOOLAGE CHILDREN TO BE IN "P/S FROM 06:30AM - 07:30AM AND 5:30 - 6:30PM.

Original app. received date:	970423
Facility closed date:	Not Reported
Mailing address:	"650 NE HOLLADAY ST., STE 1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	PATTY DONOVAN
Facility capacity:	22
Type of clients served:	950
Facility phone:	7149642569

AA103 SRDCCA200741755
NNW Daycare
2-4 mi
13585
Higher

EDR ID:	SRDCCA200741755
Facility number:	304270370
Facility name:	"KINDERCARE LEARNING CENTERS, INC. # 472 "
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	19342 BEACH BLVD.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	19342 BEACH BLVD.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "
Licensee type:	D
License effective date:	970425
License expiration date:	Not Reported
License issue date:	970425
Program type:	"AMBULATORY CHILDREN, AGES 6 WEEKS THROUGH 24 MONTHS. MONDAY - FRI. 06:30AM - 6:30PM. 3RD WED,THURS, OR FRI., 06:30AM - 9:00PM. ROOMS 1,2,4. "
Original app. received date:	970423
Facility closed date:	Not Reported
Mailing address:	"650 NE HOLLADAY ST., STE 1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	PATTY DONOVAN
Facility capacity:	24
Type of clients served:	955
Facility phone:	7149642569

AA104 SRHO20070154215
NNW AHA Hospitals
2-4 mi
13585
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:	KINDERCARE OF HUNTINGTON BEACH CA #472
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971230
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0938092
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	19342 BEACH BLVD
Phone num:	7149642569
Termination reason:	12
Term Date:	20011113
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070154215

AA105 SRPR20051024914
NNW Private Schools
2-4 mi
13585
Higher

Pss school id:	K9300579
Pss inst:	KINDER-CARE
Lograde:	PK
Higrade:	K
Pss address:	19342 BEACH BLVD
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92648
Pss phone:	7149642569
Pss sch days:	Not Reported
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported

Pss enroll pk:	58
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:	65
Pss enroll tk12:	7
Pss race ai:	0
Pss race as:	0
Pss race h:	2
Pss race b:	1
Pss race w:	4
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	28.57
Pss black pct:	14.29
Pss white pct:	57.14
Pss stdtch rt:	7
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:	SRPR20051024914

AB106 SRDCCA200743936
North Daycare
2-4 mi
13824
Higher

EDR ID:	SRDCCA200743936
Facility number:	300605941
Facility name:	YMCA PERRY PROGRAM CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03

Address:	19231 HARDING LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	"13821 NEWPORT AVE., SUITE 200 "
City:	TUSTIN
State:	CA
Zip:	92780
Facility investor:	Y.M.C.A. OF ORANGE COUNTY
Licensee type:	C
License effective date:	950515
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YRS OLD. MON-FRI. 06:45 AM TO 6:00 PM, & PERIODIC FRIDAY FUN NIGHTS, 6:00 PM TO 11:00 PM. PORTABLE ONLY. WAIVERS TO SHARE "ELEMENTARY SCHOOL RESTROOMS AND PLAY YARD.
Original app. received date:	850814
Facility closed date:	Not Reported
Mailing address:	"13821 NEWPORT AVENUE,SUITE 200"
Mailing city:	TUSTIN
Mailing state:	CA
Mailing zip:	92780
Contact person:	SOYO NICHOLS
Facility capacity:	48
Type of clients served:	950
Facility phone:	7149686163

AB107 SRDCCA200755024
North Daycare
2-4 mi
13824
Higher

EDR ID:	SRDCCA200755024
Facility number:	304370262
Facility name:	"HBCSD- P.S. ACADEMY ""ACADEMICS THROUGH THE ARTS"" "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	19231 HARDING LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	20451 CRAIMER LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	HUNTINGTON BEACH SCHOOL DISTRICT
Licensee type:	F
License effective date:	70302
License expiration date:	Not Reported
License issue date:	070302
Program type:	MONDAY THRU FRIDAY. HOURS: 9:00AM -1:00PM AGES: 3 YEARS - 5 YEARS. ROOM 4 ONLY.
Original app. received date:	060518
Facility closed date:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing address:	20451 CRAIMER LANE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92646	
	Contact person:	"ELAINE KEELEY, ED.D. "	
	Facility capacity:	26	
	Type of clients served:	950	
	Facility phone:	7149623348	
AB108			SRPU20071015500
North	Ncessch:	061803002222	Public Schools
2-4 mi	Schname05:	JOSEPH R. PERRY ELEMENTARY	
13824	Mstreet05:	19231 HARDING LN.	
Higher	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92646	
	Mzip405:	Not Reported	
	Member05:	464	
	Phone05:	(714) 962-3348	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071015500	
109			SRHO20070136783
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
13848	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	20010321	
	Medicare/Medicaid:	1	
	Facility name:	ALLERGY IMMUN0 TECHNOLOGIES INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0643334	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1527 MONROVIA AVENUE SUITE F	
	Phone num:	9496453703	
	Termination reason:	01	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Term Date:	20020315	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070136783	
110 NNW 2-4 mi 13862 Higher			SRPU20071015507 Public Schools
	Ncessch:	061806002230	
	Schname05:	HUNTINGTON BEACH HIGH	
	Mstreet05:	1905 MAIN ST.	
	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92648	
	Mzip405:	2705	
	Member05:	2658	
	Phone05:	(714) 536-2514	
	Locale05:	3	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071015507	
Y111 NE 2-4 mi 13900 Higher			SRDCCA200709676 Daycare
	EDR ID:	SRDCCA200709676	
	Facility number:	304204316	
	Facility name:	MACARTNEY ANN	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	19912 CARMANIA LANE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Alt. address:	19912 CARMANIA LANE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Facility investor:	MACARTNEY ANN	
	Licensee type:	A	
	License effective date:	981028	
	License expiration date:	Not Reported	

License issue date: 981028
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: 971105
Facility closed date: Not Reported
Mailing address: 19912 CARMANIA LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: MACARTNEY ANN
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149633324

AC112 SRDCCA200703126
NE Daycare
2-4 mi
13940
Higher

EDR ID: SRDCCA200703126
Facility number: 300608339
Facility name: "LUTZ, JULIE "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 19732 MATSONIA LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 19732 MATSONIA LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: "LUTZ, JULIE "
Licensee type: A
License effective date: 941005
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: 19732 MATSONIA LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "LUTZ, JULIE "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149636160

MAP FINDINGS

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

AD113 — SRDCCA200752231
NNE — Daycare
2-4 mi
13989
Higher

EDR ID:	SRDCCA200752231
Facility number:	304270592
Facility name:	FVSD - OKA SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	9800 YORKTOWN
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	17210 OAK STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	FOUNTAIN VALLEY SCHOOL DISTRICT
Licensee type:	F
License effective date:	990907
License expiration date:	Not Reported
License issue date:	990907
Program type:	AMBULATORY CHILDREN. AGES 3-5 YRS. OLD. MON-FRI. 08:00AM TO 12:00PM. ROOM B-7. STATE PRESCHOOL.
Original app. received date:	990721
Facility closed date:	Not Reported
Mailing address:	17210 OAK STREET
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"BOHLEN, SUE "
Facility capacity:	24
Type of clients served:	950
Facility phone:	7143784261

AD114 — SRPU20071012695
NNE — Public Schools
2-4 mi
13989
Higher

Ncessch:	061422001632
Schname05:	OKA (ISOJIRO) ELEMENTARY
Mstreet05:	9800 YORKTOWN AVE.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92646
Mzip405:	2841
Member05:	441
Phone05:	(714) 378-4260
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071012695

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AE115			SRHO20070133565
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
14103	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	ALBERT G PIZZO MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930520	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0576191	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2139 PLACENTIA AVE	
	Phone num:	7145489319	
	Termination reason:	08	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070133565	

Z116			SRDCCA200749939
NNE	EDR ID:	SRDCCA200749939	Daycare
2-4 mi	Facility number:	300611709	
14159	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:	9861 YORKTOWN	
	City:	HUNTINGTON BEACH	

State: CA
Zip: 92646
Alt. address: 151 CANYON CREST DRIVE
City: ANAHEIM HILLS
State: CA
Zip: 92808
Facility investor: "CHILDTIME CHILDCARE, INC. "
Licensee type: D
License effective date: 940326
License expiration date: Not Reported
License issue date: 910326
Program type: AMBULATORY CHILDREN AGES 2 THRU 6 YEARS.
HOURS: 6:30 AM THRU 6:00 PM. MONDAY THRU FRIDAY.
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: "HARDAWAY, MELISSA "
Facility capacity: 63
Type of clients served: 950
Facility phone: 7149688833

Z117 NNE 2-4 mi 14159 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: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person:	SRDCCA200743509 300611711 CHILDTIME CHILDREN'S CENTER INC. 1206 06 30 840 03 9861 YORKTOWN HUNTINGTON BEACH CA 92646 151 CANYON CREST DRIVE ANAHEIM HILLS CA 92808 "CHILDTIME CHILDCARE, INC. " D 940326 Not Reported 910326 EXTENDED DAY CARE: SCHOOL AGES 6 YEARS THROUGH 12 YEARS OF AGE. HOURS: 6:30 AM THROUGH 6:00 PM. MONDAY THROUGH FRIDAY. 901101 Not Reported "21333 HAGGERTY ROAD, STE. 300 " NORI MI 48375 "GORDON, KERNIE "	SRDCCA200743509 Daycare

Facility capacity:	26
Type of clients served:	950
Facility phone:	7149688833

Z118 — SRDCCA200742198
NNE — Daycare
2-4 mi
14159
Higher

EDR ID:	SRDCCA200742198
Facility number:	300611710
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:	9861 YORKTOWN
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	151 CANYON CREST DRIVE
City:	ANAHEIM HILLS
State:	CA
Zip:	92808
Facility investor:	"CHILDTIME CHILDCARE, INC. "
Licensee type:	D
License effective date:	940326
License expiration date:	Not Reported
License issue date:	910326
Program type:	INFANTS AGES 6 WEEKS-2 YEARS. HOURS 6:30 AM THROUGH 6:00 PM. MONDAY THROUGH FRIDAY.
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:	"HARDAWAY, MELISSA "
Facility capacity:	19
Type of clients served:	955
Facility phone:	7149688833

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119 — SRDCCA200750515
NNW — Daycare
2-4 mi
14339
Higher

EDR ID:	SRDCCA200750515
Facility number:	300607148
Facility name:	COASTLINE CHRISTIAN PRE-SCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2721 DELAWARE STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	2721 DELAWARE STREET
City:	HUNTINGTON BEACH

State:	CA
Zip:	92648
Facility investor:	FIRST UNITED METHODIST CHURCH
Licensee type:	C
License effective date:	950922
License expiration date:	Not Reported
License issue date:	890922
Program type:	"AMBULATORY AGES 2 THROUGH 6 YEARS. MONDAY-FRIDAY. HOURS: 7:00 A.M. TO 6:00 P.M.ROOMS 7,8,9,10,25 ADDING 24, 26, 27 "
Original app. received date:	890815
Facility closed date:	Not Reported
Mailing address:	2721 DELAWARE STREET
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92648
Contact person:	OLIVIA WOERZ
Facility capacity:	85
Type of clients served:	950
Facility phone:	7145361740

AF120 SRHO20070153964
East AHA Hospitals
2-4 mi
14407
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	ORANGE COUNTY LATINO MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0943645
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	767 WEST 19TH STREET SUITE 101
Phone num:	9495742121
Termination reason:	00
Term Date:	20080330
Purpose of action:	Not Reported
Provider control:	10
Zip:	92627
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:	SRHO20070153964

AG121 — SRDCCA200754324
ENE — Daycare
2-4 mi
14436
Higher

EDR ID:	SRDCCA200754324
Facility number:	304270871
Facility name:	NMUSD WILSON PRESCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	801 WILSON STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	425 E 18TH STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	NEWPORT MESA UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	21029
License expiration date:	Not Reported
License issue date:	021029
Program type:	AMBULATORY CHILDREN. 2 TO 5 YEARS OF AGE. MONDAY THROUGH FRIDAY. 7:00 AM TO 6:00 PM.
Original app. received date:	020107
Facility closed date:	Not Reported
Mailing address:	425 E 18TH STREET
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"BOSCH, MARIANA "
Facility capacity:	48
Type of clients served:	950
Facility phone:	9495156995

AC122 — SRDCCA200747346
NE — Daycare
2-4 mi
14507
Higher

EDR ID:	SRDCCA200747346
Facility number:	300607003
Facility name:	"PEGASUS SCHOOL, THE "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03

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

Address:	19692 LEXINGTON
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	19692 LEXINGTON
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"HATHAWAY, LAURA KATZ "
Licensee type:	C
License effective date:	930412
License expiration date:	Not Reported
License issue date:	890307
Program type:	75 AMBULATORY CHILDREN. AGES 2 1/2 YEARS TO 5 1/2 YEARS. MONDAY THROUGH FRIDAY. HOURS: 7:30 A.M. TO 6:00 P.M. MODULAR BUILDING.
Original app. received date:	890106
Facility closed date:	Not Reported
Mailing address:	19692 LEXINGTON LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"HATHAWAY, LAURA KATZ "
Facility capacity:	75
Type of clients served:	950
Facility phone:	7149641224

AC123 SRPR20051028114
NE Private Schools
2-4 mi
14507
Higher

Pss school id:	A9101233
Pss inst:	THE PEGASUS SCHOOL
Lograde:	PK
Higrade:	8
Pss address:	19692 LEXINGTON LANE
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92646
Pss phone:	7149641224
Pss sch days:	176
Pss stu day hrs:	6
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	67
Pss enroll k:	55
Pss enroll 1:	52
Pss enroll 2:	54
Pss enroll 3:	56
Pss enroll 4:	55
Pss enroll 5:	60
Pss enroll 6:	54
Pss enroll 7:	57
Pss enroll 8:	46
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported

Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	556
Pss enroll tk12:	489
Pss race ai:	2
Pss race as:	57
Pss race h:	11
Pss race b:	3
Pss race w:	416
Pss fte teach:	37.3
Pss locale:	3
Pss coed:	1
Pss type:	3
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0.41
Pss asian pct:	11.66
Pss hisp pct:	2.25
Pss black pct:	0.61
Pss white pct:	85.07
Pss stdtch rt:	13.11
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	National Association for the Education of Young Children (NAEYC)
Pss assoc 2:	National Association of Independent Schools (NAIS)
Pss assoc 3:	State or regional independent school association
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:	SRPR20051028114

AG124 SRDCCA200715851
ENE Daycare
2-4 mi
14603
Higher

EDR ID:	SRDCCA200715851
Facility number:	304206419
Facility name:	"IBAHIM, NAHID "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	788 W. WILSON #B
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	788 W. WILSON #B
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"IBRAHIM, NAHID "
Licensee type:	A
License effective date:	20304
License expiration date:	Not Reported

License issue date: 020304
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: 020109
Facility closed date: Not Reported
Mailing address: 788 W. WILSON #B
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "IBRAHIM, NAHID "
Facility capacity: 8
Type of clients served: 960
Facility phone: 9495740044

AE125 SRDCCA200748481
East Daycare
2-4 mi
14665
Higher

EDR ID: SRDCCA200748481
Facility number: 300604497
Facility name: CHRIST LUTHERAN PRESCHOOL
Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 760 VICTORIA STREET
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 760 VICTORIA STREET
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: CHRIST LUTHERAN CHURCH OF COSTA MESA
Licensee type: C
License effective date: 940826
License expiration date: Not Reported
License issue date: Not Reported
Program type: AMBULATORY CHILDREN AGES 2 THROUGH 6 YEARS OLD. MONDAY THROUGH FRIDAY6:30 A.M. TO 6:00 P.M.
Original app. received date: 800404
Facility closed date: Not Reported
Mailing address: 760 VICTORIA STREET
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "ANDERSON, BRITT "
Facility capacity: 75
Type of clients served: 950
Facility phone: 7146311639

AE126 SRPR20051024666
East Private Schools
2-4 mi
14665
Higher

Pss school id: 00082571
Pss inst: CHRIST LUTHERAN SCHOOL

Lograde:	PK
Higrade:	8
Pss address:	760 VICTORIA STREET
Pss city:	COSTA MESA
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92627
Pss phone:	9495486866
Pss sch days:	174
Pss stu day hrs:	6.75
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	70
Pss enroll k:	27
Pss enroll 1:	27
Pss enroll 2:	26
Pss enroll 3:	34
Pss enroll 4:	38
Pss enroll 5:	36
Pss enroll 6:	38
Pss enroll 7:	35
Pss enroll 8:	31
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	362
Pss enroll tk12:	292
Pss race ai:	0
Pss race as:	10
Pss race h:	40
Pss race b:	4
Pss race w:	238
Pss fte teach:	15.3
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	3.42
Pss hisp pct:	13.7
Pss black pct:	1.37
Pss white pct:	81.51
Pss stdtch rt:	19.08
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:	SRPR20051024666

AE127 SRDCCA200726768
East Daycare
2-4 mi
14674
Higher

EDR ID:	SRDCCA200726768
Facility number:	304300772
Facility name:	"TORAL, ANGELICA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2074 WALLACE STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	2074 WALLACE STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"TORAL, ANGELICA "
Licensee type:	A
License effective date:	50310
License expiration date:	Not Reported
License issue date:	050310
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:	040727
Facility closed date:	Not Reported
Mailing address:	2074 WALLACE STREET
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"TORAL, ANGELICA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	9496468720

AA128 SRHO20070159421
NNW AHA Hospitals
2-4 mi
14743
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:	SAV ON DRUGS #9427

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050328
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038781
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	19121 BEACH BLVD
Phone num:	7148481522
Termination reason:	00
Term Date:	20070327
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070159421

AH129 — SRHO20070133710
North — AHA Hospitals
2-4 mi
14768
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:	19971223
Medicare/Medicaid:	1
Facility name:	TALBERT MEDICAL GROUP-HUNTINGTON BEACH
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577282
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05

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

state region cd:	M1
street address:	19066 MAGNOLIA AVENUE
Phone num:	7149680068
Termination reason:	00
Term Date:	20081010
Purpose of action:	2
Provider control:	04
Zip:	92642
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:	SRHO20070133710

AH130			SRHO20070133438
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
14768	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:	MULLIKIN MEDICAL CTR HUNTINGTON BEACH	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930205	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0577685	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19066 MAGNOLIA AVENUE	
	Phone num:	7149680068	
	Termination reason:	08	
	Term Date:	20000327	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92642	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070133438	
AH131			SRHO20070147225
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
14768	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:	TMMC/HUNTINGTON BEACH CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960529	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0915433	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	19066 MAGNOLIA AVENUE	
	Phone num:	7149680068	
	Termination reason:	08	
	Term Date:	19980528	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92646	
	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:	SRHO20070147225	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AH132			SRHO20070143449
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
14768	Owner date:	Not Reported	
Higher	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:	19971028	
	Medicare/Medicaid:	1	
	Facility name:	TALBERT HEALTH SERVICES CORP	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0866606	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	19066 MAGNOLIA AVE	
	Phone num:	7149680068	
	Termination reason:	12	
	Term Date:	19981006	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92646	
	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:	SRHO20070143449	

AI133			SRHO20070003847
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15091	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	19850830	

Medicare/Medicaid:	1
Facility name:	NEWPORT SURGERY CLINIC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19850830
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001098
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1419 SUPERIOR AVE, NO 3
Phone num:	9496456665
Termination reason:	03
Term Date:	20030116
Purpose of action:	1
Provider control:	01
Zip:	92663
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:	SRHO20070003847

AI134 SRHO20070146223
ESE AHA Hospitals
2-4 mi
15091
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19950217
Medicare/Medicaid:	1
Facility name:	SUPERIOR FAMILY MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0870655
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1419 SUPERIOR AVENUE #1
Phone num:	7146500587
Termination reason:	00
Term Date:	20080611
Purpose of action:	1
Provider control:	04
Zip:	92663
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:	SRHO20070146223

AI135 — SRHO20070134410
ESE — AHA Hospitals
2-4 mi
15174
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19960607
Medicare/Medicaid:	1
Facility name:	JOEL R SHEINER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578305
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	320 SUPERIOR AVENUE SUITE 110
Phone num:	7146315301
Termination reason:	00
Term Date:	20070803
Purpose of action:	2
Provider control:	04
Zip:	92663
Fips state:	06

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:	SRHO20070134410	

AI136			SRHO20070133986
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15174	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	ORANGE COAST UROLOGY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930107	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578665	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	320 SUPERIOR AVE SUITE 110	
	Phone num:	7149573277	
	Termination reason:	04	
	Term Date:	19940331	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133986	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI137 ESE 2-4 mi 15174 Higher			SRHO20070137772 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	DEREK R ALLEN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921223	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0701085	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	320 SUPERIOR AVE #370	
	Phone num:	7146468836	
	Termination reason:	00	
	Term Date:	20071222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070137772	

AI138 ESE 2-4 mi 15174 Higher			SRHO20070158172 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	CHARLES W MONIAK MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000412
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0972606
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	320 SUPERIOR AVE 230
Phone num:	9496457870
Termination reason:	00
Term Date:	20080411
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070158172

AI139 SRHO20070151258
ESE AHA Hospitals
2-4 mi
15174
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	ROBERT SCHIFFER MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980603
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0946825
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	320 SUPERIOR AVE, #300
Phone num:	7146313001
Termination reason:	08
Term Date:	19980604
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070151258

AI140 SRHO20070148054
ESE AHA Hospitals
2-4 mi
15174
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19971127
Medicare/Medicaid:	1
Facility name:	NEWPORT PULMONARY ASSOCIATES MED GRP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19960425
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0914310
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	320 SUPERIOR AVENUE, SUITE 201
Phone num:	7146426200
Termination reason:	00
Term Date:	20080211
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	SRHO20070148054

AI141			SRHO20070156731
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15174	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	PERRY B SHELDAYI DO	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20011107	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0993243	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	320 SUPERIOR AVENUE 3RD FLOOR STE 300	
	Phone num:	9496313001	
	Termination reason:	00	
	Term Date:	20071106	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070156731	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI142 ESE 2-4 mi 15174 Higher			SRHO20070133976 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	ANTHONY BOHAN MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930219	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578650	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	320 SUPERIOR AVE 340	
	Phone num:	7146457172	
	Termination reason:	00	
	Term Date:	20071222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133976	

AI143 ESE 2-4 mi 15174 Higher			SRHO20070133846 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	19950127	

Medicare/Medicaid:	1
Facility name:	ROBERT SKVERSKY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578547
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	320 SUPERIOR AVE 210
Phone num:	7146452930
Termination reason:	12
Term Date:	19960329
Purpose of action:	1
Provider control:	04
Zip:	92663
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:	SRHO20070133846

AI144 SRHO20070133848
ESE AHA Hospitals
2-4 mi
15174
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	STEPHEN P ANGEL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930108
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578558
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	320 SUPERIOR AVE 320
Phone num:	7146458475
Termination reason:	08
Term Date:	20060831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133848

AI145 SRHO20070137870
ESE AHA Hospitals
2-4 mi
15174
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19950417
Medicare/Medicaid:	1
Facility name:	CHIEN S YU MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0688244
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	320 SUPERIOR AVE SUITE 220
Phone num:	7145487777
Termination reason:	00
Term Date:	20070531
Purpose of action:	1
Provider control:	04
Zip:	92663
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:	SRHO20070137870

AI146			SRHO20070150397
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15174	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	JOHN R TENCATI MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930414	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0866844	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	320 SUPERIOR AVENUE SUITE 270	
	Phone num:	7146503090	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070150397	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI147			SRHO20070159047
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15174	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	MAHNAZ BEHBOODIKHAH MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20031113	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1019262	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	320 SUPERIOR AVENUE SUITE 250	
	Phone num:	9496461877	
	Termination reason:	00	
	Term Date:	20071112	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070159047	

AI148			SRHO20070133860
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15174	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	DENNIS R NOVAK MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930311
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578568
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	320 SUPERIOR AVENUE SUITE 150
Phone num:	7146461687
Termination reason:	12
Term Date:	19941031
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133860

AI149 SRHO20070133831
ESE AHA Hospitals
2-4 mi
15174
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	ROBERT I HEWLETT MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578537
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	320 SUPERIOR AVE SUITE 310
Phone num:	7146426200
Termination reason:	33
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133831

AI150 SRHO20070133859
ESE AHA Hospitals
2-4 mi
15174
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19961122
Medicare/Medicaid:	1
Facility name:	MICHAEL OBRIEN MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578566
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	320 SUPERIOR ROAD SUITE 310
Phone num:	7146460640
Termination reason:	12
Term Date:	19990503
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	SRHO20070133859

AI151			SRHO20070011371
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15175	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	20031023	
	Medicare/Medicaid:	1	
	Facility name:	SUPERIOR REHABILITATION CENTER	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19900319	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056636	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	1441 SUPERIOR AVE #B	
	Phone num:	7146460653	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	06	
	Zip:	92663	
	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:	SRHO20070011371	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI152			SRHO20070133716
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15175	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	HEALTH WEST CHIROPRACTICE CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930203	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578631	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1441 SUPERIOR #D	
	Phone num:	7146469225	
	Termination reason:	08	
	Term Date:	19930205	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	92663	
	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:	SRHO20070133716	

AI153			SRHO20070133987
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15190	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	PARK SUPERIOR HEALTHCARE LLC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930521
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578670
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1445 SUPERIOR AVE
Phone num:	7146422410
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133987

AI154 SRHO20070011837
ESE AHA Hospitals
2-4 mi
15190
Higher

Hospital type:	03
Num of times COO:	04
Owner date:	Not Reported
City:	NEWPORT 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:	20060628
Medicare/Medicaid:	1
Facility name:	PARK SUPERIOR HEALTHCARE
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19730101
Prior COO date:	19990601
Prior carrier:	00040
Provider ID:	055929
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1445 SUPERIOR AVENUE
Phone num:	9496422410
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	92660
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:	0096
Num cert beds:	0096
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070011837

AI155 — SRNH20060900840
ESE — Nursing Homes
2-4 mi
15190
Higher

Provnum:	055929
Nursinghomename:	PARK SUPERIOR HEALTHCARE LLC
Street:	1445 SUPERIOR AVENUE
City:	NEWPORT BEACH
State:	CA
Zipcode:	92660
Phonenumber:	9496422410
Dateoflastinspection:	20060615
Certifiednumberofbeds:	96
Totalnumberofresidents:	84
Percofoccupiedbeds:	88
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060900840

AF156 — SRHO20070143576
East — AHA Hospitals
2-4 mi
15267
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	19960307
Medicare/Medicaid:	1
Facility name:	SANO MEDICAL CENTER

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0865464
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	700 WEST 19TH STREET
Phone num:	9496459334
Termination reason:	00
Term Date:	20080121
Purpose of action:	2
Provider control:	04
Zip:	92627
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:	SRHO20070143576

AJ157 SRDCCA200717148
East Daycare
2-4 mi
15272
Higher

EDR ID:	SRDCCA200717148
Facility number:	304206131
Facility name:	"HERNANDEZ, LEONOR "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2025 POMONA AVENUE #F
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	2025 POMONA AVENUE #F
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"HERNANDEZ, LEONOR "
Licensee type:	A
License effective date:	20618
License expiration date:	Not Reported
License issue date:	020618
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:	010620
Facility closed date:	Not Reported
Mailing address:	2025 POMONA AVENUE #F
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"HERNANDEZ, LEONOR "
Facility capacity:	8
Type of clients served:	960
Facility phone:	9496464368

AJ158 SRDCCA200755563
East Daycare
2-4 mi
15288
Higher

EDR ID:	SRDCCA200755563
Facility number:	304370183
Facility name:	NMUSD POMONA PRESCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2051 POMONA AVENUE
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	425 EAST 18TH STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	NEWPORT MESA UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	50902
License expiration date:	Not Reported
License issue date:	050902
Program type:	46 AMBULATORY AND 2 NON-AMBULATORY CHILDREN AGES 2 TO 5 YEARS OLD. HOURS: 7:30 AM TO 4:00 PM. CLASSROOMS P1 AND P2 ONLY. WAIVER FOR SHARE OUTDOOR SPACE.CHANGE EFFECTIVE DATE: 9/15/06
Original app. received date:	050614
Facility closed date:	Not Reported
Mailing address:	425 EAST 18TH STREET
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"HERNANDEZ, NERY "
Facility capacity:	48
Type of clients served:	950
Facility phone:	9495156980

AI159 SRHO20070158182
ESE AHA Hospitals
2-4 mi
15578
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	JOCELYN J WON MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000523
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0973946
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	355 PLACENTA AVE, # 307
Phone num:	9496313180
Termination reason:	00
Term Date:	20080126
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070158182

AI160 SRHO20070159872
ESE AHA Hospitals
2-4 mi
15578
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	NEWPORT BREAST CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050919
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D1045604
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	355 PLACENTIA AVE STE 207 A
Phone num:	9495151300
Termination reason:	00
Term Date:	20070918
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070159872

AI161 SRHO20070133750
ESE AHA Hospitals
2-4 mi
15578
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	KRIS V IYER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930415
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581778
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	355 PLACENTIA SUITE 209
Phone num:	7146458855
Termination reason:	00

Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133750

AI162			SRHO20070156832
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15578	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	GEORGE O DETARNOWSKY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000629	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0975222	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	355 PLACENTIA AVE #300	
	Phone num:	9495745026	
	Termination reason:	00	
	Term Date:	20080628	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070156832	
AI163			SRHO20070152113
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15578	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	EILEEN SEIBERT MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990223	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0957554	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	355V PLACENTIA AVENUE SUITE 201	
	Phone num:	9496464355	
	Termination reason:	01	
	Term Date:	20011231	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92663	
	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:	SRHO20070152113	
AI164			SRHO20070158543
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15578	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	DOCTORS DIRECT
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040824
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1029818
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M2
street address:	355 PLACENTIA AVE #307
Phone num:	9496313180
Termination reason:	00
Term Date:	20080823
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070158543

AI165 SRHO20070149802
ESE AHA Hospitals
2-4 mi
15578
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	DAVID B BLOOMBERG MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19951217

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0909770
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	355 PLACENTIA AVENUE, SUITE 302
Phone num:	7146459251
Termination reason:	08
Term Date:	19951219
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070149802

AI166 SRHO20070133858
ESE AHA Hospitals
2-4 mi
15578
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	JOHN HOLLAND MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930511
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578563
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	355 PLACENTIA AVE 101
Phone num:	7146460267

Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133858

AI167 SRHO20070133983
ESE AHA Hospitals
2-4 mi
15578
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	MERLE S ROBBOY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930104
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578162
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	355 PLACENTIA AVE, SUITE 308
Phone num:	9497227170
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070133983	
AI168			SRHO20070133847
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15578	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	JOHN G MILLER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921231	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578554	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	355 PLACENTIA AVE SUITE 103	
	Phone num:	7146456411	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133847	
AI169			SRHO20070133578
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15578	Owner date:	Not Reported	
Higher			

City:	NEWPORT 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:	GENE C LAWRENCE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930209
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578526
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	355 PLACENTIA AVE 202
Phone num:	7146422353
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133578

AK170 SRDCCA200740145
ENE Daycare
2-4 mi
15679
Higher

EDR ID:	SRDCCA200740145
Facility number:	304310696
Facility name:	"WEERASEKERA, AMSHI "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	687 SENATE STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	687 SENATE STREET
City:	COSTA MESA

State:	CA
Zip:	92627
Facility investor:	"WEERASEKERA, AMSHI "
Licensee type:	A
License effective date:	70323
License expiration date:	Not Reported
License issue date:	070323
Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. MAX. 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:	061207
Facility closed date:	Not Reported
Mailing address:	687 SENATE STREET
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"WEERASEKERA, AMSHI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	9496507526

AL171 SRHO20070008806
ESE AHA Hospitals
2-4 mi
15701
Higher

Hospital type:	03
Num of times COO:	06
Owner date:	20031201
City:	NEWPORT BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20050407
Current survey date:	20060308
Medicare/Medicaid:	1
Facility name:	NEWPORT NURSING AND REHABILITATION CENTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19771001
Prior COO date:	19880201
Prior carrier:	00400
Provider ID:	055518
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1555 SUPERIOR AVENUE
Phone num:	9496467764
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92663
Fips state:	06

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:	0059	
	Num cert beds:	0059	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008806	

AL172			SRHO20070146901
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15701	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	SUNRISE CARE AND REHAB FOR NEWPORT BCH	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930518	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0869012	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1555 SUPERIOR AVE NB	
	Phone num:	9496467764	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070146901	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL173 ESE 2-4 mi 15701 Higher			SRNH20060900907 Nursing Homes
	Provnum:	055518	
	Nursinghomename:	NEWPORT NURSING AND REHABILITATION CENTER	
	Street:	1555 SUPERIOR AVENUE	
	City:	NEWPORT BEACH	
	State:	CA	
	Zipcode:	92663	
	Phonenumber:	9496467764	
	Dateoflastinspection:	20060302	
	Certifiednumberofbeds:	59	
	Totalnumberofresidents:	47	
	Percofoccupiedbeds:	80	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060900907	

AI174 ESE 2-4 mi 15704 Higher			SRHO20070142120 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	HOAG MEMORIAL HOSPITAL DIALYSIS UNIT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940128	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0882115	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	330 PLACENTIA AVE	
	Phone num:	7147605900	
	Termination reason:	12	
	Term Date:	19950324	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	92663	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070142120	
AI175			SRHO20070011746
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15704	Owner date:	Not Reported	
Higher	City:	NEW PORT 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:	19840618	
	Medicare/Medicaid:	1	
	Facility name:	HOAG CAE AT HOME	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19840618	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	057641	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	330 PLACENTIA AVENUE	
	Phone num:	7147602221	
	Termination reason:	01	
	Term Date:	19850607	
	Purpose of action:	1	
	Provider control:	02	
	Zip:	92663	
	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:	SRHO20070011746	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AM176			SRHO20070108300
NNW	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	05	
15719	Owner date:	20030416	
Higher	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:	20060322	
	Medicare/Medicaid:	1	
	Facility name:	BEACHSIDE NURSING CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19810101	
	Prior COO date:	19810301	
	Prior carrier:	00400	
	Provider ID:	555027	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	7781 GARFIELD AVENUE	
	Phone num:	7148479671	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	92648	
	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:	0059	
	Num cert beds:	0059	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070108300	

AM177			SRHO20070133425
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15719	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:	BEACHSIDE NURSING CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930212
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577632
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	7781 GARFIELD AVENUE
Phone num:	7148479671
Termination reason:	00
Term Date:	20071016
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070133425

AM178 SRNH20060915570
NNW Nursing Homes
2-4 mi
15719
Higher

Provnum:	555027
Nursinghomename:	BEACHSIDE NURSING CENTER
Street:	7781 GARFIELD AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zipcode:	92648
Phonenumber:	7148479671
Dateoflastinspection:	20060315
Certifiednumberofbeds:	59
Totalnumberofresidents:	52
Percofoccupiedbeds:	88
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	NONE
Edr id:	SRNH20060915570

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AN179 NE 2-4 mi 15776 Higher			SRDCCA200710034 Daycare
	EDR ID:	SRDCCA200710034	
	Facility number:	304204516	
	Facility name:	"REISINGER, JAMIE "	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	10381 CHRISTMAS DR.	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Alt. address:	10381 CHRISTMAS DR.	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92646	
	Facility investor:	"REISINGER, JAMIE "	
	Licensee type:	A	
	License effective date:	980409	
	License expiration date:	Not Reported	
	License issue date:	980409	
	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:	980323	
	Facility closed date:	Not Reported	
	Mailing address:	10381 CHRISTMAS DR.	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92646	
	Contact person:	"REISINGER, JAMIE "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7149642529	
AI180 ESE 2-4 mi 15780 Higher			SRHO20070008065 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	19840504	
	Medicare/Medicaid:	1	
	Facility name:	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19660701	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	

Provider ID:	050224
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	ONE HOAG DRIVE
Phone num:	9496458600
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92663
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	19860623
Accred expire date:	19890622
Accred Org:	1
Num beds:	0409
Num cert beds:	0409
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008065

AI181 SRHO20070107926
ESE AHA Hospitals
2-4 mi
15780
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19971029
Medicare/Medicaid:	1
Facility name:	HOAG MEMORIAL HOSP PRESBYTERIAN DP SNF
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19961028
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555681
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	ONE HOAG DRIVE
Phone num:	7146458600
Termination reason:	01
Term Date:	19981104

Purpose of action:	2
Provider control:	05
Zip:	92663
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:	0022
Num cert beds:	0022
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070107926

AI182			SRHO20070133973
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15780	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	HOAG MEMORIAL HOSPITAL PRESBYTERIAN CLINICAL LAB	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940128	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578635	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	ONE HOAG DRIVE	
	Phone num:	7146458600	
	Termination reason:	00	
	Term Date:	20070227	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	92663	
	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:	SRHO20070133973

AI183 SRHO20070147979
ESE AHA Hospitals
2-4 mi
15780
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	NEWPORT EMERGENCY MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970612
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0929375
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	ONE HOAG DRIVE
Phone num:	7148997787
Termination reason:	08
Term Date:	20030611
Purpose of action:	Not Reported
Provider control:	01
Zip:	92658
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:	SRHO20070147979

AI184 SRHO20070137532
ESE AHA Hospitals
2-4 mi
15780
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20050602
Medicare/Medicaid:	1
Facility name:	HOAG MEMORIAL HOSPITAL BLOOD GAS LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0680846
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	ONE HOAG DRIVE PO BOX 6100
Phone num:	7148458800
Termination reason:	00
Term Date:	20070406
Purpose of action:	5
Provider control:	01
Zip:	92658
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:	SRHO20070137532

AI185 SRHO20070147659
ESE AHA Hospitals
2-4 mi
15780
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19970807
Medicare/Medicaid:	1
Facility name:	BONNIE V BOCK, MD ASCP
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19970205
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0924667
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	ONE HOAG DRIVE, INTENSIVE CARE UNITS
Phone num:	7146459010
Termination reason:	12
Term Date:	19980116
Purpose of action:	1
Provider control:	02
Zip:	92658
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:	SRHO20070147659

AI186 SRHO20070133562
ESE AHA Hospitals
2-4 mi
15807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	ROBERT A HINRICHS MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930106
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578506
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	307 PLACENTIA AVE SUITE 204
Phone num:	7145489312
Termination reason:	01

Term Date:	19980524
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133562

AI187 SRHO20070133975
ESE AHA Hospitals
2-4 mi
15807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19950206
Medicare/Medicaid:	1
Facility name:	NEWPORT CYTOLOGY ASSOCS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578644
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	307 PLACENTIA AVE SUITE 207
Phone num:	7146428206
Termination reason:	12
Term Date:	19960201
Purpose of action:	1
Provider control:	04
Zip:	92663
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

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070133975	
AI188			SRHO20070133832
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15807	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	STEPHEN C KOFFLER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930107	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578539	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	307 PLACENTIA AVE SUITE 209	
	Phone num:	7146427332	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133832	
AI189			SRHO20070154489
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15807	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	NEWPORT BEACH COMPREHENSIVE CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020502
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0999074
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	307 PLACENTIA AVENUE SUITE 207
Phone num:	9495741091
Termination reason:	00
Term Date:	20080501
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070154489

AI190 SRHO20070152362
ESE AHA Hospitals
2-4 mi
15807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	CA PHARMACY AND COMPOUNDING CTR
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981016

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

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0952597
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	307 PLACENTA AVENUE STE 102
Phone num:	9496429057
Termination reason:	08
Term Date:	20041015
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070152362

AI191 SRHO20070142445
ESE AHA Hospitals
2-4 mi
15807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	K MARK VUCHINICH MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0857035
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	307 PLACENTIA AVE STE 103
Phone num:	7146462800

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

Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070142445

AI192			SRHO20070133560
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15807	Owner date:	Not Reported	
Higher	City:	NEWPORT 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 R KUHN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930608	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578498	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	307 PLACENTIA AVE SUITE 100	
	Phone num:	7145482655	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133560

AI193 SRHO20070142059
ESE AHA Hospitals
2-4 mi
15807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	NEPHROLOGY SPECIALISTS MED GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930209
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0861129
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	307 PLACENTIA AVENUE STE 103
Phone num:	9496319215
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070142059

AI194 SRHO20070163496
ESE AHA Hospitals
2-4 mi
15807
Higher

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

City:	NEWPORT 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:	LESLIE K MESERVE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1039628
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	307 PLACENTIA AVE SUITE 207
Phone num:	9495741091
Termination reason:	00
Term Date:	20070418
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070163496

AI195 SRHO20070158696
ESE AHA Hospitals
2-4 mi
15807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20061006
Medicare/Medicaid:	1
Facility name:	HUNG V ONG MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	20040831
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1030176
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M2
street address:	307 PLACENTIA AVE SECOND FL SUITE 205
Phone num:	9496467546
Termination reason:	00
Term Date:	20070516
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	SRHO20070158696

AI196 SRHO20070133714
ESE AHA Hospitals
2-4 mi
15807
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19960208
Medicare/Medicaid:	1
Facility name:	RONALD S SOLOMON MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578604
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	307 PLACENTIA AVE SUITE 208

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

Phone num:	7146502233
Termination reason:	12
Term Date:	20000225
Purpose of action:	1
Provider control:	04
Zip:	92663
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:	SRHO20070133714

AO197			SRHO20070140093
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15841	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	MESA VERDE CONVALESCENT HOSP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950124	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0706574	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	661 CENTER STREET	
	Phone num:	7145485584	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070140093

AO198 SRHO20070010844
East AHA Hospitals
2-4 mi
15841
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20060915
Current survey date:	20061017
Medicare/Medicaid:	1
Facility name:	MESA VERDE CONVALESCENT HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19720901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056362
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	661 CENTER STREET
Phone num:	9495485584
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92627
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:	0080
Num cert beds:	0080
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010844

AO199 SRNH20060901067
East Nursing Homes
2-4 mi
15841
Higher

Provnum:	056362
Nursinghomename:	MESA VERDE CONV. HOSPITAL

Street:	661 CENTER STREET
City:	COSTA MESA
State:	CA
Zipcode:	92627
Phonenumber:	9495485584
Dateoflastinspection:	20050812
Certifiednumberofbeds:	80
Totalnumberofresidents:	65
Percofoccupiedbeds:	81
Categorydescription:	Participating in Medicare Only
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060901067

AN200 SRDCCA200704936
NNE Daycare
2-4 mi
15910
Higher

EDR ID:	SRDCCA200704936
Facility number:	300612506
Facility name:	"MACIAS, MARIA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10221 HALAWA DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	10221 HALAWA DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"MACIAS, MARIA "
Licensee type:	A
License effective date:	950408
License expiration date:	Not Reported
License issue date:	920408
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:	911018
Facility closed date:	Not Reported
Mailing address:	10221 HALAWA DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"MACIAS, MARIA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7149654519

MAP FINDINGS

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

201
North
2-4 mi
15919
Higher

SRDCCA200711327
Daycare

EDR ID:	SRDCCA200711327
Facility number:	304205205
Facility name:	"HARWARD, KIERSTY "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	18881 LISTER LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	18881 LISTER LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"HARWARD, KIERSTY "
Licensee type:	A
License effective date:	991015
License expiration date:	Not Reported
License issue date:	991015
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:	18881 LISTER LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"HARWARD, KIERSTY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149643385

AJ202
East
2-4 mi
15973
Higher

SRDCCA200748477
Daycare

EDR ID:	SRDCCA200748477
Facility number:	300603968
Facility name:	MATT KLINE HEADSTART
Facility eval. code:	1202
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	661 HAMILTON ST.
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	661 HAMILTON ST.
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"ORANGE COUNTY HEAD START, INC "

Licensee type:	C
License effective date:	940901
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"NOT TO EXCEED 3 NON-AMBULATORY CHILDREN. AGES 3 THRU 4 YEARS OLD. HOURS: 6:30 AM - 6:00 PM, MONDAY THRU FRIDAY. PORTABLE BUILDING ONLY: ROOM #1, #2, #3, #4. "
Original app. received date:	820506
Facility closed date:	Not Reported
Mailing address:	"2900 HARBOR BLVD., SUITE 101 "
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	"DIONNE, CYNTHIA "
Facility capacity:	80
Type of clients served:	950
Facility phone:	9495484480

AI203 SRHO20070139941
ESE AHA Hospitals
2-4 mi
15977
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	HOAG FERTILITY SERVICES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0705359
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	351 HOSPITAL RD #316
Phone num:	7147602397
Termination reason:	01
Term Date:	19960101
Purpose of action:	Not Reported
Provider control:	01
Zip:	92663
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139941	
AI204			SRHO20070144372
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	JOHN J S YU MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950726	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0903604	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL ROAD	
	Phone num:	7146454000	
	Termination reason:	12	
	Term Date:	19990219	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070144372	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI205			SRHO20070156941
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	PREMIER HEART AND VASCULAR CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020530	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0999994	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL ROAD, #610	
	Phone num:	9497222411	
	Termination reason:	00	
	Term Date:	20080529	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070156941	

AI206			SRHO20070133564
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	ATEF E KHOUZAM, MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950607
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0576189
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	351 HOSPITAL RD #317
Phone num:	7145487736
Termination reason:	01
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133564

AI207 SRHO20070137659
ESE AHA Hospitals
2-4 mi
15977
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	JONATHAN H WHEELER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950613
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0701935
Record Status:	A
Region code:	09
Is Partial Record:	Y

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL RD 611	
	Phone num:	7146421363	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070137659	

AI208			SRHO20070158209
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	MARK A NEWMAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040120	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1021328	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL ROAD SUITE 309	
	Phone num:	9496425600	
	Termination reason:	00	
	Term Date:	20080119	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070158209

AI209			SRHO20070152766
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	05D0936367	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	MARK RETTENMAIER, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980313	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0942646	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL ROAD, #507	
	Phone num:	7146421361	
	Termination reason:	08	
	Term Date:	20000312	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070152766	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI210			SRHO20070149617
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	JOHN PAUL MICHA, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19971119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0936367	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL ROAD, #507	
	Phone num:	7146421361	
	Termination reason:	00	
	Term Date:	20071118	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070149617	

AI211			SRHO20070149923
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	NAQVI AND NAQVI MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971006
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0934427
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	351 HOSPITAL RD # 415
Phone num:	7145545640
Termination reason:	00
Term Date:	20071005
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070149923

AI212			SRHO20070133704
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	DORIS FOSLER TUNNEY, M D	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950612	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578585	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	351 HOSPITAL ROAD, SUITE 504
Phone num:	7146507337
Termination reason:	08
Term Date:	20020831
Purpose of action:	Not Reported
Provider control:	02
Zip:	92663
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:	SRHO20070133704

AI213 SRHO20070152767
ESE AHA Hospitals
2-4 mi
15977
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	05D0936367
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	JOHN V BROWN, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980313
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0942647
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	351 HOSPITAL ROAD, #507
Phone num:	7146421361
Termination reason:	12
Term Date:	19991119
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
Fips state:	06

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:	SRHO20070152767	

AI214			SRHO20070152484
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	SHELLEY R COE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980528	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0946548	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL RD, SUITE 611	
	Phone num:	7146421363	
	Termination reason:	12	
	Term Date:	20000525	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070152484	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI215 ESE 2-4 mi 15977 Higher			SRHO20070141805 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	DALE E BRAITHWAITE MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930203	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0718969	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL RD STE 618	
	Phone num:	7146311826	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070141805	

AI216 ESE 2-4 mi 15977 Higher			SRHO20070139842 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	GREGORY C DIROCCO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930428
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0712349
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	351 HOSPITAL ROAD SUITE 514
Phone num:	9496500822
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	92663
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:	SRHO20070139842

AI217 SRHO20070146342
ESE AHA Hospitals
2-4 mi
15977
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20051129
Medicare/Medicaid:	1
Facility name:	WARREN H FONG MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970313
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0926043
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	351 HOSPITAL ROAD SUITE 305
Phone num:	9495741610
Termination reason:	00
Term Date:	20080219
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	SRHO20070146342

AI218 SRHO20070133974
ESE AHA Hospitals
2-4 mi
15977
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	WEATHERFORD T CLATON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930524
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578639
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	351 HOSPITAL ROAD SUITE 504
Phone num:	9496462800
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
Fips state:	06

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:	SRHO20070133974	

AI219			SRHO20070133830
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	NEWPORT BEACH OB GYN MED GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930318	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578535	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL ROAD, #316	
	Phone num:	9496425775	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133830	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI220			SRHO20070140726
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	ALICE WALLACK MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0721875	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	351 HOSPITAL RD 415	
	Phone num:	7146508888	
	Termination reason:	01	
	Term Date:	19930801	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070140726	

AI221			SRHO20070133988
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15977	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	RICHARD AGNEW MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930630
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578673
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	351 HOSPITAL ROAD #306
Phone num:	7146503777
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133988

AL222 SRHO20070133445
ESE AHA Hospitals
2-4 mi
16001
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	RUSSELL E BROWER MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578496
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:	1501 SUPERIOR AVE SUITE 211
Phone num:	7145481688
Termination reason:	12
Term Date:	19951231
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133445

AL223			SRHO20070152091
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16001	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	ALAN J TOBIAS DPM	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980909	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0950910	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1501 SUPERIOR AVENUE #210	
	Phone num:	9496421100	
	Termination reason:	08	
	Term Date:	20000908	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	Fips state:	06	

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:	SRHO20070152091	

AL224			SRHO20070154206
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16001	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	20060113	
	Medicare/Medicaid:	1	
	Facility name:	VINCENT C HUNG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020116	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0995348	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1501 SUPERIOR AVENUE SUITE 208	
	Phone num:	9495748292	
	Termination reason:	00	
	Term Date:	20080422	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070154206	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL225 ESE 2-4 mi 16001 Higher			SRHO20070133575 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	DONALD E WILLIAMS MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921217	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578508	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1501 SUPERIOR AVE SUITE 312	
	Phone num:	7146311434	
	Termination reason:	01	
	Term Date:	20060705	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133575	

AL226 ESE 2-4 mi 16001 Higher			SRHO20070132839 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	05D0578610	
	FMS survey date:	Not Reported	
	Current survey date:	20050517	

Medicare/Medicaid:	1
Facility name:	JOSPEH F CHOW MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580125
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1501 SUPERIOR AVENUE, SUITE 211
Phone num:	9496462551
Termination reason:	00
Term Date:	20070731
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	SRHO20070132839

AL227 — SRHO20070143386
ESE — AHA Hospitals
2-4 mi
16001
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT BEACH
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	05D0578420
FMS survey date:	Not Reported
Current survey date:	19950825
Medicare/Medicaid:	1
Facility name:	NEWPORT FAMILY MEDICINE LABORATORY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19940219
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0882967
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:	M1
street address:	1501 SUPERIOR AVENUE, SUITE 100
Phone num:	7147221025
Termination reason:	01
Term Date:	19970117
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	SRHO20070143386

AL228			SRHO20070160694
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16001	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	ADVANCED DERMATOLOGY CARE CENTER, INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20051007	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1046446	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1501 SUPERIOR AVE STE 214	
	Phone num:	9496501244	
	Termination reason:	00	
	Term Date:	20071006	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	Fips state:	06	

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:	SRHO20070160694	

AL229			SRHO20070160322
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16001	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	HARBOR MULTI-SPECIALTY SURGICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030820	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1016089	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1501 SUPERIOR AVENUE SUITE 207	
	Phone num:	9494230030	
	Termination reason:	08	
	Term Date:	20050819	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070160322	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL230 ESE 2-4 mi 16001 Higher			SRHO20070133715 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	05D0580125	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	JOSEPH F CHOW MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578610	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1501 SUPERIOR AVE SUITE 201	
	Phone num:	7148970387	
	Termination reason:	12	
	Term Date:	19960207	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133715	

AP231 ESE 2-4 mi 16007 Higher			SRHO20070141588 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	LOUIS VANDERMOLEN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0723714
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4000 WEST PACIFIC COAST HWY SUITE 3A
Phone num:	7146466441
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070141588

AP232 — SRHO20070133701
ESE — AHA Hospitals
2-4 mi
16007
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	LOUIS A VANDERMOLEN AND ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578570
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4000 W PACIFIC COAST HIGHWAY SUITE 3E
Phone num:	7146463222
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	02
Zip:	92663
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:	SRHO20070133701

AP233 SRHO20070133577
ESE AHA Hospitals
2-4 mi
16007
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20030521
Medicare/Medicaid:	1
Facility name:	NEIL M BARTH MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578520
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	4000 WEST PACIFIC COAST HIGHWAY #3C
Phone num:	9496319001
Termination reason:	00
Term Date:	20071005
Purpose of action:	2
Provider control:	04
Zip:	92663
Fips state:	06

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:	SRHO20070133577	

AP234			SRHO20070138554
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16007	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	NEWPORT DOCTORS MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940412	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0689760	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4000 WEST PACIFIC COAST HWY, SUITE 3B-3D	
	Phone num:	9496312462	
	Termination reason:	00	
	Term Date:	20071222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070138554	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AP235 ESE 2-4 mi 16007 Higher			SRHO20070133845 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	05D0689760	
	FMS survey date:	20010810	
	Current survey date:	20051012	
	Medicare/Medicaid:	1	
	Facility name:	KHOSROW MAHDAVI MD INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578544	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	4000 W PACIFIC COAST HWY SUITE 3D	
	Phone num:	7146428566	
	Termination reason:	12	
	Term Date:	20060401	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133845	
AJ236 East 2-4 mi 16024 Higher			SRDCCA200748590 Daycare
	EDR ID:	SRDCCA200748590	
	Facility number:	300600426	
	Facility name:	HAPPY CHILD PRE SCHOOL	
	Facility eval. code:	1203	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	650 HAMILTON STREET	
	City:	COSTA MESA	

State:	CA
Zip:	92627
Alt. address:	650 HAMILTON STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	PORT-MESA CHAPEL
Licensee type:	C
License effective date:	940219
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, AGES 2 THROUGH 5 YEARS, MONDAY THROUGH FRIDAY, HOURS 6:30 AM TO 6:00 PM. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	650 HAMILTON
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"BROWN, CYNTHIA "
Facility capacity:	120
Type of clients served:	950
Facility phone:	9496421426

AJ237 SRPR20051023079
East Private Schools
2-4 mi
16024
Higher

Pss school id:	01899412
Pss inst:	PORT MESA CHRISTIAN SCHOOL
Lograde:	PK
Higrade:	5
Pss address:	650 HAMILTON STREET
Pss city:	COSTA MESA
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92627
Pss phone:	9496429181
Pss sch days:	187
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	55
Pss enroll pk:	40
Pss enroll k:	18
Pss enroll 1:	18
Pss enroll 2:	8
Pss enroll 3:	9
Pss enroll 4:	11
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:	169
Pss enroll tk12:	129
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:	6
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
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:	21.5
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	National Association for the Education of Young Children (NAEYC)
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:	SRPR20051023079

AL238 SRHO20070108273
ESE AHA Hospitals
2-4 mi
16051
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20021122
Medicare/Medicaid:	1
Facility name:	MEDICAL ARTS PHYSICAL THERAPY
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20021126
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	556557
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1525 SUPERIOR AVENUE, SUITE 212
Phone num:	9496501410
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	06
Zip:	92663
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:	SRHO20070108273

AL239 SRHO20070004894
ESE AHA Hospitals
2-4 mi
16051
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19941021
Medicare/Medicaid:	1
Facility name:	NEWPORT BEACH ORANGE COAST ENDOSCOPY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19941021
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001309
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1525 SUPERIOR AVE, STE 114
Phone num:	7146466999
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	92663
Fips state:	06

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:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070004894	
AL240			SRHO20070133749
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16051	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	DONALD R ABRAHM MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930104	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581774	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1525 SUPERIOR AVE, SUITE 104	
	Phone num:	7146312670	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133749	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AL241 ESE 2-4 mi 16051 Higher			SRHO20070146799 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	19970225	
	Medicare/Medicaid:	1	
	Facility name:	NEWPORT BEACH ORANGE COAST ENDOSCOPY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960510	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0914815	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1525 SUPERIOR AVENUE, SUITE 114	
	Phone num:	7146466999	
	Termination reason:	00	
	Term Date:	20070224	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070146799	

AI242 ESE 2-4 mi 16052 Higher			SRHO20070145409 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	19960213	

Medicare/Medicaid:	1
Facility name:	CALIFORNIA REHABILITATION INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19940712
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0888689
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	361 HOSPITAL ROAD, SUITE 425
Phone num:	9495484580
Termination reason:	00
Term Date:	20080518
Purpose of action:	1
Provider control:	02
Zip:	92663
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:	SRHO20070145409

AI243 SRHO20070147989
ESE AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	JAMES CAILLOUTE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19961114
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0922101
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	361 HOSPITAL ROAD SUITE 223
Phone num:	7147227038
Termination reason:	08
Term Date:	20001113
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070147989

AI244 SRHO20070158922
ESE AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	NEWPORT MUSCULOSKELTAL INSTITUTE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040609
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1026594
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	361 HOSPITAL ROAD SUITE 223
Phone num:	9497227038
Termination reason:	00
Term Date:	20080608
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070158922

AI245			SRHO20070138611
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16052	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	19950120	
	Medicare/Medicaid:	1	
	Facility name:	RICHARD J HASKELL MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0706864	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	361 HOSPITAL RD 522	
	Phone num:	7145489611	
	Termination reason:	03	
	Term Date:	19950123	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070138611	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI246			SRHO20070146371
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16052	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	NEWPORT BEACH SURGERY CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930507	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0867938	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	361 HOSPITAL ROAD SUITE 124	
	Phone num:	7146310988	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070146371	

AI247			SRHO20070153681
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16052	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	JEANNE M SPUDICK DO APC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990618
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0961868
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	361 HOSPITAL ROAD SUITE 227
Phone num:	9495150280
Termination reason:	01
Term Date:	20030617
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070153681

AI248 SRHO20070155520
ESE AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	CARDIOLOGY CONSULTANTS OF NEWPORT INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020917
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1004022
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	361 HOSPITAL ROAD # 223
Phone num:	9496459933
Termination reason:	00
Term Date:	20080916
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070155520

AI249 SRHO20070151742
ESE AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19990319
Medicare/Medicaid:	1
Facility name:	SOUTHERN CALIFORNIA INSTITUTE FOR RE-
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19981116
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0954008
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	361 HOSPITAL ROAD SUITE 433
Phone num:	9496424558
Termination reason:	00
Term Date:	20071011
Purpose of action:	1
Provider control:	04
Zip:	92663
Fips state:	06

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:	SRHO20070151742	

AI250			SRHO20070133703
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16052	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	GASTROENTERLOGY ALLIANCE OF NEWPORT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930111	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578581	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	361 HOSPITAL RD SUITE 331	
	Phone num:	7146469336	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070133703	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI251			SRHO20070152285
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16052	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	GASTROETEROLOGY ALLIANCE OF NEWPORT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0956039	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	361 HOSPITAL RD #331	
	Phone num:	9496508700	
	Termination reason:	01	
	Term Date:	20020820	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070152285	

AI252			SRHO20070134001
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16052	Owner date:	Not Reported	
Higher	City:	NEWPORT BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	20020523	
	Current survey date:	20060316	

Medicare/Medicaid:	1
Facility name:	WESTCLIFF MEDICAL LABORATORIES INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578685
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	361 HOSPITAL ROAD, SUITE #222
Phone num:	9496460216
Termination reason:	00
Term Date:	20081108
Purpose of action:	2
Provider control:	02
Zip:	92663
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:	SRHO20070134001

AI253 — SRHO20070140831
ESE — AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	CHARLES A ROBERTSON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0709319
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:	361 HOSPITAL RD #126
Phone num:	7146461111
Termination reason:	12
Term Date:	19950331
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070140831

AI254 SRHO20070143575
ESE AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	JORGE E RODRIGUEZ MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930323
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0865458
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	361 HOSPITAL ROAD SUITE #126
Phone num:	9496461111
Termination reason:	00
Term Date:	20071012
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
Fips state:	06

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:	SRHO20070143575	

AI255			SRHO20070141903
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16052	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	TONIA M MARRALLE MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930121	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0859817	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	361 HOSPITAL RD STE 424	
	Phone num:	9746455885	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070141903	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI256			SRHO20070150957
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16052	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	MAGELLA MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990823	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0964343	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	361 HOSPITAL ROAD SUITE 224	
	Phone num:	9495157861	
	Termination reason:	00	
	Term Date:	20070822	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070150957	

AI257			SRHO20070004520
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	01	
16052	Owner date:	20030228	
Higher	City:	NEWPORT 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:	19921110	

Medicare/Medicaid:	1
Facility name:	NEWPORT BEACH SURGERY CENTER
Intermediary/Carrier:	31144
Medicaid number:	Not Reported
Partcipation date:	19921110
Prior COO date:	Not Reported
Prior carrier:	02050
Provider ID:	05C0001243
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	361 HOSPITAL ROAD, SUITE 124
Phone num:	7146310988
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	92663
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:	SRHO20070004520

AI258 SRHO20070133576
ESE AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	NEWPORT BEACH MEDICAL ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930104
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578515
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	361 HOSPITAL ROAD, SUITE 322
Phone num:	7146505656
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070133576

AI259 SRHO20070139824
ESE AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20060707
Medicare/Medicaid:	1
Facility name:	SOUTHERN CALIFORNIA CENTER FOR
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0705115
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	361 HOSPITAL ROAD #333
Phone num:	9496428727
Termination reason:	00
Term Date:	20070402
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	SRHO20070139824

AI260 SRHO20070133561
ESE AHA Hospitals
2-4 mi
16052
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19950307
Medicare/Medicaid:	1
Facility name:	J R BETSON MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578499
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	361 HOSPITAL RD STE 324
Phone num:	7145483441
Termination reason:	00
Term Date:	20070306
Purpose of action:	1
Provider control:	02
Zip:	92663
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:	SRHO20070133561

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AI261 ESE 2-4 mi 16052 Higher			SRHO20070142816 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	19951128	
	Medicare/Medicaid:	1	
	Facility name:	DESMOND D LEVIN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940324	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0884051	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	361 HOSPITAL RD #227	
	Phone num:	7145486022	
	Termination reason:	08	
	Term Date:	19940326	
	Purpose of action:	1	
	Provider control:	02	
	Zip:	92663	
	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:	SRHO20070142816	
262 NNW 2-4 mi 16058 Higher			SRDCCA200753159 Daycare
	EDR ID:	SRDCCA200753159	
	Facility number:	304370071	
	Facility name:	PATTI'S PRESCHOOL	
	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	19270 GOLDENWEST STREET	
	City:	HUNTINGTON BEACH	

State: CA
Zip: 92648
Alt. address: 19270 GOLDENWEST STREET
City: HUNTINGTON BEACH
State: CA
Zip: 92648
Facility investor: "PATTI'S PRESCHOOL, INC. "
Licensee type: A
License effective date: 40701
License expiration date: Not Reported
License issue date: 040701
Program type: "120 AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. ROOMS 1,2,3,4,5,6. "
Original app. received date: 031105
Facility closed date: Not Reported
Mailing address: 2090 OCEAN WAY
Mailing city: LAGUNA BEACH
Mailing state: CA
Mailing zip: 92651
Contact person: "YOUNG, PATRICIA K. "
Facility capacity: 120
Type of clients served: 950
Facility phone: 7145364388

AK263 SRDCCA200747753
East EDR ID: SRDCCA200747753 Daycare
2-4 mi Facility number: 300602242
16077 Facility name: PAGE SCHOOL OF COSTA MESA
Higher Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 657 VICTORIA STREET
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 657 VICTORIA STREET
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "PAGE PRIVATE SCHOOL, INC "
Licensee type: C
License effective date: 940220
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY CHILDREN AGES 2 THROUGH 4.9 YEARS. HOURS: 6:30 AM TO 6:30 PM, MONDAY THROUGH FRIDAY. "
Original app. received date: 770401
Facility closed date: Not Reported
Mailing address: 657 VICTORIA STREET
Mailing city: COSTA MESA
Mailing state: CA

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing zip:	92627	
	Contact person:	"GALVEZ, NORMA "	
	Facility capacity:	97	
	Type of clients served:	950	
	Facility phone:	9496420411	
AK264			SRPR20051022010
East	Pss school id:	A9302792	Private Schools
2-4 mi	Pss inst:	PAGE PRIVATE SCHOOL	
16077	Lograde:	PK	
Higher	Higrade:	8	
	Pss address:	657 VICTORIA ST	
	Pss city:	COSTA MESA	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92627	
	Pss phone:	9496420411	
	Pss sch days:	182	
	Pss stu day hrs:	7	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	70	
	Pss enroll k:	30	
	Pss enroll 1:	28	
	Pss enroll 2:	18	
	Pss enroll 3:	16	
	Pss enroll 4:	15	
	Pss enroll 5:	16	
	Pss enroll 6:	11	
	Pss enroll 7:	8	
	Pss enroll 8:	4	
	Pss enroll 9:	Not Reported	
	Pss enroll 10:	Not Reported	
	Pss enroll 11:	Not Reported	
	Pss enroll 12:	Not Reported	
	Pss enroll t:	216	
	Pss enroll tk12:	146	
	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:	2	
	Pss coed:	1	
	Pss type:	1	
	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:	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:	SRPR20051022010

AL265 SRHO20070144651
ESE AHA Hospitals
2-4 mi
16115
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	SHARE OURSELVES FREE MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950210
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0897673
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1550 SUPERIOR AVENUE
Phone num:	9496500186
Termination reason:	00
Term Date:	20070209
Purpose of action:	Not Reported
Provider control:	02
Zip:	92627
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: SRHO20070144651

AK266 SRDCCA200718985
ENE EDR ID: SRDCCA200718985 Daycare
2-4 mi Facility number: 304206561
16133 Facility name: "WORTHING, KATHY "
Higher Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 649 DARRELL STREET
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 649 DARRELL STREET
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "WORTHING, KATHY "
Licensee type: A
License effective date: 20816
License expiration date: Not Reported
License issue date: 020816
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: 020319
Facility closed date: Not Reported
Mailing address: 649 DARRELL STREET
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "WORTHING, KATHY "
Facility capacity: 14
Type of clients served: 960
Facility phone: 9496466339

AL267 SRHO20070009429
ESE Hospital type: 03 AHA Hospitals
2-4 mi Num of times COO: 06
16147 Owner date: 20030513
Higher City: NEWPORT BEACH
Has plan of corr: 1
Compliance status: A
SSA county code: 400
Cross ref number: Not Reported
FMS survey date: 20050628
Current survey date: 20060810
Medicare/Medicaid: 1
Facility name: FLAGSHIP HEALTHCARE CENTER
Intermediary/Carrier: 52280
Medicaid number: Not Reported

Partcipation date:	19780501
Prior COO date:	19901228
Prior carrier:	00040
Provider ID:	055121
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	466 FLAGSHIP ROAD
Phone num:	9496428044
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92663
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:	0167
Num cert beds:	0167
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009429

AL268 SRHO20070145817
ESE AHA Hospitals
2-4 mi
16147
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	SSC NEWPORT BEACH OPERATING COMPANY LP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940601
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0886966
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	466 FLAGSHIP ROAD

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Phone num:	9496428044	
	Termination reason:	00	
	Term Date:	20080531	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070145817	
AL269 ESE 2-4 mi 16147 Higher			SRNH20060900524 Nursing Homes
	Provnum:	055121	
	Nursinghomename:	FLAGSHIP HEALTHCARE CTR	
	Street:	466 FLAGSHIP ROAD	
	City:	NEWPORT BEACH	
	State:	CA	
	Zipcode:	92663	
	Phonenumber:	9496428044	
	Dateoflastinspection:	20050505	
	Certifiednumberofbeds:	167	
	Totalnumberofresidents:	123	
	Percofoccupiedbeds:	74	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060900524	
270 NNE 2-4 mi 16289 Higher			SRHO20070006894 AHA Hospitals
	Hospital type:	02	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	20010403	
	Current survey date:	20060504	
	Medicare/Medicaid:	1	
	Facility name:	ENRICHING, INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19850715	
	Prior COO date:	Not Reported	

Prior carrier:	Not Reported
Provider ID:	05G149
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	9514 SMOKETREE AVENUE
Phone num:	7149624628
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	92708
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:	SRHO20070006894

AQ271 SRHO20070158866
ENE AHA Hospitals
2-4 mi
16359
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	GRACE MEDICAL SCREENINGS LLC/MOBILE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040317
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1023508
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M2
street address:	2711 SPARROW CIRCLE
Phone num:	7142446603
Termination reason:	08

Term Date:	20040921
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070158866

AQ272			SRHO20070158479
ENE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16359	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	GRACE MEDICAL SCREENIONGS LLC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040311	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1023266	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2711 SPARROW CIRCLE	
	Phone num:	7142446603	
	Termination reason:	08	
	Term Date:	20040914	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92626	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070158479	

AM273			SRHO20070136914
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16428	Owner date:	Not Reported	
Higher	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:	19970724	
	Medicare/Medicaid:	1	
	Facility name:	HOSPITAL CIRCLE MEDICAL LABORATORY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0643358	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	18821 DELAWARE STREET, STE#203	
	Phone num:	7148412093	
	Termination reason:	99	
	Term Date:	19990319	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070136914	

AM274			SRHO20070140413
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16428	Owner date:	Not Reported	
Higher	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:	19970714
Medicare/Medicaid:	1
Facility name:	PAUL D ROSENBLIT MD PHD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0709722
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18821 DELAWARE STREET, SUITE 207
Phone num:	7143755572
Termination reason:	00
Term Date:	20080421
Purpose of action:	2
Provider control:	04
Zip:	92648
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:	SRHO20070140413

AM275 SRHO20070157372
NNW AHA Hospitals
2-4 mi
16428
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:	CENTER FOR PRIMARY CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040407

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1024319
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M2
street address:	18821 DELAWARE #103
Phone num:	7148487071
Termination reason:	08
Term Date:	20060406
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070157372

AM276 SRHO20070134407
NNW AHA Hospitals
2-4 mi
16428
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:	ALLERGY-PEDIATRICS GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921221
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577624
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18821 DELAWARE ST #102
Phone num:	7148480023

Termination reason:	17
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070134407

AM277 SRHO20070138731
NNW AHA Hospitals
2-4 mi
16428
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:	SOBHA SUNDERRAJAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0701598
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18821 DELAWARE STREET,SUITE 102
Phone num:	7148483482
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070138731

AM278 SRHO20070138936
NNW AHA Hospitals
2-4 mi
16428
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:	RUTH DEERFIELD MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950331
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0690706
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18821 DELAWARE SUITE 103
Phone num:	7148487071
Termination reason:	08
Term Date:	20031213
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070138936

AM279 SRHO20070159170
NNW AHA Hospitals
2-4 mi
16433
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:	SEA CLIFF HEALTHCARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1021083
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18811 FLORIDA STREET
Phone num:	7148473515
Termination reason:	00
Term Date:	20080111
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070159170

AM280 SRHO20070109594
NNW AHA Hospitals
2-4 mi
16433
Higher

Hospital type:	03
Num of times COO:	01
Owner date:	20030901
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:	20051122
Medicare/Medicaid:	1
Facility name:	SEA CLIFF HEALTHCARE CENTR
Intermediary/Carrier:	52280
Medicaid number:	Not Reported

Partcipation date:	19870203
Prior COO date:	Not Reported
Prior carrier:	00400
Provider ID:	555249
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	18811 FLORIDA ST
Phone num:	7148473515
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92648
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:	0182
Num cert beds:	0182
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070109594

AM281 SRHO20070139711
NNW AHA Hospitals
2-4 mi
16433
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 CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930308
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0712266
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18811 FLORIDA ST

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

Phone num:	7148473515
Termination reason:	08
Term Date:	20000831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070139711

AM282			SRHO20070009444
NNW	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	00	
16433	Owner date:	Not Reported	
Higher	City:	HUNTINGTON 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:	19860424	
	Medicare/Medicaid:	2	
	Facility name:	HUNTINGTON BEACH CONV HOSP	
	Intermediary/Carrier:	51051	
	Medicaid number:	Not Reported	
	Partcipation date:	19670106	
	Prior COO date:	Not Reported	
	Prior carrier:	51050	
	Provider ID:	055564	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	18811 FLORIDA ST	
	Phone num:	7148473515	
	Termination reason:	05	
	Term Date:	19860706	
	Purpose of action:	3	
	Provider control:	03	
	Zip:	92648	
	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:	0182
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009444

AM283 SRNH20060913738
NNW Nursing Homes
2-4 mi
16433
Higher

Provnum:	555249
Nursinghomename:	SEA CLIFF HEALTHCARE CENTR
Street:	18811 FLORIDA ST
City:	HUNTINGTON BEACH
State:	CA
Zipcode:	92648
Phonenumber:	7148473515
Dateoflastinspection:	20051110
Certifiednumberofbeds:	182
Totalnumberofresidents:	168
Percofoccupiedbeds:	92
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	NO
Residentandfamilycouncils:	RESIDENT
Edr id:	SRNH20060913738

AM284 SRHO20070147436
NNW AHA Hospitals
2-4 mi
16571
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:	SOUTHWEST PRIMARY CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970521
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0928572
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18800 DELAWARE STREET SUITE 600
Phone num:	7148476178
Termination reason:	01

Term Date:	19990119
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070147436

AM285			SRHO20070139438
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16571	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:	LABORATORY SERVICES BASSAM ASSASSA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930112	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0696633	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18800 DELAWARE ST #600	
	Phone num:	7148476178	
	Termination reason:	01	
	Term Date:	19951222	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92648	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070139438	

AM286			SRHO20070152263
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16571	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:	ORANGE COUNTY SURGERY CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990209	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0956935	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18800 DELAWARE STREET SUITE 550	
	Phone num:	7145968555	
	Termination reason:	00	
	Term Date:	20070208	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070152263	

AM287			SRHO20070144699
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16571	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:	ORANGE COUNTY IMMUNE INSTITUTE LLC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930708
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0872975
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18800 DELAWARE STREET, SUITE #900
Phone num:	7148421776
Termination reason:	00
Term Date:	20070809
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070144699

AM288 SRHO20070133426
NNW AHA Hospitals
2-4 mi
16571
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:	DELMAPACIFIACA HOSP CLINICAL LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921228

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577673
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18800 DELAWARE ST
Phone num:	7148420611
Termination reason:	12
Term Date:	19981116
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070133426

AM289 SRHO20070156363
NNW AHA Hospitals
2-4 mi
16571
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:	JAY P DILIBERTO MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020702
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1001150
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18800 DELAWARE STREET SUITE 850
Phone num:	7145962800

Termination reason:	00
Term Date:	20080701
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070156363

AM290			SRHO20070011263
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	02	
16571	Owner date:	Not Reported	
Higher	City:	HUNTINGTON 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:	20020205	
	Medicare/Medicaid:	1	
	Facility name:	NOVA CARE OUTPATIENT REHAB HB	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	19900323	
	Prior COO date:	19940801	
	Prior carrier:	00040	
	Provider ID:	056632	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	18800 DELAWARE STREET, #350	
	Phone num:	7149643977	
	Termination reason:	01	
	Term Date:	20040115	
	Purpose of action:	2	
	Provider control:	06	
	Zip:	92648	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070011263	
AM291			SRHO20070109455
NNW	Hospital type:	03	AHA Hospitals
2-4 mi	Num of times COO:	00	
16571	Owner date:	Not Reported	
Higher	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:	19970912	
	Medicare/Medicaid:	1	
	Facility name:	PACIFICA HOSPITAL D/P SNF	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19950607	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	555637	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	18800 DELAWARE ST	
	Phone num:	7148420611	
	Termination reason:	01	
	Term Date:	19981116	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	92648	
	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:	0029	
	Num cert beds:	0029	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070109455	
AM292			SRHO20070107342
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16571	Owner date:	Not Reported	
Higher			

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:	19951116
Medicare/Medicaid:	1
Facility name:	PACIFICA HOME CARE
Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19951116
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557612
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	18800 DELAWARE ST, STE 630
Phone num:	7148418448
Termination reason:	01
Term Date:	19981116
Purpose of action:	1
Provider control:	04
Zip:	92648
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:	SRHO20070107342

AM293 SRHO20070148591
NNW AHA Hospitals
2-4 mi
16571
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:	PACIFICA HOSPITAL HOME HEALTH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19951013
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0907463
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18800 DELAWARE ST
Phone num:	7145968000
Termination reason:	08
Term Date:	19991012
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070148591

AM294 SRHO20070004751
NNW AHA Hospitals
2-4 mi
16571
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:	19990412
Medicare/Medicaid:	1
Facility name:	ORANGE COUNTY SURGERY CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19990622
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001452
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	18800 DELWARE STREET, SUITE 550

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

Phone num:	7145961304
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	92648
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:	SRHO20070004751

AM295 — SRHO20070006972
NNW — AHA Hospitals
2-4 mi
16571
Higher

Hospital type:	01
Num of times COO:	03
Owner date:	19921224
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:	19831130
Medicare/Medicaid:	1
Facility name:	PACIFICA HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19710315
Prior COO date:	19921214
Prior carrier:	00040
Provider ID:	050564
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	18800 DELAWARE ST
Phone num:	7148420611
Termination reason:	01
Term Date:	19981116
Purpose of action:	4
Provider control:	04
Zip:	92648
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	19900413

Accred expire date:	19930412
Accred Org:	1
Num beds:	0098
Num cert beds:	0098
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006972

AM296 SRHO20070011985
NNW AHA Hospitals
2-4 mi
16571
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:	Not Reported
Current survey date:	19960405
Medicare/Medicaid:	1
Facility name:	PACIFICA REHABILITATION CENTER
Intermediary/Carrier:	51051
Medicaid number:	Not Reported
Partcipation date:	19960405
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056777
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	18800 DELWARE STREER SUITE 300
Phone num:	7148418433
Termination reason:	01
Term Date:	19980501
Purpose of action:	1
Provider control:	06
Zip:	92648
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:	SRHO20070011985

AO297 SRHO20070133448
East AHA Hospitals
2-4 mi
16579
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	COSTA MESA
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:	PLANNED PARENTHOOD/O&SBC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930513
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0576132
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	601 W 19TH ST
Phone num:	7147516800
Termination reason:	08
Term Date:	20000831
Purpose of action:	Not Reported
Provider control:	02
Zip:	92627
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:	SRHO20070133448

AO298 SRDCCA200743932
East Daycare
2-4 mi
16648
Higher

EDR ID:	SRDCCA200743932
Facility number:	300605324
Facility name:	CHILDS-PACE
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	1860 ANAHEIM AVE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	1860 ANAHEIM AVE

City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"CHILDS-PACE FOUNDATION, INC, THE "
Licensee type:	F
License effective date:	950612
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY CHILDREN. AGES 5 THROUGH 14 YEARS OLD. MONDAY THROUGH FRIDAY. 06:00 A.M. TO 6:00 P.M. WAIVER TO USE ELECTRONIC SYSTEM TO SIGN IN/OUT CHILDREN OF CENTER.
Original app. received date:	830701
Facility closed date:	Not Reported
Mailing address:	1860 ANAHEIM AVE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"LE VERE, JOHN "
Facility capacity:	35
Type of clients served:	950
Facility phone:	9495488849

AR299 SRHO20070144201
East AHA Hospitals
2-4 mi
16747
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	H E L P CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940714
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0888787
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	601 HAMILTON
Phone num:	7145563190
Termination reason:	00
Term Date:	20070510
Purpose of action:	Not Reported
Provider control:	03
Zip:	92627
Fips state:	06

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:	SRHO20070144201	

AM300			SRHO20070148249
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16910	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:	LESTER L LEE MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930520	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0869695	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18800 MAIN STREET #106	
	Phone num:	7143751441	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92648	
	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:	SRHO20070148249	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AM301			SRHO20070160956
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16910	Owner date:	Not Reported	
Higher	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:	20060425	
	Medicare/Medicaid:	1	
	Facility name:	TONY M HSU MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20051024	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1046986	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	18800 MAIN STREET STE 108	
	Phone num:	7148484067	
	Termination reason:	00	
	Term Date:	20080424	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070160956	

AM302			SRHO20070142346
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16910	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	

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

Medicare/Medicaid:	Not Reported
Facility name:	JOSETTE TAGLIERI
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930205
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0860806
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18800 MAIN STREET, SUITE #104
Phone num:	7148411963
Termination reason:	00
Term Date:	20080525
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070142346

AM303 SRHO20070010091
NNW AHA Hospitals
2-4 mi
16910
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:	19960627
Medicare/Medicaid:	1
Facility name:	HUNTINGTON BEACH PHYSICAL THERAPY SPEC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19960627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056780
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:	ORG
street address:	18800 MAIN ST SUITE 208
Phone num:	7148416162
Termination reason:	01
Term Date:	19990401
Purpose of action:	1
Provider control:	06
Zip:	92648
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:	SRHO20070010091

AS304 SRHO20070133424
NNW AHA Hospitals
2-4 mi
16951
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:	Not Reported
Current survey date:	20020417
Medicare/Medicaid:	1
Facility name:	CALIFORNIA COAST MEDICAL CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577631
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18811 HUNTINGTON STREET SUITE 130
Phone num:	7145961105
Termination reason:	00
Term Date:	20080602
Purpose of action:	2
Provider control:	04
Zip:	92648
Fips state:	06

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:	SRHO20070133424	

AT305			SRHO20070150727
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16999	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	OFFICE OF JOHN STORCH MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980522	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0946362	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	350 OLD NEWPORT BLVD	
	Phone num:	7146502887	
	Termination reason:	00	
	Term Date:	20080521	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070150727	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AT306 ESE 2-4 mi 16999 Higher			SRHO20070153411 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	TINA A SUGIMOTO MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990818	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0964079	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	350 OLD NEWPORT BLVD	
	Phone num:	9496502887	
	Termination reason:	00	
	Term Date:	20070817	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070153411	

AT307 ESE 2-4 mi 17025 Higher			SRHO20070153258 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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	

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

Medicare/Medicaid:	Not Reported
Facility name:	NEWPORY HEART A MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19991029
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0966997
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	415 OLD NEWPORT
Phone num:	9495489611
Termination reason:	00
Term Date:	20071028
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
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:	SRHO20070153258

AT308 SRHO20070142536
ESE AHA Hospitals
2-4 mi
17027
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20010706
Medicare/Medicaid:	1
Facility name:	ALAN FREEDMAN MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19931216
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0880624
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	401 OLD NEWPORT BLVD #101
Phone num:	9496453434
Termination reason:	00
Term Date:	20070608
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	SRHO20070142536

AU309 SRHO20070159285
North AHA Hospitals
2-4 mi
17070
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 MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051003
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1046209
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M2
street address:	18682 BEACH BLVD, SUITE 160
Phone num:	7143781300
Termination reason:	00
Term Date:	20071002
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
Fips state:	06

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:	SRHO20070159285	

AT310			SRHO20070144456
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17083	Owner date:	Not Reported	
Higher	City:	NEWPORT BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	05D0578635	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940613	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0887408	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	301 NEWPORT BLVD	
	Phone num:	7147605588	
	Termination reason:	12	
	Term Date:	19960222	
	Purpose of action:	Not Reported	
	Provider control:	01	
	Zip:	92663	
	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:	SRHO20070144456	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AT311 ESE 2-4 mi 17083 Higher			SRHO20070008223 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	02	
	Owner date:	19950728	
	City:	NEWPORT BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	053522	
	FMS survey date:	Not Reported	
	Current survey date:	19930812	
	Medicare/Medicaid:	1	
	Facility name:	HOAG MEMORIAL HOSP HEMODYLASIS	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19800313	
	Prior COO date:	19810217	
	Prior carrier:	Not Reported	
	Provider ID:	052366	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	301 NEWPORT BLVD	
	Phone num:	7147605900	
	Termination reason:	01	
	Term Date:	19950728	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92658	
	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:	SRHO20070008223	

AT312 ESE 2-4 mi 17083 Higher			SRHO20070139918 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	05D0578635	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

Medicare/Medicaid:	Not Reported
Facility name:	HOAG MEMORIAL HOSPITAL NURSING SERVICE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0726200
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	301 NEWPORT BLVD BOX Y
Phone num:	7146458600
Termination reason:	12
Term Date:	19960222
Purpose of action:	Not Reported
Provider control:	03
Zip:	92663
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:	SRHO20070139918

AT313 SRHO20070145591
ESE AHA Hospitals
2-4 mi
17083
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	05D0578635
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	HOAG MEMORIAL HOSPITAL RADIOLOGY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19941206
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0895292
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	301 NEWPORT BLVD
Phone num:	Not Reported
Termination reason:	12
Term Date:	19960202
Purpose of action:	Not Reported
Provider control:	01
Zip:	92663
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:	SRHO20070145591

AT314 SRHO20070155105
ESE AHA Hospitals
2-4 mi
17092
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	ORANGE COAST ONCOLOGY HEMATOLOGY MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020322
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0997665
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	300 OLD NEWPORT BLVD
Phone num:	9497220350
Termination reason:	00
Term Date:	20081001
Purpose of action:	Not Reported
Provider control:	04
Zip:	92663
Fips state:	06

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:	SRHO20070155105	

AU315			SRHO20070139017
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17178	Owner date:	Not Reported	
Higher	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:	19960826	
	Medicare/Medicaid:	1	
	Facility name:	EDINGER MEDICAL GROUP INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0699178	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	18662 BEACH BLVD, SUITE 145-155	
	Phone num:	7149657100	
	Termination reason:	00	
	Term Date:	20080915	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92648	
	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:	SRHO20070139017	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AV316 ESE 2-4 mi 17192 Higher	EDR ID:	SRDCCA200755403	SRDCCA200755403 Daycare
	Facility number:	304370149	
	Facility name:	NOBIS PRESCHOOL	
	Facility eval. code:	1203	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	190 E. 15TH ST.	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Alt. address:	190 E. 15TH ST.	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Facility investor:	"NOBIS, INC. "	
	Licensee type:	G	
	License effective date:	50210	
	License expiration date:	Not Reported	
	License issue date:	050210	
	Program type:	M-F 7 AM -6 PM AGES 2-6 YEARS. IN 2 YR. OLD ROOM -20 TODDLER OPTION AGES 18-30 MOS. EFFECTIVE 2/1/06.	
	Original app. received date:	041122	
	Facility closed date:	Not Reported	
	Mailing address:	26 CHICORY WAY	
	Mailing city:	IRVINE	
	Mailing state:	CA	
	Mailing zip:	92612	
	Contact person:	"SUEHR, JACQUELINE "	
	Facility capacity:	60	
	Type of clients served:	950	
	Facility phone:	9496616258	

AV317 ESE 2-4 mi 17192 Higher	EDR ID:	SRDCCA200744451	SRDCCA200744451 Daycare
	Facility number:	304370150	
	Facility name:	NOBIS PRESCHOOL	
	Facility eval. code:	1203	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	830	
	Facility status code:	03	
	Address:	190 E. 15TH ST.	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Alt. address:	190 E. 15TH ST.	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Facility investor:	"NOBIS, INC. "	
	Licensee type:	G	
	License effective date:	50210	

License expiration date: Not Reported
License issue date: 050210
Program type: "MONDAY THRU FRIDAY, AGES 8 WEAKS TO 2 YEARS OF AGE.
HOURS: 7:00AM TO 6:00PM.
"
Original app. received date: 041122
Facility closed date: Not Reported
Mailing address: 26 CHICORY WAY
Mailing city: IRVINE
Mailing state: CA
Mailing zip: 92612
Contact person: "SUERHR, JACQUELINE "
Facility capacity: 16
Type of clients served: 955
Facility phone: 9496616258

AW318 SRDCCA200746999
North Daycare
2-4 mi
17199
Higher

EDR ID: SRDCCA200746999
Facility number: 300600919
Facility name: ST. WILFRID'S PRESCHOOL
Facility eval. code: 1207
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 18631 CHAPEL LN
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Alt. address: 18631 CHAPEL LN
City: HUNTINGTON BEACH
State: CA
Zip: 92646
Facility investor: ST WILFRID'S CHRISTIAN EDUCATION CTR
Licensee type: C
License effective date: 940330
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, AGES 2 THROUGH 6 YEARS MONDAY THROUGH FRIDAY.
HOURS: 8:00 AM TO 3:00 PM.
"
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 18631 CHAPEL LN
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92646
Contact person: "LEMBKE, PHYLLIS "
Facility capacity: 74
Type of clients served: 950
Facility phone: 7149683100

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AU319			SRHO20070009284
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17280	Owner date:	Not Reported	
Higher	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:	20030812	
	Medicare/Medicaid:	1	
	Facility name:	HUNTINGTON BCH HEALTHCARE CNT	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	20010822	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	054541	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	18672 FLORIDA STREET, SUITE 100	
	Phone num:	7146982800	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	92648	
	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:	SRHO20070009284	

AU320			SRHO20070149851
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17280	Owner date:	Not Reported	
Higher	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:	20060307	

Medicare/Medicaid:	1
Facility name:	ALAMITOS DERMATOLOGICAL MEDICAL CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980528
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0946569
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18672 FLORIDA STREET, #201
Phone num:	7148427796
Termination reason:	00
Term Date:	20080915
Purpose of action:	2
Provider control:	04
Zip:	92648
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:	SRHO20070149851

AS321 SRHO20070010730
NNW AHA Hospitals
2-4 mi
17285
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:	Not Reported
Current survey date:	19980417
Medicare/Medicaid:	1
Facility name:	AVALON REHAB INC
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	19951229
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	056767
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	18700 MAIN STREET, #104
Phone num:	7149642796
Termination reason:	01
Term Date:	20030901
Purpose of action:	2
Provider control:	06
Zip:	92648
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:	SRHO20070010730

AS322 SRHO20070140936
NNW AHA Hospitals
2-4 mi
17285
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:	FRANK R LAW MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0710042
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18700 MAIN ST STE 103
Phone num:	7148472595
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
Fips state:	06

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:	SRHO20070140936	

AS323			SRHO20070148990
NNW	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17285	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:	JOHN P RABER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950822	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0904474	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18700 MAIN STREET #103	
	Phone num:	7143781334	
	Termination reason:	08	
	Term Date:	20030821	
	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:	SRHO20070148990	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AX324			SRHO20070138134
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17495	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	FAMILY CARE CENTERS INC - COSTA MESA	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930223	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0682758	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	131 E 17 STREET	
	Phone num:	7146682510	
	Termination reason:	00	
	Term Date:	20080613	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070138134	

AU325			SRHO20070139968
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17581	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:	FAMILY CARE MEDICAL WALKIN
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930122
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0705454
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18582 BEACH BLVD STE 23A
Phone num:	7149644448
Termination reason:	08
Term Date:	19971222
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
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:	SRHO20070139968

AY326 SRHO20070149872
ESE AHA Hospitals
2-4 mi
17681
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20050311
Medicare/Medicaid:	1
Facility name:	PACIFIC COAST CARDIOLOGY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19970825
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0932660
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3300 WEST COAST HIGHWAY
Phone num:	9496425513
Termination reason:	00
Term Date:	20081002
Purpose of action:	1
Provider control:	04
Zip:	92663
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:	SRHO20070149872

AU327 SRHO20070159756
NNW AHA Hospitals
2-4 mi
17699
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:	A-1 HOME HEALTH CARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050608
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1041653
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18600 MAIN STREET SUITE 275
Phone num:	7143758900
Termination reason:	00
Term Date:	20070607
Purpose of action:	Not Reported
Provider control:	04
Zip:	92648
Fips state:	06

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:	SRHO20070159756	
AR328			SRDCCA200723377
East	EDR ID:	SRDCCA200723377	Daycare
2-4 mi	Facility number:	304300334	
17705	Facility name:	"CORONA, ROSAURA "	
Higher	Facility eval. code:	3406	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2172 CHARLE DRIVE #B	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Alt. address:	2172 CHARLE DRIVE #B	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Facility investor:	"CORONA, ROSAURA "	
	Licensee type:	A	
	License effective date:	30930	
	License expiration date:	Not Reported	
	License issue date:	030930	
	Program type:	PROVIDER HAS CHANGED HER HOURS OF OPERATION FRO MONDAY-FRIDAY 6:00 A.M-4:OO A.M.	
	Original app. received date:	030715	
	Facility closed date:	Not Reported	
	Mailing address:	2172 CHARLE DRIVE #B	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92627	
	Contact person:	"CORONA, ROSAURA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	9497223566	
329			SRDCCA200716236
NNE	EDR ID:	SRDCCA200716236	Daycare
2-4 mi	Facility number:	304206368	
17740	Facility name:	"GREELEY, SANDRA "	
Higher	Facility eval. code:	3401	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	

Facility status code:	03
Address:	10336 ORIOLE AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10336 ORIOLE AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"GREELEY, SANDRA "
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:	011203
Facility closed date:	Not Reported
Mailing address:	10336 ORIOLE AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"GREELEY, SANDRA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149680218

AU330 SRHO20070152433
North AHA Hospitals
2-4 mi
17740
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:	20010910
Current survey date:	20051118
Medicare/Medicaid:	1
Facility name:	MEMORIAL PROMPT CARE MED GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990726
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0963221
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18561 BEACH BOULEVARD

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

Phone num:	7148480080
Termination reason:	00
Term Date:	20080215
Purpose of action:	2
Provider control:	04
Zip:	92648
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:	SRHO20070152433

AY331			SRHO20070008250
ESE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17780	Owner date:	Not Reported	
Higher	City:	NEWPORT BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	053522	
	FMS survey date:	Not Reported	
	Current survey date:	20050120	
	Medicare/Medicaid:	1	
	Facility name:	NEWPORT BEACH DIALYSIS	
	Intermediary/Carrier:	00308	
	Medicaid number:	Not Reported	
	Partcipation date:	19990401	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	052881	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SD	
	street address:	3333 W PACIFIC COAST HWY SUITE 101	
	Phone num:	9496310107	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	92663	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008250	
AY332 ESE 2-4 mi 17780 Higher			SRHO20070009530 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	01	
	Owner date:	19990401	
	City:	NEWPORT BEACH	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	052881	
	FMS survey date:	Not Reported	
	Current survey date:	20010622	
	Medicare/Medicaid:	1	
	Facility name:	NEWPORT BEACH DIALYSIS	
	Intermediary/Carrier:	00308	
	Medicaid number:	Not Reported	
	Partcipation date:	19950728	
	Prior COO date:	Not Reported	
	Prior carrier:	00040	
	Provider ID:	053522	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SD	
	street address:	3333 WEST PACIFIC COAST HIGHWAY #101	
	Phone num:	9496310107	
	Termination reason:	07	
	Term Date:	19990401	
	Purpose of action:	2	
	Provider control:	01	
	Zip:	92663	
	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:	SRHO20070009530	
AX333 East 2-4 mi 17881 Higher			SRHO20070153519 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	

Owner date:	Not Reported
City:	COSTA MESA
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:	LIFESTYLES HEALTH AND FITNESS CONSUL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010405
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0985020
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	170 E 17TH STREET SUITE 200E
Phone num:	4496509095
Termination reason:	08
Term Date:	20050404
Purpose of action:	Not Reported
Provider control:	04
Zip:	92627
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:	SRHO20070153519

AW334 SRDCCA200748720
North Daycare
2-4 mi
17895
Higher

EDR ID:	SRDCCA200748720
Facility number:	300606458
Facility name:	FAITH LUTHERAN CHURCH EARLY LEARNING CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	8200 ELLIS AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	8200 ELLIS AVENUE

City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	FAITH LUTHERAN CHURCH
Licensee type:	C
License effective date:	940916
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY CHILDREN AGES 2-6 YEARS MONDAY THROUGH FRIDAY 06:30 AM - 06:00 PM
Original app. received date:	870724
Facility closed date:	Not Reported
Mailing address:	8200 ELLIS AVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	KIMBERLY JOHNSON
Facility capacity:	53
Type of clients served:	950
Facility phone:	7149621864

AZ335			SRHO20070155654
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17947	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	IMAN ABDEL BAR MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020619	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1000673	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2077 HARBOR BLVD	
	Phone num:	9496463623	
	Termination reason:	00	
	Term Date:	20080618	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92627	
	Fips state:	06	
	Fips cnty:	059	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070155654	

BA336			SRHO20070158937
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17947	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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 EXPRESS #9508	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050107	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1035678	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M2	
	street address:	1835-C NEWPORT BLVD	
	Phone num:	9497221750	
	Termination reason:	08	
	Term Date:	20050712	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070158937	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
AY337 ESE 2-4 mi 18031 Higher			SRHO20070158947 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	PERSONAL HEALTH CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050224	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1037404	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3101 W PACIFIC COAST HWY #400	
	Phone num:	9496505353	
	Termination reason:	00	
	Term Date:	20070223	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92663	
	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:	SRHO20070158947	
BB338 NW 2-4 mi 18104 Higher			SRDCCA200743001 Daycare
	EDR ID:	SRDCCA200743001	
	Facility number:	304270610	
	Facility name:	YMCA SEACLIFF PROGRAM CENTER	
	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	
	Facility status code:	03	
	Address:	6701 GARFIELD	
	City:	HUNTINGTON BEACH	

State:	CA
Zip:	92648
Alt. address:	"13821 NEWPORT AVE., SUITE 200 "
City:	TUSTIN
State:	CA
Zip:	92780
Facility investor:	YMCA OF ORANGE COUNTY
Licensee type:	C
License effective date:	990907
License expiration date:	Not Reported
License issue date:	990907
Program type:	AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YRS OLD. MON-FRI. 06:45AM TO 6:00 PM. PORTABLE ONLY. PERIODIC FRIDAY/SATURDAY FUN NIGHTS. 6:00 PM TO 11:00 PM. PORTABLE ONLY. WAIVERS TOSHARE ELEMENTARY SCHOOL RESTROOMS AND PLAY YARD.
Original app. received date:	990902
Facility closed date:	Not Reported
Mailing address:	"13821 NEWPORT AVENUE,SUITE 200"
Mailing city:	TUSTIN
Mailing state:	CA
Mailing zip:	92780
Contact person:	MARIA WARREN
Facility capacity:	72
Type of clients served:	950
Facility phone:	7143503316

BB339 — SRPU20071015504
NW — Public Schools
2-4 mi
18104
Higher

Ncessch:	061803008242
Schname05:	HUNTINGTON SEACLIFF ELEMENTARY
Mstreet05:	6701 GARFIELD AVE.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92648
Mzip405:	Not Reported
Member05:	626
Phone05:	(714) 841-7081
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071015504

AX340 — SRHO20070159758
East — AHA Hospitals
2-4 mi
18122
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20060302
Current survey date:	20060302

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Medicare/Medicaid:	1	
	Facility name:	SAVES THE DAY DERMATOLOGY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050621	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1042191	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	188 EAST 17TH STREET, SUITE 101	
	Phone num:	9496467110	
	Termination reason:	00	
	Term Date:	20080301	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070159758	
341 East 2-4 mi 18157 Higher			SRHO20070148539 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	FAMILY DOCTORS	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970804	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0931704	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2200 HARBOR BOULEVARD B-210
Phone num:	7145482273
Termination reason:	00
Term Date:	20070803
Purpose of action:	Not Reported
Provider control:	02
Zip:	92627
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:	SRHO20070148539

BC342 SRDCCA200713281
NNE Daycare
2-4 mi
18223
Higher

EDR ID:	SRDCCA200713281
Facility number:	304205533
Facility name:	"BLISS, LORI "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10071 SPARROW
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10071 SPARROW
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"BLISS, LORI "
Licensee type:	A
License effective date:	10104
License expiration date:	Not Reported
License issue date:	010104
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:	000510
Facility closed date:	Not Reported
Mailing address:	10071 SPARROW
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"BLISS, LORI "

Facility capacity:	8
Type of clients served:	960
Facility phone:	7149632774

343			SRPU20071012693
NNE	Ncessch:	061422001629	Public Schools
2-4 mi	Schname05:	MOIOLA (FRED) ELEMENTARY	
18254	Mstreet05:	9790 FINCH ST.	
Higher	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	7240	
	Member05:	544	
	Phone05:	(714) 378-4270	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	08	
	Edr id:	SRPU20071012693	

BD344			SRHO20070006485
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
18259	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20060317	
	Medicare/Medicaid:	1	
	Facility name:	INDEPENDENT OPTIONS, INC - HARBOR VILLAGE IV	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC60378F	
	Partcipation date:	19900907	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G469	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2525 SANTA CATALINA DRIVE, #108	
	Phone num:	7144340876	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92626	
	Fips state:	06	

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:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006485	
BD345			SRHO20070006602
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
18259	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20060303	
	Medicare/Medicaid:	1	
	Facility name:	INDEPENDENT OPTIONS, INC - HARBOR VILLAGE III	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC60386F	
	Partcipation date:	19901120	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G475	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2525 SANTA CATALINA DRIVE, #105	
	Phone num:	7144341076	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92626	
	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:	SRHO20070006602	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BC346			SRHO20070157009
NNE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18308	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	PRIORITYCARE MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020304	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0997018	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18663 BROOKHURST ST	
	Phone num:	7148879800	
	Termination reason:	01	
	Term Date:	20060513	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070157009	

BD347			SRHO20070006495
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
18320	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20060830	

Medicare/Medicaid:	1
Facility name:	INDEPENDENT OPTIONS, INC - HARBOR VILLAGE II
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19900112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G415
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	2532 SANTA CATALINA DRIVE, #104
Phone num:	7144341175
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	92626
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:	SRHO20070006495

BD348 — SRHO20070006626
ENE — AHA Hospitals
2-4 mi
18320
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	20060830
Medicare/Medicaid:	1
Facility name:	INDEPENDENT OPTIONS, INC - HARBOR VILLAGE I
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19900302
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G425
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:	ORG
street address:	2532 SANTA CATALINA DRIVE, #101
Phone num:	7144341276
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	92626
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:	SRHO20070006626

BD349 — SRHO20070107815
ENE — AHA Hospitals
2-4 mi
18405
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	20060727
Medicare/Medicaid:	1
Facility name:	INDEPENDENT OPTIONS, INC - HARBOR VILLAGE V
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC61038F
Partcipation date:	20041026
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	55G502
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	2541 SANTA CATALINA #101
Phone num:	7145562857
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	92626
Fips state:	06

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:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070107815	

BD350			SRHO20070108199
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
18405	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20051222	
	Medicare/Medicaid:	1	
	Facility name:	INDEPENDENT OPTIONS, INC - HARBOR VILLAGE VI	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC61042F	
	Partcipation date:	20050111	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	55G506	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2541 SANTA CATALINA #105	
	Phone num:	7149999999	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92626	
	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:	SRHO20070108199	

BC351 SRDCCA200703315
NNE Daycare
2-4 mi
18446
Higher

EDR ID:	SRDCCA200703315
Facility number:	300608827
Facility name:	"HERR, VALENTINE "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10176 FALCON AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10176 FALCON AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"HERR, VALENTINE "
Licensee type:	A
License effective date:	950317
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:	10176 FALCON AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"HERR, VALENTINE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7149624725

BE352 SRHO20070109159
North AHA Hospitals
2-4 mi
18482
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:	20031002
Medicare/Medicaid:	1
Facility name:	PHYSIOTHERAPY ASSOCIATES
Intermediary/Carrier:	00450
Medicaid number:	Not Reported
Partcipation date:	20001120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	556539

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	18377 BEACH BLVD, SUITE 216
Phone num:	7149638775
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	92648
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:	SRHO20070109159

AZ353 SRDCCA200718120
East Daycare
2-4 mi
18493
Higher

EDR ID:	SRDCCA200718120
Facility number:	304206640
Facility name:	"OLSON, MARISA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2123 PARSONS STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	2123 PARSONS STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"OLSON, MARISA "
Licensee type:	A
License effective date:	30808
License expiration date:	Not Reported
License issue date:	030808
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:	020613
Facility closed date:	Not Reported
Mailing address:	2123 PARSONS STREET
Mailing city:	COSTA MESA

Mailing state:	CA
Mailing zip:	92627
Contact person:	"OLSON, MARISA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	9495154835

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354 SRDCCA200709099
North Daycare
2-4 mi
18540
Higher

EDR ID:	SRDCCA200709099
Facility number:	304204748
Facility name:	"TREWARTHA, TINA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8528 TRINITY RIVER CIRCLE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	8528 TRINITY RIVER CIRCLE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"TREWARTHA, TINA "
Licensee type:	A
License effective date:	990518
License expiration date:	Not Reported
License issue date:	990518
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:	980930
Facility closed date:	Not Reported
Mailing address:	8528 TRINITY RIVER CIRCLE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"TREWARTHA, TINA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149640280

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355 SRPU20071012688
North Public Schools
2-4 mi
18618
Higher

Ncessch:	061422001622
Schname05:	COURREGES (ROCH) ELEMENTARY
Mstreet05:	18313 SANTA CARLOTTA
Mcity05:	FOUNTAIN VALLEY
Mstate05:	CA
Mzip05:	92708
Mzip405:	5616
Member05:	607
Phone05:	(714) 378-4280

Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071012688

356
SE
2-4 mi
18646
Higher

SRDCCA200701515
Daycare

EDR ID:	SRDCCA200701515
Facility number:	306003640
Facility name:	28TH STREET HOUSE
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	04
Address:	207 28TH STREET
City:	NEWPORT BEACH
State:	CA
Zip:	92660
Alt. address:	26895 ALISO CREEK RD.B309
City:	ALISO VIEJO
State:	CA
Zip:	92656
Facility investor:	KRAMER CENTER AT NEWPORT BEACH
Licensee type:	D
License effective date:	70131
License expiration date:	080131
License issue date:	070131
Program type:	6 AMBULATORY CLIENTS IN UPSTAIRS UNIT ONLY AGES 13-17 YEARS. LICENSEE PREFERS TO SERVE FEMALE CLIENTS.
Original app. received date:	061106
Facility closed date:	Not Reported
Mailing address:	26895 ALISO CREEK RD.B309
Mailing city:	ALISO VIEJO
Mailing state:	CA
Mailing zip:	92656
Contact person:	MICHELLE BERNER
Facility capacity:	6
Type of clients served:	950
Facility phone:	9495669196

BA357
East
2-4 mi
18669
Higher

SRHO20070142495
AHA Hospitals

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	MESA CHIROPRACTIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930208
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0860973
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	136 BROADWAY
Phone num:	7146420313
Termination reason:	08
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92627
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:	SRHO20070142495

BD358 SRHO20070006063
ENE AHA Hospitals
2-4 mi
18680
Higher

Hospital type:	02
Num of times COO:	02
Owner date:	Not Reported
City:	COSTA MESA
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:	20060629
Medicare/Medicaid:	1
Facility name:	PURE JOY #4
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19910225
Prior COO date:	19970513
Prior carrier:	Not Reported
Provider ID:	05G494
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA

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

ssa state:	05
state region cd:	ORG
street address:	2513 CHRISTOPHER LANE
Phone num:	7149570458
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	92626
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:	SRHO20070006063

BD359 SRHO20070005952
ENE AHA Hospitals
2-4 mi
18702
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	400
Cross ref number:	05G839
FMS survey date:	Not Reported
Current survey date:	19940315
Medicare/Medicaid:	2
Facility name:	JOY CHALET #3
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19910225
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G493
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	2508 CHRISTOPHER LANE
Phone num:	7149578069
Termination reason:	05
Term Date:	19940707
Purpose of action:	3
Provider control:	02
Zip:	92626
Fips state:	06
Fips cnty:	059

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070005952	
BD360			SRHO20070007937
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	02	
18702	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20050525	
	Medicare/Medicaid:	2	
	Facility name:	PURE JOY #3	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC60644G	
	Partcipation date:	19950208	
	Prior COO date:	19970513	
	Prior carrier:	Not Reported	
	Provider ID:	05G839	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2508 CHRISTOPHER LANE	
	Phone num:	7149578069	
	Termination reason:	01	
	Term Date:	20060117	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92626	
	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:	SRHO20070007937	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BD361 ENE 2-4 mi 18711 Higher			SRHO20070006616 AHA Hospitals
	Hospital type:	02	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	20060322	
	Medicare/Medicaid:	1	
	Facility name:	ENRICHING, INC III	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC60388F	
	Partcipation date:	19901126	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G478	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2507 CHRISTOPHER LANE	
	Phone num:	7147517703	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92626	
	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:	SRHO20070006616	

BD362 ENE 2-4 mi 18712 Higher			SRHO20070006377 AHA Hospitals
	Hospital type:	02	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	20060201	

Medicare/Medicaid:	1
Facility name:	INDEPENDENT OPTIONS, INC - MARK LANE I
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC60436F
Partcipation date:	19911112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G548
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	2500 MARK LANE
Phone num:	7149797237
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	92626
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:	SRHO20070006377

BD363 SRHO20070006636
ENE AHA Hospitals
2-4 mi
18743
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20010627
Current survey date:	20060629
Medicare/Medicaid:	1
Facility name:	INDEPENDENT OPTIONS, INC - CHRISTOPHER HOUSE
Intermediary/Carrier:	Not Reported
Medicaid number:	LTC60449F
Partcipation date:	19920318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G563
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:	ORG
street address:	2500 CHRISTOPHER LANE
Phone num:	7149797249
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	02
Zip:	92626
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:	SRHO20070006636

BD364			SRHO20070006615
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
18743	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20060308	
	Medicare/Medicaid:	1	
	Facility name:	ENRICHING, INC II	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC80275F	
	Partcipation date:	19901126	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G477	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2501 CHRISTOPHER LANE	
	Phone num:	7145565806	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92626	
	Fips state:	06	

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:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070006615	

BF365			SRHO20070005930
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18764	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20040624	
	Medicare/Medicaid:	1	
	Facility name:	NEWPORT PLAZA SURGICAL CENTER	
	Intermediary/Carrier:	00542	
	Medicaid number:	Not Reported	
	Partcipation date:	20040625	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05C0001672	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	1901 NEWPORT BLVD SUITE 120W	
	Phone num:	9495751035	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	1	
	Provider control:	01	
	Zip:	92627	
	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:	SRHO20070005930	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BF366			SRHO20070161299
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18764	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	NEWPORT PLAZA SURGICAL CENTER LP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030312	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1010403	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1901 NEWPORT BLVD #120-W	
	Phone num:	9496509905	
	Termination reason:	00	
	Term Date:	20070311	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070161299	

BF367			SRHO20070157506
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
18764	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	HOAG DIABETES EDUCATION CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20031210
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1020057
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1901 NEWPORT BLVD SUITE 175
Phone num:	9497602065
Termination reason:	00
Term Date:	20071209
Purpose of action:	Not Reported
Provider control:	02
Zip:	92627
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:	SRHO20070157506

BD368 SRHO20070006091
ENE AHA Hospitals
2-4 mi
18764
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
Has plan of corr:	Not Reported
Compliance status:	B
SSA county code:	400
Cross ref number:	05G802
FMS survey date:	Not Reported
Current survey date:	19940601
Medicare/Medicaid:	2
Facility name:	JOY CHALET #5
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19910402
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G501
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:	SA
street address:	2528 MARK LANE
Phone num:	7149573924
Termination reason:	05
Term Date:	19940711
Purpose of action:	3
Provider control:	02
Zip:	92626
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:	SRHO20070006091

BD369			SRHO20070005989
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	02	
18764	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	05G501	
	FMS survey date:	20030212	
	Current survey date:	20051213	
	Medicare/Medicaid:	1	
	Facility name:	PURE JOY #5	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19941006	
	Prior COO date:	19970513	
	Prior carrier:	Not Reported	
	Provider ID:	05G802	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2528 MARK LANE	
	Phone num:	7149573924	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92626	
	Fips state:	06	

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:	0006	
	Num cert beds:	0006	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070005989	

BD370			SRHO20070006635
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
18772	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	20020425	
	Current survey date:	20060504	
	Medicare/Medicaid:	1	
	Facility name:	INDEPENDENT OPTIONS, INC - MARK LANE II	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	LTC60447F	
	Partcipation date:	19920128	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05G562	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2516 MARK LANE	
	Phone num:	7149797629	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	02	
	Zip:	92626	
	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:	SRHO20070006635	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BG371 ENE 2-4 mi 18785 Higher			SRHO20070133446 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	19950216	
	Medicare/Medicaid:	1	
	Facility name:	JOEL E LEWIS MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0576102	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1700 ADAMS AVE, #100	
	Phone num:	7145490301	
	Termination reason:	01	
	Term Date:	20051128	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92626	
	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:	SRHO20070133446	

BC372 NNE 2-4 mi 18795 Higher			SRHO20070159412 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Medicare/Medicaid:	Not Reported	
	Facility name:	SAV ON PHARMACY #6170	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050310	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1038089	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	18579 BROOKHURST ST	
	Phone num:	7143780174	
	Termination reason:	00	
	Term Date:	20070309	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070159412	
BC373 NNE 2-4 mi 18878 Higher			SRPU20071012691 Public Schools
	Ncessch:	061422001626	
	Schname05:	GISLER (ROBERT) ELEMENTARY	
	Mstreet05:	18720 LAS FLORES ST.	
	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	7113	
	Member05:	495	
	Phone05:	(714) 378-4120	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071012691	
BH374 ENE 2-4 mi 18977 Higher			SRHO20070006821 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	

City:	COSTA MESA
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:	20050513
Medicare/Medicaid:	1
Facility name:	FAIRVIEW DEVELOPMENTAL CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19681101
Prior COO date:	Not Reported
Prior carrier:	99990
Provider ID:	050548
Record Status:	A
Region code:	09
Is Partial Record:	N
state abbrev:	CA
ssa state:	05
state region cd:	RIV
street address:	2501 HARBOR BOULEVARD
Phone num:	7149575000
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	92626
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:	1228
Num cert beds:	0030
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006821

BH375 SRHO20070130666
ENE AHA Hospitals
2-4 mi
18977
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	20060720
Medicare/Medicaid:	1
Facility name:	FAIRVIEW DEVELOPMENTAL CENTER CLINICAL
Intermediary/Carrier:	02050
Medicaid number:	Not Reported

Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0061275
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2501 HARBOR BOULEVARD
Phone num:	7149575181
Termination reason:	00
Term Date:	20070316
Purpose of action:	2
Provider control:	07
Zip:	92626
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:	SRHO20070130666

BH376 SRHO20070006437
ENE AHA Hospitals
2-4 mi
18977
Higher

Hospital type:	02
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	20060316
Medicare/Medicaid:	1
Facility name:	FAIRVIEW DEVELOPMENTAL CENTER D/P ICFDD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19780512
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05G022
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	RIV
street address:	2501 HARBOR BOULEVARD

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

Phone num:	7149575000
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92626
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:	0792
Num cert beds:	0792
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070006437

BH377			SRHO20070005416
ENE	Hospital type:	02	AHA Hospitals
2-4 mi	Num of times COO:	00	
18977	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20060623	
	Medicare/Medicaid:	1	
	Facility name:	FAIRVIEW DEVELOPMENTAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19780201	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05A311	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	RIV	
	street address:	2501 HARBOR BOULEVARD	
	Phone num:	7149575000	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	07	
	Zip:	92626	
	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:	0396
Num cert beds:	0396
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070005416

BH378 SRNH20060901319
ENE Nursing Homes
2-4 mi
18977
Higher

Provnum:	05A311
Nursinghomename:	FAIRVIEW DEVELOPMENTAL CENTER
Street:	2501 HARBOR BOULEVARD
City:	COSTA MESA
State:	CA
Zipcode:	92626
Phonenumber:	7149575000
Dateoflastinspection:	20060323
Certifiednumberofbeds:	396
Totalnumberofresidents:	229
Percofoccupiedbeds:	58
Categorydescription:	Participating in Medicaid Only
Typeofownership:	Government - State
Locatedwithinahospital:	YES
Multinursinghomeownership:	YES
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060901319

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379 SRDCCA200706273
NNW Daycare
2-4 mi
19121
Higher

EDR ID:	SRDCCA200706273
Facility number:	300616076
Facility name:	"STOVER, LINDA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	18411 HUNTINGTON STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	18411 HUNTINGTON STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Facility investor:	"STOVER, LINDA "
Licensee type:	A
License effective date:	940215
License expiration date:	Not Reported
License issue date:	940215
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:	931027
Facility closed date:	Not Reported
Mailing address:	18411 HUNTINGTON STREET

Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92648
Contact person:	"STOVER, LINDA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148428207

380 SRCL20051003926
ESE Colleges
2-4 mi
19270
Higher

Unitid:	439695
Instnm:	JAMES ALBERT SCHOOL OF COSMETOLOGY
Addr:	281 E 17TH ST
City:	COSTA MESA
Stabbr:	CA
Zip:	92627
Zip4:	3831
Unk:	Not Reported
Fips:	092627
Oberge:	8
Chfnm:	JAMES ALBERT
Chftitle:	PRESIDENT
Gentele:	9496461616
Fintele:	9496461616
Admtele:	7144235208
Ein:	-1
Duns:	-1
Opeid:	3485400
Opeflag:	1
Webaddr:	-1
Sector:	9
Iclevel:	3
Control:	3
Hloffer:	2
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	0
Deggrant:	2
Hbcu:	-3
Hospital:	-3
Medical:	2
Tribal:	-3
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:	23

Enrtot:	26
Edr id:	SRCL20051003926

BF381 SRDCCA200748411
East Daycare
2-4 mi
19272
Higher

EDR ID:	SRDCCA200748411
Facility number:	300602541
Facility name:	A CHILD'S PLACE
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	1941 CHURCH STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	1941 CHURCH STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	ROBERT LEE SMITH & PATRICIA ANN SMITH
Licensee type:	A
License effective date:	940201
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, AGES 2 THROUGH 6 YEARS, MONDAY THROUGH FRIDAY, HOURS: 6:30 AM TO 6:00 PM. "
Original app. received date:	780413
Facility closed date:	Not Reported
Mailing address:	3222 OREGON AVENUE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	DARCIE KASS
Facility capacity:	48
Type of clients served:	950
Facility phone:	9496464318

BI382 SRHO20070133447
ENE AHA Hospitals
2-4 mi
19326
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	HARBOR NEWPORT MED CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

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

Partcipation date:	19930513
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0576110
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1525 MESA VERDE DR E SUITE 115
Phone num:	7146423567
Termination reason:	01
Term Date:	19981231
Purpose of action:	Not Reported
Provider control:	05
Zip:	92626
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:	SRHO20070133447

BI383 SRHO20070152216
ENE AHA Hospitals
2-4 mi
19326
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	HARBOR DRUG CO INC DBA STEVENS PHARMCY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980528
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0946542
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1525 MESA VERDE DRIVE EAST

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

Phone num:	7145408911
Termination reason:	00
Term Date:	20080527
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070152216

BG384			SRHO20070133563
ENE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
19326	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	CARLES H ANDREWS/DBA WEST COAST FAMILY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930202	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0576154	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1650 ADAMS AVENUE	
	Phone num:	7145467900	
	Termination reason:	01	
	Term Date:	20040122	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92626	
	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:	SRHO20070133563

BE385 SRDCCA200708844
NNW Daycare
2-4 mi
19331
Higher

EDR ID:	SRDCCA200708844
Facility number:	304204703
Facility name:	"SELWANES, MARY "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	18252 PAMMY LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	18252 PAMMY LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Facility investor:	"SELWANES, MARY "
Licensee type:	A
License effective date:	981103
License expiration date:	Not Reported
License issue date:	981103
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:	18252 PAMMY LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92648
Contact person:	"SELWANES, MARY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148422378

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386 SRHO20070009572
East AHA Hospitals
2-4 mi
19348
Higher

Hospital type:	04
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	19920901
Medicare/Medicaid:	1
Facility name:	STARTING POINT OF ORANGE COUNTY
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	054127
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	350 WEST BAY ST
Phone num:	7146423505
Termination reason:	01
Term Date:	19951117
Purpose of action:	1
Provider control:	03
Zip:	92627
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	19920420
Accred expire date:	19930720
Accred Org:	1
Num beds:	0042
Num cert beds:	0042
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070009572

BH387 SRHO20070130893
ENE AHA Hospitals
2-4 mi
19398
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	19950912
Medicare/Medicaid:	1
Facility name:	YUNG J KEE MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0576050
Record Status:	A
Region code:	09

Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	440 FAIR DR SUITE N
Phone num:	7145459304
Termination reason:	00
Term Date:	20070215
Purpose of action:	2
Provider control:	04
Zip:	92626
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:	SRHO20070130893

BH388 — SRHO20070158965
ENE — AHA Hospitals
2-4 mi
19398
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	JEFF P DELEON DO INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040927
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1031168
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	440 FAIR DR STE #E
Phone num:	7144440737
Termination reason:	00
Term Date:	20080926
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626

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:	SRHO20070158965

BJ389 SRDCCA200750636
NE Daycare
2-4 mi
19406
Higher

EDR ID:	SRDCCA200750636
Facility number:	300607164
Facility name:	PRINCE OF PEACE PRESCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2987 MESA VERDE E
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	2987 MESA VERDE E
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	PRINCE OF PEACE LUTHERAN CHURCH & SCHOOL
Licensee type:	C
License effective date:	950920
License expiration date:	Not Reported
License issue date:	890920
Program type:	AMBULATORY CHILDREN. 3 THROUGH 5 YEARS OF AGE. MONDAY THROUGH FRIDAY. 7:00 AM TO 5:00 PM
Original app. received date:	890919
Facility closed date:	Not Reported
Mailing address:	2987 MESA VERDE E
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"WILLIAMS, SHERRY "
Facility capacity:	45
Type of clients served:	950
Facility phone:	7145491845

BJ390 SRPR20051023174
NE Private Schools
2-4 mi
19406
Higher

Pss school id:	00080541
Pss inst:	PRINCE OF PEACE LUTHERAN SCHOO
Lograde:	PK
Higrade:	6
Pss address:	2987 MESA VERDE DR E
Pss city:	COSTA MESA

Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92626
Pss phone:	7145490562
Pss sch days:	180
Pss stu day hrs:	6.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	115
Pss enroll k:	49
Pss enroll 1:	31
Pss enroll 2:	25
Pss enroll 3:	35
Pss enroll 4:	33
Pss enroll 5:	30
Pss enroll 6:	22
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:	340
Pss enroll tk12:	225
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:	12.6
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
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:	17.86
Pss orient:	22
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:	SRPR20051023174

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
391 ESE 2-4 mi 19471 Higher			SRHO20070134117 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	ALAN V ANDREWS MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921221	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578195	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2439 W COAST HWY, #101	
	Phone num:	7146316466	
	Termination reason:	12	
	Term Date:	19960605	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	92663	
	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:	SRHO20070134117	

BJ392 NE 2-4 mi 19514 Higher			SRDCCA200748645 Daycare
	EDR ID:	SRDCCA200748645	
	Facility number:	300600678	
	Facility name:	MONTESSORI HARBOR MESA	
	Facility eval. code:	1203	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	1701 WEST BAKER STREET	
	City:	COSTA MESA	

State: CA
Zip: 92626
Alt. address: 1701 WEST BAKER STREET
City: COSTA MESA
State: CA
Zip: 92626
Facility investor: ANTONIO AND GIULIANA DE FRENZA
Licensee type: A
License effective date: 950420
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, AGES 2 YEARS 6 MONTHS TO 5 YEARS, 7:00 AM TO 6:00 PM MONDAY TO FRIDAY
"
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 2430 WINDWARD LN
Mailing city: NEWPORT BCH
Mailing state: CA
Mailing zip: 92626
Contact person: "DE FRENZA, GIULIANA "
Facility capacity: 60
Type of clients served: 950
Facility phone: 7145493803

BK393 SRDCCA200754352
NNE EDR ID: SRDCCA200754352 Daycare
2-4 mi Facility number: 304270857
19574 Facility name: FOUNTAIN VALLEY MONTESSORI CENTER
Higher Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 18410 BROOKHURST STREET
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 18410 BROOKHURST STREET
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: "FOUNTAIN VALLEY MONTESSORI CENTER, INC. "
Licensee type: D
License effective date: 11227
License expiration date: Not Reported
License issue date: 011227
Program type: "AMBULATORY CHILDEN, AGES 2 TO 6 YEARS.
HOURS: MONDAY - FRIDAY, 7:00 AM TO 6:00 PM.
WAIVER FOR ELECTRONIC SIGN IN/OUT; SHARED YARD USAGE.
"(ROOM #4 UTILIZED FOR PRIVATE ELEMENTARY PROGRAM)
Original app. received date: 011009
Facility closed date: Not Reported
Mailing address: 18410 BROOKHURST STREET
Mailing city: FOUNTAIN VALLEY

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing state:	CA	
	Mailing zip:	92708	
	Contact person:	"CAPALBO, CHRISTINA "	
	Facility capacity:	147	
	Type of clients served:	950	
	Facility phone:	7145938333	
BK394			SRPR20051024885
NNE	Pss school id:	A0307149	Private Schools
2-4 mi	Pss inst:	FOUNTAIN VALLEY MONTESSORI CEN	
19574	Lograde:	PK	
Higher	Higrade:	1	
	Pss address:	18410 BROOKHURST STREET	
	Pss city:	FOUNTAIN VALLEY	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92708	
	Pss phone:	7145938333	
	Pss sch days:	Not Reported	
	Pss stu day hrs:	6.17	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	152	
	Pss enroll k:	74	
	Pss enroll 1:	6	
	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:	232	
	Pss enroll tk12:	80	
	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	
	Pss locale:	2	
	Pss coed:	1	
	Pss type:	2	
	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:	16
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	American Montessori Society (AMS)
Pss assoc 2:	Other Montessori association(s)
Pss assoc 3:	National Association for the Education of Young Children (NAEYC)
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:	SRPR20051024885

BL395 SRHO20070010069
East AHA Hospitals
2-4 mi
19718
Higher

Hospital type:	03
Num of times COO:	01
Owner date:	20030701
City:	COSTA MESA
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:	VICTORIA HEALTHCARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	ZZT055237G
Partcipation date:	19711231
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	055237
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	340 VICTORIA STREET
Phone num:	9496420387
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92627
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:	0079

Num cert beds:	0079
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010069

BL396 — SRHO20070135280
East — AHA Hospitals
2-4 mi
19718
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	19930421
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0643302
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	340 VICTORIA ST
Phone num:	7146420387
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92627
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:	SRHO20070135280

BL397 — SRNH20060900718
East — Nursing Homes
2-4 mi
19718
Higher

Provnum:	055237
Nursinghomename:	VICTORIA HEALTHCARE CENTER
Street:	340 VICTORIA STREET
City:	COSTA MESA
State:	CA

Zipcode:	92627
Phonenumber:	9496420387
Dateoflastinspection:	20060120
Certifiednumberofbeds:	79
Totalnumberofresidents:	75
Percofoccupiedbeds:	95
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060900718

BM398 SRDCCA200736650
North Daycare
2-4 mi
19786
Higher

EDR ID:	SRDCCA200736650
Facility number:	304310557
Facility name:	"LA CAILLE, CLAUDETTE "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8131 STERLING AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Alt. address:	8131 STERLING AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92646
Facility investor:	"LA CAILLE, CLAUDETTE "
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:	060711
Facility closed date:	Not Reported
Mailing address:	8131 STERLING AVENUE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92646
Contact person:	"LA CAILLE, CLAUDETTE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	9493555041

BN399 SRDCCA200722627
NNE Daycare
2-4 mi
19827
Higher

EDR ID:	SRDCCA200722627
Facility number:	304300467
Facility name:	"DAHLEN, MARLENE "
Facility eval. code:	3401

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10461 WAXWING CIRCLE
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 10461 WAXWING CIRCLE
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: "DAHLEN, MARLENE "
Licensee type: A
License effective date: 31125
License expiration date: Not Reported
License issue date: 031125
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: 031008
Facility closed date: Not Reported
Mailing address: 10461 WAXWING CIRCLE
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "DAHLEN, MARLENE "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149634331

BO400 SRDCCA200748585
NNE
2-4 mi
19831
Higher
Daycare

EDR ID: SRDCCA200748585
Facility number: 300600324
Facility name: FOUNTAIN VALLEY UNITED METHODIST PRESCHOOL
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 18225 BUSHARD STREET
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 18225 BUSHARD STREET
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: FIRST METHODIST CHURCH
Licensee type: C
License effective date: 930911
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY CHILDREN: AGES 2 YEARS TO 6 YEARS.
HOURS: MONDAY 9:00AM TO 12:00PM AND TUESDAY, WEDNESDAY, THURSDAY AND FRIDAY 9:00AM TO 1:00PM.
""ROOMS: 1, 2/3, 4, & 5.
"

Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	18225 BUSHARD
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"MCINTEER, DONNA "
Facility capacity:	60
Type of clients served:	950
Facility phone:	7149682834

BN401 SRDCCA200741220
NNE Daycare
2-4 mi
19880
Higher

EDR ID:	SRDCCA200741220
Facility number:	304270885
Facility name:	SHORELINE CHRISTIAN PRESCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	10350 ELLIS AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10350 ELLIS AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	SHORELINE BAPTIST CHURCH
Licensee type:	C
License effective date:	20328
License expiration date:	Not Reported
License issue date:	020328
Program type:	AMBULATORY CHILDREN. AGES BIRTH TO 24 MONTHS. HOURS: MONDAY THROUGH FRIDAY. 6:30 AM TO 6:00 PM
Original app. received date:	020215
Facility closed date:	Not Reported
Mailing address:	10350 ELLIS AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	PAMELA STOLTZ
Facility capacity:	12
Type of clients served:	960
Facility phone:	7149626886

BN402 SRDCCA200748586
NNE Daycare
2-4 mi
19880
Higher

EDR ID:	SRDCCA200748586
Facility number:	300600328
Facility name:	SHORELINE CHRISTIAN PRESCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850

Facility status code:	03
Address:	10350 ELLIS AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10350 ELLIS AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	SHORELINE BAPTIST CHURCH
Licensee type:	C
License effective date:	931118
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY CHILDREN. AGES 2 - 6 YEARS OF AGE. HOURS: MONDAY THRU FRIDAY, 6:30 AM TO 6:00 PM. TODDLER OPTION GRANTED 09.16.02 FOR 18 CHILDREN, "AGES 18 - 30 MONTHS OF AGE. ROOM 1 ONLY.
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	10350 ELLIS AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	PAMELA S. STOLTZ
Facility capacity:	192
Type of clients served:	950
Facility phone:	7149626886

BN403 SRPR20051022041
NNE Private Schools
2-4 mi
19880
Higher

Pss school id:	00086226
Pss inst:	SHORELINE CHRISTIAN SCHOOL
Lograde:	PK
Higrade:	8
Pss address:	10350 ELLIS AVENUE
Pss city:	FOUNTAIN VALLEY
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92708
Pss phone:	7149626886
Pss sch days:	176
Pss stu day hrs:	6.25
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	140
Pss enroll k:	48
Pss enroll 1:	30
Pss enroll 2:	34
Pss enroll 3:	39
Pss enroll 4:	18
Pss enroll 5:	32
Pss enroll 6:	33
Pss enroll 7:	20

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:	424
Pss enroll tk12:	284
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:	19.9
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
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:	14.27
Pss orient:	5
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:	SRPR20051022041

BP404 SRDCCA200748527
North Daycare
2-4 mi
20037
Higher

EDR ID:	SRDCCA200748527
Facility number:	300600198
Facility name:	FOUNTAIN VALLEY CHRISTIAN PRESCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	18110 MAGNOLIA AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	18110 MAGNOLIA AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	FIRST CHRISTIAN CHURCH

Licensee type:	C
License effective date:	931123
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, AGES 2.6 YEARS THROUGH 6 YEARS, MONDAY THROUGH FRIDAY HOURS: 7:00 AM TO 6:00 PM. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	18110 MAGNOLIA AVE.
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"ROBERTSON, MARY "
Facility capacity:	57
Type of clients served:	950
Facility phone:	7149689126

BP405 SRPR20051024886
North Private Schools
2-4 mi
20037
Higher

Pss school id:	BB961107
Pss inst:	FOUNTAIN VLY CHRISTIAN PRESCH
Lograde:	PK
Higrade:	K
Pss address:	18110 MAGNOLIA STREET
Pss city:	FOUNTAIN VALLEY
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92708
Pss phone:	7149689126
Pss sch days:	180
Pss stu day hrs:	6
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	20
Pss enroll k:	18
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:	18
Pss race ai:	0
Pss race as:	4
Pss race h:	0
Pss race b:	1

Pss race w:	13
Pss fte teach:	2
Pss locale:	2
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	22.22
Pss hisp pct:	0
Pss black pct:	5.56
Pss white pct:	72.22
Pss stdtch rt:	9
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:	SRPR20051024886

BI406 SRHO20070158973
ENE AHA Hospitals
2-4 mi
20042
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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 DRUNS #9404
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041022
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1032435
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2701 HARBOR BLVD BLDG B
Phone num:	7144381110
Termination reason:	08
Term Date:	20061021

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92626	
	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:	SRHO20070158973	
BM407			SRHO20070158790
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20042	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:	BEACH SURGICAL MEDICAL CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040121	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1021352	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18080 BEACH BLVD SUITE 101	
	Phone num:	7143753779	
	Termination reason:	00	
	Term Date:	20080120	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92648	
	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: SRHO20070158790

BQ408 SRDCCA200721577
ENE Daycare
2-4 mi
20176
Higher

EDR ID: SRDCCA200721577
Facility number: 304300267
Facility name: "CLIFT, ANA "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 327 WEST WILSON # 25
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 327 WEST WILSON # 25
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "CLIFT, ANA "
Licensee type: A
License effective date: 30714
License expiration date: Not Reported
License issue date: 030714
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: 030604
Facility closed date: Not Reported
Mailing address: 327 WEST WILSON # 25
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "CLIFT, ANA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 9496465714

BR409 SRDCCA200701051
East Daycare
2-4 mi
20227
Higher

EDR ID: SRDCCA200701051
Facility number: 306001834
Facility name: UNDER THE RAINBOW
Facility eval. code: 0307
Facility office number: 22
Facility county number: 30
Facility type code: 730
Facility status code: 03
Address: 308 E. 18TH STREET
City: COSTA MESA
State: CA
Zip: 92627

Alt. address: 2434 W. FLORA ST.
City: SANTA ANA
State: CA
Zip: 92704
Facility investor: MARIA S. DE LEON
Licensee type: A
License effective date: 31106
License expiration date: Not Reported
License issue date: 031106
Program type: SIX NON-AMBULATORY DEVELOPMENTALLY DISABLED CHILDREN AGES 6-17.
Original app. received date: 030731
Facility closed date: Not Reported
Mailing address: 308 E. 18TH STREET
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: MARIA S. DE LEON
Facility capacity: 6
Type of clients served: 950
Facility phone: 9496427298

BN410 SRDCCA200713212
NNE EDR ID: SRDCCA200713212 Daycare
2-4 mi Facility number: 304205459
20254 Facility name: "ROBERGE, CATHERINE "
Higher Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10428 PLACER RIVER CIRCLE
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 10428 PLACER RIVER CIRCLE
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: "ROBERGE, CATHERINE "
Licensee type: A
License effective date: 601
License expiration date: Not Reported
License issue date: 000601
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: 000328
Facility closed date: Not Reported
Mailing address: 10428 PLACER RIVER CIRCLE
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "ROBERGE, CATHERINE "
Facility capacity: 8

Type of clients served:	960
Facility phone:	7149649917

BO411 — SRHO20070142260
NNE — AHA Hospitals
2-4 mi
20256
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	FISHER CHIROPRACTIC CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931014
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0877909
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18055 BUSHARD ST
Phone num:	Not Reported
Termination reason:	08
Term Date:	19931016
Purpose of action:	Not Reported
Provider control:	10
Zip:	92708
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:	SRHO20070142260

BI412 — SRCL20051003981
ENE — Colleges
2-4 mi
20257
Higher

Unitid:	442240
Instnm:	PAUL MITCHELL THE SCHOOL
Addr:	1534 Adams Ave
City:	Costa Mesa
Stabbr:	CA
Zip:	92626

Zip4:	Not Reported
Unk:	Not Reported
Fips:	092626
Oberge:	8
Chfnm:	Winn C. Claybaugh
Chftitle:	Owner
Gentele:	8.01E+12
Fintele:	7.15E+11
Admtele:	7.15E+11
Ein:	870421332
Duns:	-1
Opeid:	2531801
Opeflag:	1
Webaddr:	www.paulmitchelltheschool.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:	280
Enrtot:	338
Edr id:	SRCL20051003981

BS413 SRDCCA200749281
East Daycare
2-4 mi
20260
Higher

EDR ID:	SRDCCA200749281
Facility number:	300614189
Facility name:	ST. JOACHIM SCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	1964 ORANGE
City:	COSTA MESA
State:	CA

Zip:	92627
Alt. address:	1964 ORANGE
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	ROMAN CATHOLIC DIOCESE OF ORANGE
Licensee type:	C
License effective date:	940922
License expiration date:	Not Reported
License issue date:	940922
Program type:	"AMBULATORY CHILDREN, AGES 4 TO 5 YEARS. HOURS: MONDAY THROUGH FRIDAY, 8:00AM TO 6:30PM. 2 SESSIONS PER DAY, 8:00AM-11:00AM & 12:00PM-3:00PM. "PRE-K ROOM AND BROWN ROOM ONLY. WAIVER FOR SHARED YARD.
Original app. received date:	940113
Facility closed date:	Not Reported
Mailing address:	2811 E. VILLA REAL DRIVE
Mailing city:	ORANGE
Mailing state:	CA
Mailing zip:	92667
Contact person:	JEANMARIE RAMETTA
Facility capacity:	22
Type of clients served:	950
Facility phone:	9495747411

BS414 SRPR20051023231
East Private Schools
2-4 mi
20260
Higher

Pss school id:	00075611
Pss inst:	ST JOACHIM ELEMENTARY SCHOOL
Lograde:	PK
Higrade:	8
Pss address:	1964 ORANGE AVENUE
Pss city:	COSTA MESA
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92627
Pss phone:	9495747411
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	28
Pss enroll k:	30
Pss enroll 1:	29
Pss enroll 2:	31
Pss enroll 3:	31
Pss enroll 4:	25
Pss enroll 5:	29
Pss enroll 6:	21
Pss enroll 7:	20
Pss enroll 8:	28
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:	244
Pss race ai:	10
Pss race as:	1
Pss race h:	36
Pss race b:	2
Pss race w:	195
Pss fte teach:	11.4
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	4.1
Pss asian pct:	0.41
Pss hisp pct:	14.75
Pss black pct:	0.82
Pss white pct:	79.92
Pss stdtch rt:	21.4
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:	SRPR20051023231

BO415 SRDCCA200716088
North Daycare
2-4 mi
20264
Higher

EDR ID:	SRDCCA200716088	
Facility number:	304206482	
Facility name:	"MARIN, SANDRA	"
Facility eval. code:	3406	
Facility office number:	06	
Facility county number:	30	
Facility type code:	810	
Facility status code:	03	
Address:	129 HORNBEAM LANE	
City:	FOUNTAIN VALLEY	
State:	CA	
Zip:	92708	
Alt. address:	129 HORNBEAM LANE	
City:	FOUNTAIN VALLEY	
State:	CA	
Zip:	92708	
Facility investor:	"MARIN, SANDRA	"
Licensee type:	A	
License effective date:	20524	
License expiration date:	Not Reported	
License issue date:	020524	

Program type: LICENSE HOURS ARE FROM MONDAY-SATURDAY 6:30 A.M.-10:30 P.M
Original app. received date: 020118
Facility closed date: Not Reported
Mailing address: 129 HORNBEAM LANE
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "MARIN, SANDRA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149643264

BR416 — SRDCCA200755269
East — Daycare
2-4 mi
20303
Higher

EDR ID: SRDCCA200755269
Facility number: 304370255
Facility name: LIL' LIGHTHOUSE PRESCHOOL
Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 301 MAGNOLIA STREET
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 301 MAGNOLIA STREET
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: LIGHTHOUSE COASTAL COMMUNITY CHURCH
Licensee type: C
License effective date: 60720
License expiration date: Not Reported
License issue date: 060720
Program type: AMBULATORY CHILDREN. 3 TO 5 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 8:30 AM TO 3:30 PM.
Original app. received date: 060502
Facility closed date: Not Reported
Mailing address: 1845 ANAHEIM AVE. #13D
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "MENASHE, MARGE "
Facility capacity: 60
Type of clients served: 950
Facility phone: 9496317294

BP417 — SRDCCA200714718
North — Daycare
2-4 mi
20308
Higher

EDR ID: SRDCCA200714718
Facility number: 304205996
Facility name: "CHEN, TZU-YEN "
Facility eval. code: 3401
Facility office number: 06
Facility county number: 30

Facility type code:	810
Facility status code:	03
Address:	18030 SANTA CLAUDIA STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	18030 SANTA CLAUDIA STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"CHEN, TZU-YEN "
Licensee type:	A
License effective date:	10612
License expiration date:	Not Reported
License issue date:	010612
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:	010326
Facility closed date:	Not Reported
Mailing address:	18030 SANTA CLAUDIA STREET
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"CHEN, TZU-YEN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7149646288

BR418 SRPR20051023509
East Private Schools
2-4 mi
20359
Higher

Pss school id:	A9100974
Pss inst:	KLINE SCHOOL
Lograde:	K
Higrade:	8
Pss address:	320 EAST 18TH STREET
Pss city:	COSTA MESA
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92627
Pss phone:	9497227242
Pss sch days:	205
Pss stu day hrs:	7
Pss library:	Not Reported
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	7
Pss enroll 1:	7
Pss enroll 2:	9
Pss enroll 3:	8
Pss enroll 4:	9
Pss enroll 5:	9
Pss enroll 6:	8
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:	71
Pss enroll tk12:	71
Pss race ai:	0
Pss race as:	3
Pss race h:	1
Pss race b:	4
Pss race w:	63
Pss fte teach:	7.5
Pss locale:	2
Pss coed:	1
Pss type:	3
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	4.23
Pss hisp pct:	1.41
Pss black pct:	5.63
Pss white pct:	88.73
Pss stdtch rt:	9.47
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	National Association for the Education of Young Children (NAEYC)
Pss assoc 2:	National Independent Private School Association (NIPSA)
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:	SRPR20051023509

BM419 SRHO20070145228
North AHA Hospitals
2-4 mi
20405
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:	KAISER PERMANENTE HUNTINGTON BEACH MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930421
Prior COO date:	Not Reported
Prior carrier:	Not Reported

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

Provider ID:	05D0867122
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18081 BEACH BLVD
Phone num:	7148417293
Termination reason:	00
Term Date:	20070304
Purpose of action:	Not Reported
Provider control:	03
Zip:	92648
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:	SRHO20070145228

BM420			SRHO20070130782
North	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20405	Owner date:	Not Reported	
Higher	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:	20020122	
	Medicare/Medicaid:	1	
	Facility name:	SO CAL PERMANENTE MED GROUP LABORATORY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0061378	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	18081 BEACH BOULEVARD	
	Phone num:	7148417210	
	Termination reason:	00	
	Term Date:	20080421	

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

Purpose of action:	2
Provider control:	03
Zip:	92648
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:	SRHO20070130782

421			SRDCCA200715774
North	EDR ID:	SRDCCA200715774	Daycare
2-4 mi	Facility number:	304206393	
20415	Facility name:	"TRAN, KIM-HIEN "	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	18002 HARTLUND STREET	
	City:	"HUNTINGTON BEACH, CA"	
	State:	CA	
	Zip:	92646	
	Alt. address:	18002 HARTLUND STREET	
	City:	"HUNTINGTON BEACH, CA"	
	State:	CA	
	Zip:	92646	
	Facility investor:	"TRAN, KIM-HIEN "	
	Licensee type:	A	
	License effective date:	20110	
	License expiration date:	Not Reported	
	License issue date:	020110	
	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:	011205	
	Facility closed date:	Not Reported	
	Mailing address:	18002 HARTLUND STREET	
	Mailing city:	"HUNTINGTON BEACH, CA"	
	Mailing state:	CA	
	Mailing zip:	92646	
	Contact person:	"TRAN, KIM-HIEN "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148420170	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BK422 NNE 2-4 mi 20433 Higher			SRHO20070107616 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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:	20020129	
	Medicare/Medicaid:	1	
	Facility name:	START PHYSICAL THERAPY HUNTINGTON	
	Intermediary/Carrier:	00454	
	Medicaid number:	Not Reported	
	Partcipation date:	20020129	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	556549	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	18255 BROOKHURST STREET	
	Phone num:	7149640727	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	1	
	Provider control:	06	
	Zip:	92708	
	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:	SRHO20070107616	

BL423 East 2-4 mi 20453 Higher			SRHO20070137944 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	COLLEGE HOSPITAL COSTA MESA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921223
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0676899
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	301 VICTORIA STREET
Phone num:	9496422734
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported
Provider control:	04
Zip:	92627
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:	SRHO20070137944

BL424 SRHO20070007608
East AHA Hospitals
2-4 mi
20453
Higher

Hospital type:	01
Num of times COO:	04
Owner date:	Not Reported
City:	COSTA MESA
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:	19970522
Medicare/Medicaid:	1
Facility name:	COLLEGE HOSPITAL COSTA MESA
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19760801
Prior COO date:	19870901
Prior carrier:	51051
Provider ID:	050543
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	301 VICTORIA STREET
Phone num:	7146422734
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	5
Provider control:	04
Zip:	92627
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	19970329
Accred expire date:	20000328
Accred Org:	1
Num beds:	0122
Num cert beds:	0122
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007608

BT425 SRDCCA200730640
North Daycare
2-4 mi
20581
Higher

EDR ID:	SRDCCA200730640
Facility number:	304310084
Facility name:	"KHALIL, IMAN "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8686 EL CERRO CIRCLE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	8686 EL CERRO CIRCLE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"KHALIL, IMAN "
Licensee type:	A
License effective date:	50421
License expiration date:	Not Reported
License issue date:	050421
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:	050215
Facility closed date:	Not Reported
Mailing address:	8686 EL CERRO CIRCLE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"KHALIL, IMAN "
Facility capacity:	8

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Type of clients served:	960	
	Facility phone:	7148430310	
BL426 East 2-4 mi 20647 Higher			SRHO20070133581 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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 HUANG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930521	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0576217	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	275 VICTORIA SUITE 2B	
	Phone num:	7147226178	
	Termination reason:	01	
	Term Date:	20060902	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070133581	
BL427 East 2-4 mi 20647 Higher			SRHO20070138067 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	20060315
Medicare/Medicaid:	1
Facility name:	DANIEL C DWYER MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0699992
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	275 VICTORIA STREET, SUITE 2H
Phone num:	9496311051
Termination reason:	00
Term Date:	20080902
Purpose of action:	2
Provider control:	04
Zip:	92627
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:	SRHO20070138067

BL428 SRHO20070137761
East AHA Hospitals
2-4 mi
20647
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20010503
Current survey date:	20050627
Medicare/Medicaid:	1
Facility name:	MARGARET SHANNON MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported

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

Provider ID:	05D0687205
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	275 VICTORIA STREET 1H
Phone num:	9496462311
Termination reason:	00
Term Date:	20070831
Purpose of action:	2
Provider control:	04
Zip:	92627
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:	SRHO20070137761

BL429			SRHO20070133580
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20647	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	RAUL MIRANDA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930517	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0576203	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	275 VICTORIA SUITE 2-K	
	Phone num:	7146461631	
	Termination reason:	00	
	Term Date:	20080831	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070133580	
BL430			SRHO20070133579
East	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20647	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	19950126	
	Medicare/Medicaid:	1	
	Facility name:	NAZLI AHMED MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0576194	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	275 VICTORIA STREET SUITE 2M	
	Phone num:	7146425390	
	Termination reason:	00	
	Term Date:	20090125	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070133579

BL431 — SRHO20070159018
East — AHA Hospitals
2-4 mi
20647
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	NEWPORT MESA MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040109
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1021035
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	275 VICTORIA STREET SUITE 1E
Phone num:	9495743615
Termination reason:	00
Term Date:	20080108
Purpose of action:	Not Reported
Provider control:	02
Zip:	92627
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:	SRHO20070159018

BL432 — SRHO20070144766
East — AHA Hospitals
2-4 mi
20647
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	GEORGE N HADDAD, MD INC DBA NEWPORT
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940624
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0888144
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	275 VICTORIA STREET, SUITE 2K
Phone num:	7146459990
Termination reason:	12
Term Date:	19990901
Purpose of action:	Not Reported
Provider control:	04
Zip:	92627
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:	SRHO20070144766

BU433 SRHO20070004777
North AHA Hospitals
2-4 mi
20762
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:	19980604
Medicare/Medicaid:	1
Facility name:	HUNTINGTON BEACH CTR FOR MAXIL
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19980728
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05C0001411
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	7891 TALBERT AVENUE, SUITE 101
Phone num:	7148422521
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	92648
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:	SRHO20070004777

BV434 — SRHO20070160088
ESE — AHA Hospitals
2-4 mi
20799
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	DAVID PORZIO MD A PROFESSIONAL MEDICAL CORPORATION
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20061122
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1061638
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2011 WEST CLIFF DR SUITE 6
Phone num:	9496455528
Termination reason:	00

Term Date:	20081121
Purpose of action:	Not Reported
Provider control:	04
Zip:	92660
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:	SRHO20070160088

BN435			SRHO20070010804
NNE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
20806	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19860520	
	Medicare/Medicaid:	1	
	Facility name:	INTENSIVE HOME HEALTH CARE INC	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19860520	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	057747	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	10534 BECHLER RIVER AVE.	
	Phone num:	7149639390	
	Termination reason:	01	
	Term Date:	19891111	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070010804

BS436 SRDCCA200751579
East Daycare
2-4 mi
20809
Higher

EDR ID:	SRDCCA200751579
Facility number:	304270409
Facility name:	WESTCLIFF EARLY CHILDHOOD CENTER
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2032 ORANGE AVENUE
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	2032 ORANGE AVENUE
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"SMITH, JOYCE "
Licensee type:	A
License effective date:	970714
License expiration date:	Not Reported
License issue date:	970714
Program type:	AMBULATORY CHILDREN. AGES 2 TO 6 YEARS OLD. MONDAY THROUGH FRIDAY. HOURS: 7:30 AM TO 2:30 PM
Original app. received date:	970606
Facility closed date:	Not Reported
Mailing address:	2909 HUMESTON AVE
Mailing city:	TUSTIN RANCH
Mailing state:	CA
Mailing zip:	92782
Contact person:	"SMITH, JOYCE "
Facility capacity:	104
Type of clients served:	950
Facility phone:	9496452750

BQ437 SRDCCA200711526
East Daycare
2-4 mi
20835
Higher

EDR ID:	SRDCCA200711526
Facility number:	304205011
Facility name:	"LEYVA, MARIA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2252 AVALON STREET
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	2252 AVALON STREET

City: COSTA MESA
State: CA
Zip: 92626
Facility investor: "LEYVA, MARIA "
Licensee type: A
License effective date: 990720
License expiration date: Not Reported
License issue date: 990720
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: 2252 AVALON STREET
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92626
Contact person: "LEYVA, MARIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 9495485903

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438 NE 2-4 mi 20856 Higher		SRDCCA200713856 Daycare

EDR ID: SRDCCA200713856
Facility number: 304205426
Facility name: "WALKER, LISA "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 3151 SAMOA PLACE
City: COSTA MESA
State: CA
Zip: 92626
Alt. address: 3151 SAMOA PLACE
City: COSTA MESA
State: CA
Zip: 92626
Facility investor: "WALKER, LISA "
Licensee type: A
License effective date: 724
License expiration date: Not Reported
License issue date: 000724
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: 3151 SAMOA PLACE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92626

Contact person: "WALKER, LISA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7144347397

BP439 SRDCCA200705157
North Daycare
2-4 mi
20886
Higher

EDR ID: SRDCCA200705157
Facility number: 300611461
Facility name: "SHEHADEH, EVA TEREZINHA "
Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 17949 BAY STREET
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 17949 BAY STREET
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: "SHEHADEH, EVA TEREZINHA "
Licensee type: A
License effective date: 940225
License expiration date: Not Reported
License issue date: 910225
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: 901126
Facility closed date: Not Reported
Mailing address: 17949 BAY STREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "SHEHADEH, EVA TEREZINHA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7149643423

BQ440 SRDCCA200706361
ENE Daycare
2-4 mi
20922
Higher

EDR ID: SRDCCA200706361
Facility number: 300616192
Facility name: "NILES, WANDA "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 270 JOANN STREET
City: COSTA MESA
State: CA

Zip:	92626
Alt. address:	270 JOANN STREET
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"NILES, WANDA "
Licensee type:	A
License effective date:	940517
License expiration date:	Not Reported
License issue date:	940517
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:	940111
Facility closed date:	Not Reported
Mailing address:	270 JOANN STREET
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"NILES, WANDA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	9496424074

BV441 — SRHO20070143182
ESE — AHA Hospitals
2-4 mi
20930
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	GARY S MC CARTER DPM
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0866200
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1901 WEST CLIFF DRIVE NO3
Phone num:	7146314099
Termination reason:	12
Term Date:	19930802
Purpose of action:	Not Reported
Provider control:	04

Zip:	92663
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:	SRHO20070143182

BW442 SRDCCA200701905
NE Daycare
2-4 mi
20995
Higher

EDR ID:	SRDCCA200701905
Facility number:	304204846
Facility name:	"SULLIVAN, MAUREEN "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2959 PEPPERTREE LANE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	2959 PEPPERTREE LANE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"SULLIVAN, MAUREEN "
Licensee type:	A
License effective date:	990202
License expiration date:	Not Reported
License issue date:	990202
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:	981223
Facility closed date:	Not Reported
Mailing address:	2959 PEPPERTREE LANE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"SULLIVAN, MAUREEN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7143934711

BX443 SRDCCA200703884
ENE Daycare
2-4 mi
21029
Higher

EDR ID:	SRDCCA200703884
Facility number:	300615598
Facility name:	"ROUINTREE, FERN "
Facility eval. code:	3403

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 312 BUCKNELL ROAD
City: COSTA MESA
State: CA
Zip: 92626
Alt. address: 312 BUCKNELL ROAD
City: COSTA MESA
State: CA
Zip: 92626
Facility investor: "ROUINTREE, FERN "
Licensee type: A
License effective date: 930721
License expiration date: Not Reported
License issue date: 930721
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: 930309
Facility closed date: Not Reported
Mailing address: 312 BUCKNELL ROAD
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92626
Contact person: "ROUINTREE, FERN "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7145458393

BQ444 SRDCCA200700234
ENE EDR ID: SRDCCA200700234 Daycare
2-4 mi Facility number: 306000902
21052 Facility name: CHILDHELP-JOANN
Higher Facility eval. code: 0307
Facility office number: 22
Facility county number: 30
Facility type code: 730
Facility status code: 03
Address: 250 JOANN
City: COSTA MESA
State: CA
Zip: 92626
Alt. address: 250 JOANN ST.
City: COSTA MESA
State: CA
Zip: 92626
Facility investor: "CHILDHELP USA, INC. "
Licensee type: C
License effective date: 990312
License expiration date: Not Reported
License issue date: 990312
Program type: 6 AMBULATORY CHILDREN AGES 6-12.
Original app. received date: 981222

Facility closed date:	Not Reported
Mailing address:	P.O. BOX 247
Mailing city:	BEAUMONT
Mailing state:	CA
Mailing zip:	92223
Contact person:	JOHN COLLINS
Facility capacity:	6
Type of clients served:	970
Facility phone:	7147547861

BW445 SRDCCA200700743
NE Daycare
2-4 mi
21106
Higher

EDR ID:	SRDCCA200700743
Facility number:	306000509
Facility name:	CHILDHELP - BAKER
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	1597 BAKER STREET
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	P.O. BOX 247
City:	BEAUMONT
State:	CA
Zip:	92223
Facility investor:	"CHILDHELP USA, INC. "
Licensee type:	C
License effective date:	961125
License expiration date:	Not Reported
License issue date:	961125
Program type:	6 AMBULATORY CHILDREN AGES 6 THRU 12 YEARS OF AGE.
Original app. received date:	961113
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 247
Mailing city:	BEAUMONT
Mailing state:	CA
Mailing zip:	92223
Contact person:	JOHN COLLINS
Facility capacity:	6
Type of clients served:	970
Facility phone:	7144357940

BX446 SRDCCA200725692
ENE Daycare
4-6 mi
21200
Higher

EDR ID:	SRDCCA200725692
Facility number:	304300520
Facility name:	"BEES, EMILY "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	272 VILLANOVA

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

City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	272 VILLANOVA
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"BEES, EMILY "
Licensee type:	A
License effective date:	40401
License expiration date:	Not Reported
License issue date:	040401
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:	031119
Facility closed date:	Not Reported
Mailing address:	272 VILLANOVA
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"BEES, EMILY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7143302409

BY447			SRHO20070154473
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21215	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	SOUTH COUNTIES PEDIATRIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020306	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0997112	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18125 BROOKHURST STREET	
	Phone num:	7143787978	
	Termination reason:	08	

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

Term Date:	20060305
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070154473

BY448			SRHO20070159014
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21215	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	RAMESH R PATEL MD FCCP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20031219	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1020468	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	18125 BROOKHURST STREET	
	Phone num:	7143785550	
	Termination reason:	08	
	Term Date:	20051218	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070159014

BY449 — SRHO20070157847
NNE — AHA Hospitals
4-6 mi
21215
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	DINESH KANTILAL PATEL MD A CA MED CORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040824
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1029794
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	18125 BROOKHURST STREET
Phone num:	7143787010
Termination reason:	00
Term Date:	20080823
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070157847

BZ450 — SRDCCA200711639
NE — Daycare
4-6 mi
21270
Higher

EDR ID:	SRDCCA200711639
Facility number:	304205089
Facility name:	"BOLTER, TAMMY "
Facility eval. code:	3403

Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3217 IDAHO PLACE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	3217 IDAHO PLACE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"BOLTER, TAMMY "
Licensee type:	A
License effective date:	991006
License expiration date:	Not Reported
License issue date:	991006
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:	990628
Facility closed date:	Not Reported
Mailing address:	3217 IDAHO PLACE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"BOLTER, TAMMY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7145562767

CA451 SRDCCA200740821
North Daycare
4-6 mi
21281
Higher

EDR ID:	SRDCCA200740821
Facility number:	304310692
Facility name:	"TENORIO, REBECA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8960 LA ROCA
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	8960 LA ROCA
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"TENORIO, REBECA "
Licensee type:	A
License effective date:	70308
License expiration date:	Not Reported
License issue date:	070308
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:	061127
Facility closed date:	Not Reported
Mailing address:	8960 LA ROCA
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"TENORIO, REBECA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148471347

BY452 SRHO20070136942
NNE AHA Hospitals
4-6 mi
21400
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	ORANGE COAST HEALTHTECH REGIONAL LAB
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930527
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0643384
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	18085 BROOKHURST ST
Phone num:	7143787800
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported
Provider control:	02
Zip:	92708
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:	SRHO20070136942

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
453 ENE 4-6 mi 21418 Higher			SRDCCA200714160 Daycare
	EDR ID:	SRDCCA200714160	
	Facility number:	304206067	
	Facility name:	"SMITH, CAROL "	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	245 TULANE ROAD	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Alt. address:	245 TULANE ROAD	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Facility investor:	"SMITH, CAROL "	
	Licensee type:	A	
	License effective date:	10623	
	License expiration date:	Not Reported	
	License issue date:	010623	
	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:	010514	
	Facility closed date:	Not Reported	
	Mailing address:	245 TULANE ROAD	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92626	
	Contact person:	"SMITH, CAROL "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7144787433	

BU454 North 4-6 mi 21432 Higher			SRHO20070134404 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:	PEDIATRIC CARE MED GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930305	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	

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

Provider ID:	05D0577528
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD 278
Phone num:	7148421441
Termination reason:	00
Term Date:	20080831
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:	SRHO20070134404

BU455			SRHO20070142620
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	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:	CENTRAL COUNTY CHEST MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930218	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0862030	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17822 BEACH BLVD SUITE 173	
	Phone num:	7148957988	
	Termination reason:	12	
	Term Date:	19950118	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070142620	
BU456			SRHO20070134114
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	Owner date:	Not Reported	
Higher	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:	19950210	
	Medicare/Medicaid:	1	
	Facility name:	L MICHAEL FEINGOLD MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0577405	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17822 BEACH BLVD STE 373	
	Phone num:	7148481136	
	Termination reason:	00	
	Term Date:	20070409	
	Purpose of action:	1	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070134114	
BU457			SRHO20070141129
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	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:	JAMES G GITLIN MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930617	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0721477	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17822 BEACH BLVD 300	
	Phone num:	7148480258	
	Termination reason:	14	
	Term Date:	19950817	
	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:	SRHO20070141129	
BU458			SRHO20070141300
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	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:	WALTER MUTUCUMARANA MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0724089
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD, SUITE 242
Phone num:	7143757878
Termination reason:	01
Term Date:	20060329
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:	SRHO20070141300

BU459 SRHO20070140306
North AHA Hospitals
4-6 mi
21432
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:	SIRUS FARIVAR MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930608
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0713718
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD, SUITE #437
Phone num:	7148417878
Termination reason:	00
Term Date:	20080831
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:	SRHO20070140306

BU460 SRHO20070140286
North AHA Hospitals
4-6 mi
21432
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:	Not Reported
Current survey date:	19941019
Medicare/Medicaid:	1
Facility name:	DAVID E TSONG MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0713188
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17822 BEACH BLVD #352
Phone num:	7148488131
Termination reason:	12

Term Date:	20010301
Purpose of action:	1
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:	SRHO20070140286

BU461			SRHO20070141779
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	Owner date:	Not Reported	
Higher	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:	19941020	
	Medicare/Medicaid:	1	
	Facility name:	CHIN-CHA CHENG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0715045	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17822 BEACH BLVD 230	
	Phone num:	7148483565	
	Termination reason:	14	
	Term Date:	19950817	
	Purpose of action:	1	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141779	
BU462			SRHO20070140362
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	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:	HUNTINGTON BEACH INTERNAL MEDICINE GRP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930211	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0706644	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17822 BEACH BLVD 473	
	Phone num:	7148424491	
	Termination reason:	00	
	Term Date:	20071223	
	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:	SRHO20070140362	
BU463			SRHO20070134116
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	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:	A GARY ANDERSON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577417
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD 166
Phone num:	7148488208
Termination reason:	08
Term Date:	19990809
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:	SRHO20070134116

BU464 SRHO20070136663
North AHA Hospitals
4-6 mi
21432
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:	Not Reported
Current survey date:	20001116
Medicare/Medicaid:	1
Facility name:	WESTCLIFF MEDICAL LABORATORIES INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901

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

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0643320
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17822 BEACH BOULEVARD SUITE 320
Phone num:	7148427404
Termination reason:	12
Term Date:	20020819
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:	SRHO20070136663

BU465 — SRHO20070159615
North — AHA Hospitals
4-6 mi
21432
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:	COMPREHENSIVE EAR NOSE THROAT
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051026
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1047117
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17822 BEACH BLVD, SUITE 200
Phone num:	7148479677

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Termination reason:	08	
	Term Date:	20060502	
	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:	SRHO20070159615	
BU466			SRHO20070147839
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	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:	PHILIP B KAPLAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19961212	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0923018	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17822 BEACH BLVD #243	
	Phone num:	7148473566	
	Termination reason:	08	
	Term Date:	19981211	
	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:	SRHO20070147839

BU467 SRHO20070156379
North AHA Hospitals
4-6 mi
21432
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:	PRIVATE MEDICAL CONSULTING
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020912
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1003869
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD SUITE 325
Phone num:	7148436550
Termination reason:	00
Term Date:	20080911
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:	SRHO20070156379

BU468 SRHO20070138061
North AHA Hospitals
4-6 mi
21432
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:	20050922
Medicare/Medicaid:	1
Facility name:	SYRUS RAYHAN MD INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0701505
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17822 BEACH BLVD STE 136
Phone num:	7148471277
Termination reason:	00
Term Date:	20071025
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:	SRHO20070138061

BU469 SRHO20070133163
North AHA Hospitals
4-6 mi
21432
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:	Not Reported
Current survey date:	19960320
Medicare/Medicaid:	1
Facility name:	C F CHIN MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0580087	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17822 BEACH BOULEVARD STE 252	
	Phone num:	7148435770	
	Termination reason:	08	
	Term Date:	20000402	
	Purpose of action:	1	
	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:	SRHO20070133163	

BU470			SRHO20070133160
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	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:	CENTRAL COUNTY CHEST MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930201	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0580074	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17822 BEACH BLVD #173	

Phone num:	7148957988
Termination reason:	12
Term Date:	19940831
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:	SRHO20070133160

BU471 SRHO20070133723
North AHA Hospitals
4-6 mi
21432
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:	PREM P MAHATO MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577374
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD,SUITE 374
Phone num:	7148426688
Termination reason:	08
Term Date:	20040831
Purpose of action:	Not Reported
Provider control:	10
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:	SRHO20070133723

BU472 SRHO20070151153
North AHA Hospitals
4-6 mi
21432
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:	SHIRIN AFRASIABI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0955824
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD SUITE 243
Phone num:	7148473566
Termination reason:	00
Term Date:	20070110
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:	SRHO20070151153

BU473 SRHO20070133724
North AHA Hospitals
4-6 mi
21432
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:	20060307
Medicare/Medicaid:	1
Facility name:	H MOAYERI MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577377
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17822 BEACH BLVD STE 343
Phone num:	7148427779
Termination reason:	00
Term Date:	20081023
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:	SRHO20070133724

BU474 SRHO20070133296
North AHA Hospitals
4-6 mi
21432
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:	PAUL J LEPORE MD
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	19921224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580042
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD, SUITE 252
Phone num:	7148436800
Termination reason:	08
Term Date:	20040831
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:	SRHO20070133296

BU475 SRHO20070153832
North AHA Hospitals
4-6 mi
21432
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:	JOSEPH NASSIR MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980316
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0942698
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	17822 BEACH BOULEVARD, SUTIE #252
Phone num:	7148436800
Termination reason:	00
Term Date:	20080327
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:	SRHO20070153832

BU476 SRHO20070133722
North AHA Hospitals
4-6 mi
21432
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:	BHARAT B MAROLIA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930115
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577373
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17822 BEACH BLVD 418
Phone num:	7148426638
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070133722	
BU477			SRHO20070149560
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21432	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:	KIM THU TANG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980821	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0950261	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17822 BEACH BLVD SUITE 136	
	Phone num:	7148471277	
	Termination reason:	12	
	Term Date:	19990908	
	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:	SRHO20070149560	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BU478 North 4-6 mi 21432 Higher			SRHO20070133315 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:	19960103	
	Medicare/Medicaid:	1	
	Facility name:	NEWPORT CHILDRENS MEDICAL GROUP	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581514	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17822 BEACH BLVD, #373	
	Phone num:	7146981648	
	Termination reason:	00	
	Term Date:	20080116	
	Purpose of action:	1	
	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:	SRHO20070133315	
CB479 ESE 4-6 mi 21441 Higher			SRDCCA200748707 Daycare
	EDR ID:	SRDCCA200748707	
	Facility number:	300600903	
	Facility name:	ST. ANDREW'S PRESBYTERIAN CHURCH PRE-SCHOOL	
	Facility eval. code:	1206	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	600 ST ANDREWS ROAD	
	City:	NEWPORT BEACH	

State: CA
Zip: 92663
Alt. address: 600 ST ANDREWS ROAD
City: NEWPORT BEACH
State: CA
Zip: 92663
Facility investor: ST ANDREW'S PRESBYTERIAN CHURCH
Licensee type: C
License effective date: 940502
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY, AGES 24 MONTHS THROUGH 6 YEARS OLD. MONDAY THROUGH FRIDAY,09:00 AM TO 2:00 PM. (REGULAR PROGRAM 9-12, STAY DAY PROGRAM-MONDAY AND WEDNESDAY, 09:00 AM TO 1:30 PM). CLOSED SUMMERS. "
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 600 ST. ANDREWS ROAD
Mailing city: NEWPORT BEACH
Mailing state: CA
Mailing zip: 92663
Contact person: JANICE ZORN
Facility capacity: 135
Type of clients served: 950
Facility phone: 9495742234

CB480 SRDCCA200742848
ESE EDR ID: SRDCCA200742848 Daycare
4-6 mi Facility number: 300613977
21441 Facility name: ST. ANDREW'S CHURCH EXTENDED DAY WATCH PROGRAM
Higher Facility eval. code: 1206
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 600 ST. ANDREWS ROAD
City: NEWPORT BEACH
State: CA
Zip: 92663
Alt. address: 600 ST. ANDREWS ROAD
City: NEWPORT BEACH
State: CA
Zip: 92663
Facility investor: ST. ANDREW'S PRESBYTERIAN CHURCH
Licensee type: C
License effective date: 950517
License expiration date: Not Reported
License issue date: 921117
Program type: "AMBULATORY CHILDREN. AGES 5-12 YRS OLD. MON-FRI., 11:30 AM TO 6:00 PM ROOMS 205, 207, 212, 213, 218, 219, 221, & CARPENTER;S HALL (RAINY DAYACTIVITIES AND GAMES). NEW ROOM EFFECTIVE 06/10/2003. "
Original app. received date: 911030
Facility closed date: Not Reported
Mailing address: 600 ST. ANDREWS ROAD

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing city:	NEWPORT BEACH	
	Mailing state:	CA	
	Mailing zip:	92663	
	Contact person:	"ZORN, JANICE "	
	Facility capacity:	100	
	Type of clients served:	950	
	Facility phone:	9495742234	

CB481			SRPR20051022521
ESE	Pss school id:	A9705056	Private Schools
4-6 mi	Pss inst:	ST ANDREWS PRESBYTERIAN PRE	
21441	Lograde:	PK	
Higher	Higrade:	K	
	Pss address:	600 ST ANDREWS ROAD	
	Pss city:	NEWPORT BEACH	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92663	
	Pss phone:	9495742234	
	Pss sch days:	180	
	Pss stu day hrs:	3	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	200	
	Pss enroll k:	30	
	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:	230	
	Pss enroll tk12:	30	
	Pss race ai:	0	
	Pss race as:	0	
	Pss race h:	1	
	Pss race b:	1	
	Pss race w:	28	
	Pss fte teach:	2.5	
	Pss locale:	2	
	Pss coed:	1	
	Pss type:	7	
	Pss level:	1	
	Pss relig:	2	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	0	

Pss hisp pct:	3.33
Pss black pct:	3.33
Pss white pct:	93.33
Pss stdtch rt:	12
Pss orient:	26
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	National Association for the Education of Young Children (NAEYC)
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:	SRPR20051022521

482
NNW
4-6 mi
21446
Higher

SRDCCA200701450
Daycare

EDR ID:	SRDCCA200701450
Facility number:	306003469
Facility name:	CSP HUNTINGTON BEACH YOUTH CENTER
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	7291 TALBERT AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Alt. address:	7291 TALBERT AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92648
Facility investor:	"COMMUNITY SERVICE PROGRAMS, INC. "
Licensee type:	C
License effective date:	60525
License expiration date:	070525
License issue date:	060525
Program type:	"AMBULATORY CLIENTS ONLY, AGES 11-17 YEARS, SHELTER CARE. "
Original app. received date:	060512
Facility closed date:	Not Reported
Mailing address:	"1821 EAST DYER ROAD, SUITE 200"
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92705
Contact person:	ELSA GREENFIELD
Facility capacity:	12
Type of clients served:	950
Facility phone:	7148426600

BT483
North
4-6 mi
21472
Higher

SRDCCA200710402
Daycare

EDR ID:	SRDCCA200710402
Facility number:	304204303

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

Facility name:	ZUBAIRI NUZHAT
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	17787 SANTA FE CIRCLE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	17787 SANTA FE CIRCLE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	ZUBAIRI NUZHAT
Licensee type:	A
License effective date:	971107
License expiration date:	Not Reported
License issue date:	971107
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:	971010
Facility closed date:	Not Reported
Mailing address:	17787 SANTA FE CIRCLE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	ZUBAIRI NUZHAT
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148425570

BW484 — SRHO20070130907
NE — AHA Hospitals
4-6 mi
21501
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	MEDICAL OFFICE JOHN D GRANZELLA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0576052
Record Status:	A
Region code:	09

Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1530 BAKER, SUITE J
Phone num:	7145571980
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070130907

BY485 SRHO20070145857
NNE AHA Hospitals
4-6 mi
21563
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19970822
Medicare/Medicaid:	1
Facility name:	EDINGER MEDICAL GROUP, PEDIATRICS DEPT
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19941229
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0896076
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	9900 TALBERT AVE STE 201
Phone num:	7149652500
Termination reason:	00
Term Date:	20080206
Purpose of action:	2
Provider control:	04
Zip:	92708

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:	SRHO20070145857

BY486			SRHO20070152018
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21563	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	20030421	
	Medicare/Medicaid:	1	
	Facility name:	BREASTLINK MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990201	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0956634	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	9900 TALBERT AVENUE, SUITE #100	
	Phone num:	7143785007	
	Termination reason:	00	
	Term Date:	20090119	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070152018	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BY487			SRHO20070140631
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21563	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	RAND & BUSTILLO MEDICAL CORP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950627	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0702933	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	9900 TALBERT AVE SUITE 202	
	Phone num:	3104323405	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070140631	

BY488			SRHO20070157406
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21563	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	EDINGER MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040204
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1021975
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9900 TALBERT AVENUE SUITE 204
Phone num:	7149652526
Termination reason:	00
Term Date:	20080203
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070157406

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489 SRDCCA200752786
ESE Daycare
4-6 mi
21564
Higher

EDR ID:	SRDCCA200752786
Facility number:	304270979
Facility name:	NMUSD HARPER PRESCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	425 18TH STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	425 18TH STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	NEWPORT MESA UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	30207
License expiration date:	Not Reported
License issue date:	030207

Program type: AMBULATORY CHILDREN 2 TO 5 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 8:00 AM TO 4:00 PM. 8
NON-AMBULATORY CHILD. ROOMS #1-12 AND 16 ONLY.TOTAL CAPACITY NOT TO EXCEED 195 CHILDREN.
Original app. received date: 021217
Facility closed date: Not Reported
Mailing address: 425 E 18TH STREET
Mailing city: CAOSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "BANAHASKY, TOBY "
Facility capacity: 195
Type of clients served: 950
Facility phone: 9495155354

BY490 SRHO20070135435
NNE
4-6 mi
21578
Higher

AHA Hospitals

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: FOUNTAIN VALLEY
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: ORANGE COAST MEMORIAL MEDICAL CENTER
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19921218
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0669704
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 9920 TALBERT AVENUE
Phone num: 7143787006
Termination reason: 00
Term Date: 20070227
Purpose of action: Not Reported
Provider control: 04
Zip: 92708
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:	SRHO20070135435

BY491 SRHO20070137820
NNE AHA Hospitals
4-6 mi
21578
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	05D0669704
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FHP HOSPITAL FV BLOOD GAS LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930129
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0677993
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9920 TALBERT AVENUE
Phone num:	7143787032
Termination reason:	01
Term Date:	19960111
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070137820

BY492 SRHO20070141700
NNE AHA Hospitals
4-6 mi
21578
Higher

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

Compliance status:	Not Reported
SSA county code:	400
Cross ref number:	05D0669704
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	FHP HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0678256
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9920 TALBERT
Phone num:	7149624677
Termination reason:	01
Term Date:	19960111
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070141700

BY493 SRHO20070008969
NNE AHA Hospitals
4-6 mi
21578
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	19960114
City:	FOUNTAIN VALLEY
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:	20021121
Medicare/Medicaid:	1
Facility name:	ORANGE COAST MEMORIAL MEDICAL CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19860813
Prior COO date:	Not Reported

Prior carrier:	51051
Provider ID:	050678
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	9920 TALBERT AVENUE
Phone num:	7143787406
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	5
Provider control:	02
Zip:	92708
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	20021009
Accred expire date:	20051009
Accred Org:	1
Num beds:	0210
Num cert beds:	0210
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008969

BY494 SRHO20070132855
NNE AHA Hospitals
4-6 mi
21588
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19940930
Medicare/Medicaid:	1
Facility name:	FHP FOUNTAIN VALLEY MEDICAL CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580772
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	9930 TALBERT AVE
Phone num:	7149646229
Termination reason:	12

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Term Date:	19950822	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070132855	
BY495			SRHO20070144993
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21588	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	TALBERT MEDICAL GROUP-FOUNTAIN VALLEY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940719	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0889059	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	9930 TALBERT AVE	
	Phone num:	5625925568	
	Termination reason:	00	
	Term Date:	20080912	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070144993

BZ496 — SRDCCA200717385
NE — Daycare
4-6 mi
21597
Higher

EDR ID:	SRDCCA200717385
Facility number:	304206687
Facility name:	"SECREST, ANKE "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3206 COLORADO PLACE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	3206 COLORADO PLACE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"SECREST, ANKE "
Licensee type:	A
License effective date:	21119
License expiration date:	Not Reported
License issue date:	021119
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:	3206 COLORADO PLACE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"SECREST, ANKE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7144340834

BY497 — SRHO20070145278
NNE — AHA Hospitals
4-6 mi
21607
Higher

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

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

Facility name:	TALBERT MEDICAL GROUP- FOUNTAIN VALLEY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940719
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0889062
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9940 TALBERT AVE
Phone num:	7149646229
Termination reason:	00
Term Date:	20080912
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070145278

BY498			SRHO20070164943
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21607	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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 T QUACH, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20051115	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1047857	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	

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

ssa state:	05
state region cd:	M1
street address:	9940 TALBERT AVE, #201
Phone num:	7147997522
Termination reason:	00
Term Date:	20071114
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070164943

BY499 — SRHO20070148971
NNE — AHA Hospitals
4-6 mi
21607
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960209
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0911622
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	9940 TALBERT AVENUE, SUITE #303
Phone num:	7143785606
Termination reason:	00
Term Date:	20071026
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06
Fips cnty:	059

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070148971	

BU500			SRHO20070109077
North	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
21717	Owner date:	Not Reported	
Higher	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:	20060814	
	Medicare/Medicaid:	1	
	Facility name:	HUNTINGTON BEACH HOSP D/P SNF	
	Intermediary/Carrier:	00454	
	Medicaid number:	LTC70140F	
	Partcipation date:	20021218	
	Prior COO date:	Not Reported	
	Prior carrier:	00452	
	Provider ID:	555800	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	17772 BEACH BLVD	
	Phone num:	7148421473	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	03	
	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:	0018	
	Num cert beds:	0018	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070109077	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
BU501			SRHO20070143584
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21717	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:	HUNTINGTON BEACH HOSP PULMONARY LAB	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930329	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0866283	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17772 BEACH BOULEVARD	
	Phone num:	7148435052	
	Termination reason:	00	
	Term Date:	20070314	
	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:	SRHO20070143584	

BU502			SRHO20070007362
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	02	
21717	Owner date:	Not Reported	
Higher	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:	20000601	

Medicare/Medicaid:	1
Facility name:	HUNTINGTON BEACH HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19700101
Prior COO date:	19990901
Prior carrier:	00040
Provider ID:	050526
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	17772 BEACH BLVD
Phone num:	7148435000
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	5
Provider control:	04
Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	20000415
Accred expire date:	20030415
Accred Org:	1
Num beds:	0131
Num cert beds:	0131
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007362

BU503 SRHO20070109092
North AHA Hospitals
4-6 mi
21717
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	Not Reported
City:	HUNTINGTON 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:	20010726
Medicare/Medicaid:	2
Facility name:	HUNTINGTON BEACH HOSPITAL TCU
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19950125
Prior COO date:	19990901
Prior carrier:	Not Reported
Provider ID:	555622
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	17772 BEACH BLVD.
Phone num:	7148437678
Termination reason:	01
Term Date:	20020223
Purpose of action:	2
Provider control:	03
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:	0014
Num cert beds:	0014
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070109092

BU504 SRHO20070134142
North AHA Hospitals
4-6 mi
21717
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 HOSP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921217
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577492
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17772 BEACH BLVD
Phone num:	7148435050
Termination reason:	00
Term Date:	20070227
Purpose of action:	Not Reported
Provider control:	04
Zip:	92647
Fips state:	06

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:	SRHO20070134142	
BU505			SRNH20060915189
North	Provnum:	555800	Nursing Homes
4-6 mi	Nursinghomename:	HUNTINGTON BEACH HOSP D/P SNF	
21717	Street:	17772 BEACH BLVD	
Higher	City:	HUNTINGTON BEACH	
	State:	CA	
	Zipcode:	92647	
	Phonenumber:	7148421473	
	Dateoflastinspection:	20050728	
	Certifiednumberofbeds:	18	
	Totalnumberofresidents:	16	
	Percofoccupiedbeds:	89	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	YES	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	FAMILY	
	Edr id:	SRNH20060915189	
BW506			SRDCCA200755204
NE	EDR ID:	SRDCCA200755204	Daycare
4-6 mi	Facility number:	304370253	
21749	Facility name:	MESA VERDE PRE-SCHOOL	
Higher	Facility eval. code:	1203	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	3013 DEODAR AVENUE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Alt. address:	3013 DEODAR AVENUE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Facility investor:	BERGUM GROUP HOMES INC.	
	Licensee type:	C	
	License effective date:	60630	
	License expiration date:	Not Reported	
	License issue date:	060630	
	Program type:	AMBULATORY CHILDREN. 2 TO 5 YEARS OF AGE. MONDAY THROUGH FRIDAY. 6:00 AM TO 6:30 PM. TODDLER OPTION FOR 10 CHILDREN 18 TO 30 MONTHS OF AGE.TOTAL CAPACITY NOT TO EXCEED 50. WAIVER FOR TODDLER YARD.	

Original app. received date:	060417
Facility closed date:	Not Reported
Mailing address:	2791 BURTING CIRCLE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"DIXON, FLORENCE "
Facility capacity:	50
Type of clients served:	950
Facility phone:	7145131686

CC507 SRHO20070134130
North AHA Hospitals
4-6 mi
21759
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 VALLEY HEALTHCARE CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930125
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577454
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	8382 NEWMAN AVENUE
Phone num:	7148425551
Termination reason:	00
Term Date:	20080831
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:	SRHO20070134130

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CC508 North 4-6 mi 21759 Higher			SRHO20070008783 AHA Hospitals
	Hospital type:	03	
	Num of times COO:	04	
	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:	20050921	
	Medicare/Medicaid:	1	
	Facility name:	HUNTINGTON VALLEY HEALTHCARE CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19680201	
	Prior COO date:	20000916	
	Prior carrier:	00400	
	Provider ID:	055888	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	8382 NEWMAN AVENUE	
	Phone num:	7148425551	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	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:	0144	
	Num cert beds:	0144	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070008783	
CC509 North 4-6 mi 21759 Higher			SRNH20060900826 Nursing Homes
	Provnum:	055888	
	Nursinghomename:	HUNTINGTON VALLEY HEALTHCARE	
	Street:	8382 NEWMAN AVENUE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zipcode:	92647	
	Phonenumber:	7148425551	
	Dateoflastinspection:	20050916	
	Certifiednumberofbeds:	144	
	Totalnumberofresidents:	111	

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

Percofoccupiedbeds:	77
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Partnership
Locatedwithinahospital:	NO
Multinursinghomeownership:	YES
Residentandfamilycouncils:	BOTH
Edr id:	SRNH20060900826

BW510			SRPR20051021967
NE	Pss school id:	00088595	Private Schools
4-6 mi	Pss inst:	MONTESSORI HARBOR-MESA SCHOOL	
21774	Lograde:	PK	
Higher	Higrade:	6	
	Pss address:	3025 DEODAR AVENUE	
	Pss city:	COSTA MESA	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92626	
	Pss phone:	7145493803	
	Pss sch days:	Not Reported	
	Pss stu day hrs:	6.5	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	60	
	Pss enroll k:	33	
	Pss enroll 1:	14	
	Pss enroll 2:	10	
	Pss enroll 3:	5	
	Pss enroll 4:	5	
	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:	131	
	Pss enroll tk12:	71	
	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:	12.9	
	Pss locale:	2	
	Pss coed:	NR	
	Pss type:	2	
	Pss level:	1	
	Pss relig:	3	
	Pss comm type:	1	
	Pss indian pct:	Not Reported	
	Pss asian pct:	Not Reported	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Pss hisp pct:	Not Reported	
	Pss black pct:	Not Reported	
	Pss white pct:	Not Reported	
	Pss stdtch rt:	5.5	
	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:	SRPR20051021967	

511			SRCL20051000250
ENE	Unitid:	112376	Colleges
4-6 mi	Instnm:	COAST COMMUNITY COLLEGE DISTRICT OFFICE	
21789	Addr:	1370 ADAMS AVE	
Higher	City:	COSTA MESA	
	Stabbr:	CA	
	Zip:	92626	
	Zip4:	Not Reported	
	Unk:	Not Reported	
	Fips:	092626	
	Oberge:	8	
	Chfnm:	"Kenneth D. Yglesias, Ed.D."	
	Chftitle:	CHANCELLOR	
	Gentele:	7144384600	
	Fintele:	7144384600	
	Admtele:	7144384600	
	Ein:	956002272	
	Duns:	67607770	
	Opeid:	020635A1	
	Opeflag:	2	
	Webaddr:	www.cccd.edu	
	Sector:	0	
	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:	-3	
	Locale:	-3	
	Openpubl:	1	
	Act:	A	
	Newid:	-2	

Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	-2
Fte:	Not Reported
Enrtot:	Not Reported
Edr id:	SRCL20051000250

BX512 SRDCCA200705814
ENE Daycare
4-6 mi
21823
Higher

EDR ID:	SRDCCA200705814
Facility number:	304201149
Facility name:	"LIEBEL, CATHY "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	254 BUCKNELL ROAD
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	254 BUCKNELL ROAD
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"LIEBEL, CATHY "
Licensee type:	A
License effective date:	950817
License expiration date:	Not Reported
License issue date:	950817
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:	950711
Facility closed date:	Not Reported
Mailing address:	254 BUCKNELL ROAD
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"LIEBEL, CATHY "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7144327607

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513 SRDCCA200710095
NNE Daycare
4-6 mi
21823
Higher

EDR ID:	SRDCCA200710095
Facility number:	304204422
Facility name:	"JOHNS, ALLISON "
Facility eval. code:	3401
Facility office number:	06

Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10453 RIO GRANDE COURT
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10453 RIO GRANDE COURT
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"JOHNS, ALLISON "
Licensee type:	A
License effective date:	980817
License expiration date:	Not Reported
License issue date:	980817
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:	980126
Facility closed date:	Not Reported
Mailing address:	10453 RIO GRANDE COURT
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92408
Contact person:	"JOHNS, ALLISON "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149646461

CC514 SRHO20070133482
North AHA Hospitals
4-6 mi
21833
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:	DR VEENA B DESAI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930409
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0582615
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	LAB
street address:	8201 NEWMAN AVE SUITE 101
Phone num:	7148481201
Termination reason:	08
Term Date:	20000831
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:	SRHO20070133482

CD515 SRHO20070134143
North AHA Hospitals
4-6 mi
21850
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 FAMILY MED
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577501
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17752 BEACH BLVD #104
Phone num:	7148482728
Termination reason:	01
Term Date:	19930312
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:	SRHO20070134143

CD516 SRHO20070149334
North AHA Hospitals
4-6 mi
21850
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:	20010911
Current survey date:	20051118
Medicare/Medicaid:	1
Facility name:	JOSEPH A MANZINI MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19970718
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0930905
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17752 BEACH BOULEVARD, SUITE #305
Phone num:	7148416429
Termination reason:	00
Term Date:	20080212
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:	SRHO20070149334

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CD517			SRHO20070149301
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21850	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:	OUT-PATIENT SURGERY CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0912374	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17752 BEACH BLVD	
	Phone num:	7148421426	
	Termination reason:	12	
	Term Date:	20000229	
	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:	SRHO20070149301	

CD518			SRHO20070159882
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21850	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:	MANISH B MAROLIA, MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051026
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1047141
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17752 BEACH BLVD #203
Phone num:	7145965557
Termination reason:	00
Term Date:	20071025
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:	SRHO20070159882

CD519 SRHO20070133621
North AHA Hospitals
4-6 mi
21850
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:	MATTHEW W SZAWLOWSKI MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19931104
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581698
Record Status:	A
Region code:	09
Is Partial Record:	Y

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

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17752 BEACH BLVD SUITE 203
Phone num:	7148415958
Termination reason:	08
Term Date:	20040831
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:	SRHO20070133621

CD520			SRHO20070003866
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21850	Owner date:	Not Reported	
Higher	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:	19990405	
	Medicare/Medicaid:	1	
	Facility name:	OUTPATIENT SURGERY CENTER	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19831215	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05C0001000	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	17752 BEACH BLVD	
	Phone num:	7148421426	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	01	
	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:	0
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070003866

CD521 SRHO20070134393
North AHA Hospitals
4-6 mi
21850
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:	20030918
Medicare/Medicaid:	1
Facility name:	FOUR SEASONS SURGERY CENTERS OF HUNTINGTON BEACH
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577525
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17752 BEACH BOULEVARD
Phone num:	7148421426
Termination reason:	00
Term Date:	20080614
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:	SRHO20070134393

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

CA522
North
4-6 mi
21916
Higher

SRDCCA200706320
Daycare

EDR ID:	SRDCCA200706320
Facility number:	300616127
Facility name:	"CASUM, CYNTHIA MARIE "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8904 EL PRESIDENTE AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	8904 EL PRESIDENTE AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"CASUM, CYNTHIA MARIE "
Licensee type:	A
License effective date:	940322
License expiration date:	Not Reported
License issue date:	940322
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:	931208
Facility closed date:	Not Reported
Mailing address:	8904 EL PRESIDENTE AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"CASUM, CYNTHIA MARIE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7148428630

CD523
North
4-6 mi
21916
Higher

SRHO20070139910
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:	JAN DAVID VANDERSLOOT MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930308
Prior COO date:	Not Reported
Prior carrier:	Not Reported

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

Provider ID:	05D0719255
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	8101 NEWMAN AVE STE C
Phone num:	7148480770
Termination reason:	14
Term Date:	19960313
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:	SRHO20070139910

CD524 SRHO20070141282
North AHA Hospitals
4-6 mi
21916
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:	20050825
Medicare/Medicaid:	1
Facility name:	HUNTINGTON BEACH DERMATOLOGY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0723385
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	8101 NEWMAN AVENUE SUITE C
Phone num:	7148480770
Termination reason:	00
Term Date:	20071012

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

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:	SRHO20070141282

CD525 — SRHO20070133994
North — AHA Hospitals
4-6 mi
21918
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:	BURR J DALTON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930107
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577395
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17742 BEACH BLVD 345
Phone num:	7148478600
Termination reason:	12
Term Date:	20000222
Purpose of action:	Not Reported
Provider control:	10
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

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070133994	
CD526			SRHO20070133995
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21918	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:	CAO VAN PHAM MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930115	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0577398	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17742 BEACH BLVD SUITE #230	
	Phone num:	7148480032	
	Termination reason:	00	
	Term Date:	20080831	
	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:	SRHO20070133995	
CD527			SRHO20070133996
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21918	Owner date:	Not Reported	
Higher	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:	20000920
Medicare/Medicaid:	1
Facility name:	BEACH PHYSICIANS MEDICAL GROUP, INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577401
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17742 BEACH BOULEVARD #215
Phone num:	7148481655
Termination reason:	00
Term Date:	20070428
Purpose of action:	2
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:	SRHO20070133996

CD528 SRHO20070133980
North AHA Hospitals
4-6 mi
21918
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:	THOMAS E ANGELOVIC MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930121
Prior COO date:	Not Reported

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

Prior carrier:	Not Reported
Provider ID:	05D0577381
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17742 BEACH BLVD 315
Phone num:	7148428995
Termination reason:	33
Term Date:	19960831
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:	SRHO20070133980

CD529			SRHO20070145636
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21918	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:	AUGUST D ACCETTA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930609	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0872064	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17742 BEACH BLVD STE 345	
	Phone num:	7143755212	
	Termination reason:	08	

Term Date:	20030608
Purpose of action:	Not Reported
Provider control:	10
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:	SRHO20070145636

CD530 SRHO20070141302
North AHA Hospitals
4-6 mi
21918
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:	WILLIAM I HAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930513
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0724646
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17742 BEACH BLVD STE 355
Phone num:	7148421131
Termination reason:	00
Term Date:	20080831
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

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070141302	
CD531			SRHO20070140515
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21918	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:	HSIN CHANG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19961010	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0702921	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17742 BEACH BLVD STE 240	
	Phone num:	7148420444	
	Termination reason:	00	
	Term Date:	20080831	
	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:	SRHO20070140515	
CD532			SRHO20070133993
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21918	Owner date:	Not Reported	
Higher	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:	20051018
Medicare/Medicaid:	1
Facility name:	RODERICK M MCDONALD MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577393
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17742 BEACH BOULEVARD SUITE 330
Phone num:	7148478561
Termination reason:	00
Term Date:	20071207
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:	SRHO20070133993

CD533 SRHO20070142598
North AHA Hospitals
4-6 mi
21918
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:	Not Reported
Current survey date:	19960529
Medicare/Medicaid:	1
Facility name:	ORANGE COAST UROLOGY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0856504
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17742 BEACH BLVD #200
Phone num:	7148484155
Termination reason:	00
Term Date:	20071217
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:	SRHO20070142598

CD534 SRHO20070140622
North AHA Hospitals
4-6 mi
21918
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:	20060118
Medicare/Medicaid:	1
Facility name:	BEACH PEDIATRICS
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0725440
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17742 BEACH BOULEVARD, SUITE #360
Phone num:	7148480868

Termination reason:	00
Term Date:	20080320
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:	SRHO20070140622

CD535			SRHO20070138017
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
21943	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:	HUNTINGTON BEACH COMMUNITY CLINIC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930513	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0688995	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	8041 NEWMAN AVENUE	
	Phone num:	7148422829	
	Termination reason:	00	
	Term Date:	20070604	
	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:	SRHO20070138017

CE536 SRDCCA200705023
NNE Daycare
4-6 mi
22030
Higher

EDR ID:	SRDCCA200705023
Facility number:	300612573
Facility name:	"ESPINOSA, GUADALUPE "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10200 DURANGO RIVER CT.
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10200 DURANGO RIVER CT.
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"ESPINOSA, GUADALUPE "
Licensee type:	A
License effective date:	950514
License expiration date:	Not Reported
License issue date:	920514
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:	911202
Facility closed date:	Not Reported
Mailing address:	10200 DURANGO RIVER CT.
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"ESPINOSA, GUADALUPE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7149686022

CF537 SRDCCA200729878
North Daycare
4-6 mi
22046
Higher

EDR ID:	SRDCCA200729878
Facility number:	304310160
Facility name:	"WICKSTROM, VANESSA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	17710 SANTA MARIA ST
City:	FOUNTAIN VALLEY
State:	CA

Zip:	92708
Alt. address:	17710 SANTA MARIA ST
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"WICKSTROM, VANESSA "
Licensee type:	A
License effective date:	50607
License expiration date:	Not Reported
License issue date:	050607
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:	050427
Facility closed date:	Not Reported
Mailing address:	17710 SANTA MARIA ST
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"WICKSTROM, VANESSA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148484662

CG538 SRHO20070156259
East AHA Hospitals
4-6 mi
22102
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	ELHAM TAEED MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0970619
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2301 NEWPORT BLVD
Phone num:	7148473566
Termination reason:	00
Term Date:	20080217
Purpose of action:	Not Reported
Provider control:	01

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Zip:	92627	
	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:	SRHO20070156259	
CF539			SRPU20071012690
North	Ncessch:	061422001625	Public Schools
4-6 mi	Schname05:	FULTON (HARRY C.) MIDDLE	
22159	Mstreet05:	8778 EL LAGO ST.	
Higher	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	4320	
	Member05:	734	
	Phone05:	(714) 375-2816	
	Locale05:	2	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071012690	
CD540			SRHO20070159655
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22294	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:	NEWPORT CHILDREN’S MEDICAL GROUP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030414	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1011552	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	

state region cd:	LAB
street address:	17692 BEACH BLVD SUITE 205
Phone num:	7143787978
Termination reason:	01
Term Date:	20050120
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:	SRHO20070159655

CD541 SRHO20070141465
North AHA Hospitals
4-6 mi
22294
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:	DAVID LING MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0711880
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17692 BEACH BLVD SUITE 305
Phone num:	7148485909
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92647
Fips state:	06
Fips cnty:	059
SSA MSA:	033

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

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:	SRHO20070141465

CD542			SRHO20070149110
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22294	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:	MOHAN P KUMARATNE, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19951018	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0907670	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17692 BEACH BLVD, STE 200	
	Phone num:	7148476975	
	Termination reason:	00	
	Term Date:	20071017	
	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:	SRHO20070149110	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CH543 ESE 4-6 mi 22302 Higher			SRHO20070159922 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	20050728	
	Medicare/Medicaid:	1	
	Facility name:	JULIE G DUQUETTE, MD, A MEDICAL CORPORATION	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030325	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1010850	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2043 WESTCLIFF DRIVE SUITE 302	
	Phone num:	9495153462	
	Termination reason:	00	
	Term Date:	20070819	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92660	
	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:	SRHO20070159922	
544 NNE 4-6 mi 22303 Higher			SRPU20071015506 Public Schools
	Ncessch:	061806002228	
	Schname05:	FOUNTAIN VALLEY HIGH	
	Mstreet05:	17816 BUSHARD	
	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	4598	
	Member05:	3018	
	Phone05:	(714) 962-3301	
	Locale05:	2	

Type05:	1
Level05:	3
Gslo05:	09
Gshi05:	12
Edr id:	SRPU20071015506

CC545 SRDCCA200733006
North Daycare
4-6 mi
22313
Higher

EDR ID:	SRDCCA200733006
Facility number:	304310415
Facility name:	"JABEEN, ISHRAT "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	17663 SANTA CRISTOBAL STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	17663 SANTA CRISTOBAL STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"JABEEN, ISHRAT "
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:	060206
Facility closed date:	Not Reported
Mailing address:	17663 SANTA CRISTOBAL STREET
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"JABEEN, ISHRAT "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7145962443

CH546 SRHO20070134132
ESE AHA Hospitals
4-6 mi
22367
Higher

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

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

Facility name:	WILLIAM N SOKOL MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930209
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0578217
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2011 WESTCLIFF DR 7
Phone num:	9496453374
Termination reason:	00
Term Date:	20070516
Purpose of action:	Not Reported
Provider control:	04
Zip:	92660
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:	SRHO20070134132

CH547			SRHO20070133972
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22367	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	JOSEPH B HART MD FACS INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930302	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0578154	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	

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

ssa state:	05
state region cd:	LAB
street address:	2011 WESTCLIFF DR SUITE 4
Phone num:	7146310622
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92660
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:	SRHO20070133972

CH548 — SRHO20070153015
ESE — AHA Hospitals
4-6 mi
22367
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	JULIE RALLS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980401
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0943756
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2011 WESTCLIFF DRIVE SUITE 4
Phone num:	7146464865
Termination reason:	00
Term Date:	20080331
Purpose of action:	Not Reported
Provider control:	04
Zip:	92660
Fips state:	06
Fips cnty:	059

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070153015	

CD549			SRHO20070149859
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22423	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:	DAI T PHAM, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970721	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0930942	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17672 BEACH BLVD, #A	
	Phone num:	4082837230	
	Termination reason:	12	
	Term Date:	19990722	
	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:	SRHO20070149859	

CD550 SRHO20070011486
North AHA Hospitals
4-6 mi
22423
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:	Not Reported
Current survey date:	19880715
Medicare/Medicaid:	1
Facility name:	BEACH CITIES REHABILITATION CENTER
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19790810
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056513
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	17672 BEACH BLVD. #F
Phone num:	7143207177
Termination reason:	01
Term Date:	19900731
Purpose of action:	2
Provider control:	06
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_POSOTHER
Edr id:	SRHO20070011486

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551 SRDCCA200701414
NE Daycare
4-6 mi
22462
Higher

EDR ID:	SRDCCA200701414
Facility number:	306002720
Facility name:	SOUTH COAST CHILDREN'S SOCIETY-NEVADA
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	3344 NEVADA AVENUE
City:	COSTA MESA

State: CA
Zip: 92626
Alt. address: 3100 SOUTH HARBOR BLVD.
City: SANTA ANA
State: CA
Zip: 92704
Facility investor: "SOUTH COAST CHILDREN'S SOCIETY, INC "
Licensee type: C
License effective date: 41122
License expiration date: Not Reported
License issue date: 041122
Program type: PROGRAM DESIGNED TO SERVE CHILDREN 7-17 YEARS OLD AMBULATORY ONLY.
Original app. received date: 041013
Facility closed date: Not Reported
Mailing address: 3100 SOUTH HARBOR BLVD.
Mailing city: SANTA ANA
Mailing state: CA
Mailing zip: 92704
Contact person: WILLIAM H.CAMERON
Facility capacity: 6
Type of clients served: 950
Facility phone: 7149665338

CI552 SRDCCA200749865
ENE EDR ID: SRDCCA200749865 Daycare
4-6 mi Facility number: 300610684
22471 Facility name: STEP BY STEP EARLY LEARNING ENRICHMENT CTR
Higher Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 2525 FAIRVIEW RD
City: COSTA MESA
State: CA
Zip: 92626
Alt. address: 150 PAULARINO AVENUE # 179
City: COSTA MESA
State: CA
Zip: 92626
Facility investor: NATIONAL PEDIATRIC SUPPORT SERVICES
Licensee type: D
License effective date: 940124
License expiration date: Not Reported
License issue date: 910124
Program type: "AMBULATORY CHILDREN, AGES 2 YEARS OLD THRU 6 YEARS OLD.
HOURS: MONDAY THRU FRIDAY, 7:00 A.M. TO 6:30 P.M.
"
Original app. received date: 900814
Facility closed date: Not Reported
Mailing address: 150 PAULARINO AVENUE # 179
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92626
Contact person: GAIL MITCHELL

Facility capacity:	59
Type of clients served:	950
Facility phone:	7149665264

CI553 — SRDCCA200742430
ENE — Daycare
4-6 mi
22471
Higher

EDR ID:	SRDCCA200742430
Facility number:	300610683
Facility name:	STEP BY STEP EARLY LEARNING ENRICHMENT CTR
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	2525 FAIRVIEW RD
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	150 PAULARINO AVENUE # 179
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	NATIONAL PEDIATRIC SUPPORT SERVICES
Licensee type:	D
License effective date:	940124
License expiration date:	Not Reported
License issue date:	910124
Program type:	"AMBULATORY, AGES 0 THRU 2 YEARS. HOURS MON. THRU FRI. 7:00 AM THRU 6:30 PM. "
Original app. received date:	900814
Facility closed date:	Not Reported
Mailing address:	150 PAULARINO AVENUE # 179
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	GAIL MITCHELL
Facility capacity:	34
Type of clients served:	955
Facility phone:	7149665264

CH554 — SRHO20070159405
ESE — AHA Hospitals
4-6 mi
22591
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	CHRISTINE CHAI MD
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	20030812
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1015754
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1901 WESTCLIFF DRIVE SUITE 2
Phone num:	9496311333
Termination reason:	00
Term Date:	20070811
Purpose of action:	Not Reported
Provider control:	04
Zip:	92660
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:	SRHO20070159405

CH555 SRHO20070156794
ESE AHA Hospitals
4-6 mi
22591
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20051006
Medicare/Medicaid:	1
Facility name:	NEWPORT PATHOLOGY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020802
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1002269
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1

street address:	1901 WESTCLIFF DRIVE #5
Phone num:	9496453127
Termination reason:	00
Term Date:	20070910
Purpose of action:	2
Provider control:	04
Zip:	92660
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:	SRHO20070156794

CJ556			SRDCCA200752819
East	EDR ID:	SRDCCA200752819	Daycare
4-6 mi	Facility number:	304370010	
22665	Facility name:	COASTAL CHILDREN’S LEARNING CENTER	
Higher	Facility eval. code:	1203	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	2245 ORANGE AVENUE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Alt. address:	2245 ORENGE AVENUE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Facility investor:	"COASTAL CHILDREN’S LEARNING CENTER, LLC. "	
	Licensee type:	G	
	License effective date:	30821	
	License expiration date:	Not Reported	
	License issue date:	030821	
	Program type:	AMBULATORY CHILDREN. 2 TO 5 YEARS OF AGE. MONDAY THROUGH FRIDAY. 6:30 AM TO 6:00 PM.	
	Original app. received date:	030328	
	Facility closed date:	Not Reported	
	Mailing address:	2245 ORANGE AVENUE	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92627	
	Contact person:	"CHANBONA, KATRINA "	
	Facility capacity:	24	
	Type of clients served:	950	
	Facility phone:	9497221005	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CJ557 East 4-6 mi 22665 Higher			SRDCCA200741281 Daycare
	EDR ID:	SRDCCA200741281	
	Facility number:	304370011	
	Facility name:	COASTAL CHILDREN'S LEARNING CENTER	
	Facility eval. code:	1203	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	830	
	Facility status code:	03	
	Address:	2245 ORANGE AVENUE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Alt. address:	2245 ORANGE AVENUE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Facility investor:	COASTAL CHILDREN'S LEARNING CENTER. LLC.	
	Licensee type:	G	
	License effective date:	30821	
	License expiration date:	Not Reported	
	License issue date:	030821	
	Program type:	AMBULATORY CHILDREN. 2 MONTHS TO 24 MONTHS. MONDAY THROUGH FRIDAY. 6:30 AM TO 6:00 PM.	
	Original app. received date:	030328	
	Facility closed date:	Not Reported	
	Mailing address:	2245 ORANGE AVENUE	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92627	
	Contact person:	"CHANBONA, KATRINA "	
	Facility capacity:	12	
	Type of clients served:	955	
	Facility phone:	9497221005	

CK558 SE 4-6 mi 22668 Higher			SRDCCA200746388 Daycare
	EDR ID:	SRDCCA200746388	
	Facility number:	300606926	
	Facility name:	CHRIST CHURCH BY THE SEA CHILDREN'S CENTER	
	Facility eval. code:	1206	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	
	Facility status code:	03	
	Address:	1400 WEST BALBOA	
	City:	NEWPORT BEACH	
	State:	CA	
	Zip:	92661	
	Alt. address:	1400 WEST BALBOA	
	City:	NEWPORT BEACH	
	State:	CA	
	Zip:	92661	
	Facility investor:	UNITED METHODIST CHURCH OF NEWPORT BEACH	
	Licensee type:	C	
	License effective date:	930302	

License expiration date: Not Reported
License issue date: 881121
Program type: "75 AMBULATORY, AGES 5-12 YRS OLD. MON-FRI. 07:00 AM TO 6:00 PM. RMS 1 & 2 12:00 TO 6:00 PM; RM 4 1:00 PM TO 6:00 PM, ROOM 7,8,12,14 ARE UPSTAIRS; GOODELL HALL UPSTAIRS ROOMS CAN ACCOMODATE CHILDREN "UP TO & INCLUDING SECOND GRADE.
Original app. received date: 880913
Facility closed date: Not Reported
Mailing address: 1400 WEST BALBOA
Mailing city: NEWPORT BEACH
Mailing state: CA
Mailing zip: 92661
Contact person: CHRISTY CATRON
Facility capacity: 75
Type of clients served: 950
Facility phone: 9496738233

CK559 — SRDCCA200747268
SE — Daycare
4-6 mi
22668
Higher

EDR ID: SRDCCA200747268
Facility number: 300600193
Facility name: CHRIST CHURCH BY THE SEA CHILDREN'S CENTER
Facility eval. code: 1206
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 1400 WEST BALBOA
City: NEWPORT BEACH
State: CA
Zip: 92661
Alt. address: 1400 WEST BALBOA
City: NEWPORT BEACH
State: CA
Zip: 92661
Facility investor: UNITED METHODIST CHURCH OF NEWPORT BEACH
Licensee type: C
License effective date: 930302
License expiration date: Not Reported
License issue date: 730925
Program type: "44 AMBULATORY CHILDREN. AGES 2 TO 6 YEARS OLD. MON-FRI. HOURS 07:00 AM TO 6:00 PM. ROOMS 1, 2, 4-- HOURS-07:00 TO 12:00 PM. ROOMS 3 & 5 ALL DAY. GOODELL HALL "
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 1400 WEST BALBOA
Mailing city: NEWPORT BEACH
Mailing state: CA
Mailing zip: 92661
Contact person: CHRISTY CATRON
Facility capacity: 44
Type of clients served: 950
Facility phone: 7146738233

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CF560 North 4-6 mi 22682 Higher			SRDCCA200716303 Daycare
	EDR ID:	SRDCCA200716303	
	Facility number:	304206337	
	Facility name:	"TIZIANI, SHELLY "	
	Facility eval. code:	3401	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	17600 SANTA PAULA	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Alt. address:	17600 SANTA PAULA	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Facility investor:	"TIZIANI, SHELLY "	
	Licensee type:	A	
	License effective date:	11206	
	License expiration date:	Not Reported	
	License issue date:	011206	
	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:	011030	
	Facility closed date:	Not Reported	
	Mailing address:	17600 SANTA PAULA	
	Mailing city:	FOUNTAIN VALLEY	
	Mailing state:	CA	
	Mailing zip:	92708	
	Contact person:	"TIZIANI, SHELLY "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148428820	

CL561 East 4-6 mi 22706 Higher			SRDCCA200746278 Daycare
	EDR ID:	SRDCCA200746278	
	Facility number:	304270961	
	Facility name:	WOODLAND CDC	
	Facility eval. code:	1201	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	
	Facility status code:	03	
	Address:	2025 GARDEN LANE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Alt. address:	"851 E. HAMILTON AVE, SUITE 200"	
	City:	CAMPBELL	
	State:	CA	
	Zip:	95008	
	Facility investor:	CHILD DEVELOPMENT CENTERS	

Licensee type:	C
License effective date:	21213
License expiration date:	Not Reported
License issue date:	021213
Program type:	AMBULATORY CHILDREN. 4.9 TO 12 YEARS OF AGE. MONDAY THROUGH THURSDAY 7:00AM TO 6:00PM & FRIDAY 7:00AM TO 10:30PM. TOTAL SCHOOL-AGE CAPACITY NOT TO EXCEED 35 WHEN PRESCHOOLCHILDREN ARE PRESENT.
Original app. received date:	020903
Facility closed date:	Not Reported
Mailing address:	"851 E. HAMILTON AVE, SUITE 200"
Mailing city:	CAMPBELL
Mailing state:	CA
Mailing zip:	95008
Contact person:	"BOSCH, MARIANA "
Facility capacity:	70
Type of clients served:	950
Facility phone:	9496503256

CL562 SRDCCA200753710
East Daycare
4-6 mi
22706
Higher

EDR ID:	SRDCCA200753710
Facility number:	304270960
Facility name:	WOODLAND CDC
Facility eval. code:	1201
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2025 GARDEN LANE
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	"851 E. HAMILTON AVE, SUITE 200"
City:	CAMPBELL
State:	CA
Zip:	95008
Facility investor:	CHILD DEVELOOMENT CENTERS
Licensee type:	C
License effective date:	21213
License expiration date:	Not Reported
License issue date:	021213
Program type:	AMBULATORY CHILDREN. 3 TO 6 YEARS OF AGE. MONDAY THROUGH FRIDAY. 9:OO AM TO 12:00 PM.
Original app. received date:	020903
Facility closed date:	Not Reported
Mailing address:	"851 E. HAMILTON AVE, SUITE 200"
Mailing city:	CAMPBELL
Mailing state:	CA
Mailing zip:	95008
Contact person:	"BOSCH, MARIANA "
Facility capacity:	20
Type of clients served:	950
Facility phone:	9496503256

CF563 SRDCCA200752519
North Daycare
4-6 mi
22731
Higher

EDR ID:	SRDCCA200752519
Facility number:	304270518
Facility name:	GREAT ADVENTURES LEARNING CENTER
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	17551 NEWLAND STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	17551 NEWLAND STREET
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"JENSEN, SHARON ANN "
Licensee type:	A
License effective date:	980918
License expiration date:	Not Reported
License issue date:	980918
Program type:	AMBULATORY CHILDREN. AGES 2-5 YEARS OLD. MONDAY THROUGH FRIDAY. HOURS: 6:00 A.M. TO 6:00 P.M. TODDLER OPTION 18 MONTHS TO 30 MONTHS.
Original app. received date:	980824
Facility closed date:	Not Reported
Mailing address:	17551 NEWLAND STREET
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"JENSEN, SHARON ANN "
Facility capacity:	45
Type of clients served:	950
Facility phone:	7148470844

CD564 SRHO20070152854
North AHA Hospitals
4-6 mi
22769
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:	CLINCORP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000110
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0969269
Record Status:	A

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

Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17612 BEACH BLVD, #6
Phone num:	7145967409
Termination reason:	12
Term Date:	20000909
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:	SRHO20070152854

CM565			SRHO20070151821
ESE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
22819	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	NEWPORT BAY HOSPITAL	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19981026	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0953072	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	1501 E 16TH STREET	
	Phone num:	9496509750	
	Termination reason:	00	
	Term Date:	20081025	
	Purpose of action:	Not Reported	
	Provider control:	04	

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

Zip:	92663
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:	SRHO20070151821

CM566 SRHO20070008133
ESE AHA Hospitals
4-6 mi
22819
Higher

Hospital type:	04
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	20040817
Medicare/Medicaid:	1
Facility name:	NEWPORT BAY HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19940405
Prior COO date:	Not Reported
Prior carrier:	51051
Provider ID:	054135
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1501 E 16TH ST
Phone num:	9496509750
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	04
Zip:	92663
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:	0034
Num cert beds:	0034
Source:	US_HOSPITAL_POSOTHER

	Edr id:	SRHO20070008133

CM567 — SRHO20070007082
ESE — AHA Hospitals
4-6 mi
22819
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19840124
Medicare/Medicaid:	1
Facility name:	NEWPORT HARBOR PSYCHIATRIC INSTITUTE
Intermediary/Carrier:	51051
Medicaid number:	Not Reported
Partcipation date:	19761001
Prior COO date:	Not Reported
Prior carrier:	51050
Provider ID:	050626
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	1501 E 16TH STREET
Phone num:	7146455707
Termination reason:	01
Term Date:	19851121
Purpose of action:	2
Provider control:	04
Zip:	92660
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:	0034
Num cert beds:	0034
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007082

CN568 — SRDCCA200732524
NE — Daycare
4-6 mi
22844
Higher

EDR ID:	SRDCCA200732524
Facility number:	304310204
Facility name:	"KELLY, KELLY "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810

Facility status code:	03
Address:	3006 KILLYBROOK LANE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	3006 KILLYBROOK LANE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"KELLY, KELLY "
Licensee type:	A
License effective date:	50711
License expiration date:	Not Reported
License issue date:	050711
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:	050617
Facility closed date:	Not Reported
Mailing address:	3006 KILLYBROOK LANE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"KELLY, KELLY "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7144344830

569
ESE
4-6 mi
22847
Higher

SRDCCA200743545
Daycare

EDR ID:	SRDCCA200743545
Facility number:	300610624
Facility name:	CENTRAL ORANGE COAST YMCA - MARINERS SCHOOL
Facility eval. code:	1201
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	2100 MARINERS DRIVE-MODULAR
City:	NEWPORT BEACH
State:	CA
Zip:	92627
Alt. address:	"13821 NEWPORT AVE., STE. 200 "
City:	TUSTIN
State:	CA
Zip:	92780
Facility investor:	YMCA OF ORANGE COUNTY
Licensee type:	C
License effective date:	931108
License expiration date:	Not Reported
License issue date:	901108
Program type:	AMBULATORY CHILDREN. 5 THROUGH 12 YEARS OF AGE. MONDAY THROUGH FRIDAY. 7:00 A.M. TO 6:00 P.M. YMCA MODULAR BUILDING ONLY.
Original app. received date:	900323
Facility closed date:	Not Reported

Mailing address:	"13821 NEWPORT AVENUE,SUITE 200"
Mailing city:	TUSTIN
Mailing state:	CA
Mailing zip:	92780
Contact person:	"HARRISON, KELLY "
Facility capacity:	36
Type of clients served:	950
Facility phone:	9495486770

CE570 — SRDCCA200701007
NNE — Daycare
4-6 mi
22896
Higher

EDR ID:	SRDCCA200701007
Facility number:	306001388
Facility name:	SOUTH COAST CHILDRENS SOCIETY-SAN RAFAEL
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	17837 SAN RAFAEL ST.
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	3100 SOUTH HARBOR BLVD.
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"SOUTH COAST CHILDREN'S SOCIETY, INC. "
Licensee type:	C
License effective date:	10801
License expiration date:	Not Reported
License issue date:	010801
Program type:	6 AMBULATORY CHILDREN AGES 13-17.
Original app. received date:	010709
Facility closed date:	Not Reported
Mailing address:	3100 SOUTH HARBOR BLVD.
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	BETH CRUNELLE
Facility capacity:	6
Type of clients served:	950
Facility phone:	7149683907

CD571 — SRHO20070134115
North — AHA Hospitals
4-6 mi
23040
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:	CHARLES YANG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930108
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0577407
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17552 BEACH BLVD SUITE B
Phone num:	7148481177
Termination reason:	01
Term Date:	19970512
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:	SRHO20070134115

CO572 SRHO20070140729
North AHA Hospitals
4-6 mi
23176
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:	BARRY M SCHWARTZ MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950621
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0719962
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17522 BEACH BLVD 101
Phone num:	7148487676
Termination reason:	08
Term Date:	20040831
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:	SRHO20070140729

CH573 SRHO20070141973
ESE AHA Hospitals
4-6 mi
23187
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	JAMES E FULTON JR, MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0864805
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1617 WESTCLIFF #100
Phone num:	7146313376
Termination reason:	12
Term Date:	19950822
Purpose of action:	Not Reported
Provider control:	04
Zip:	92660
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:	SRHO20070141973

CH574 SRHO20070107892
ESE AHA Hospitals
4-6 mi
23187
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	05K012
FMS survey date:	Not Reported
Current survey date:	19951019
Medicare/Medicaid:	1
Facility name:	BUILDING BLOCKS PEDI HOME HLTH SVCS
Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19941123
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557464
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1617 WESTCLIFF DRIVE, #210
Phone num:	7146501764
Termination reason:	07
Term Date:	19970224
Purpose of action:	2
Provider control:	04
Zip:	92660
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:	SRHO20070107892

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CH575 ESE 4-6 mi 23187 Higher			SRHO20070158607 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	NEWPORT BLUFFS SURGERY CENTER	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040317	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1023506	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1617 WESTCLIFF DR #106	
	Phone num:	9495154111	
	Termination reason:	00	
	Term Date:	20080316	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92660	
	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:	SRHO20070158607	

CO576 North 4-6 mi 23201 Higher			SRPR20051022609 Private Schools
	Pss school id:	A0300478	
	Pss inst:	PYRAMID AUTISM CENTER	
	Lograde:	1	
	Higrade:	8	
	Pss address:	8101 SLATER AVE	
	Pss city:	HUNTINGTON BEACH	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	

Pss zip5:	92647
Pss phone:	7145967211
Pss sch days:	220
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:	2
Pss enroll 2:	Not Reported
Pss enroll 3:	1
Pss enroll 4:	4
Pss enroll 5:	2
Pss enroll 6:	3
Pss enroll 7:	2
Pss enroll 8:	3
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	17
Pss enroll tk12:	17
Pss race ai:	0
Pss race as:	1
Pss race h:	1
Pss race b:	0
Pss race w:	15
Pss fte teach:	3
Pss locale:	3
Pss coed:	1
Pss type:	4
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	5.88
Pss hisp pct:	5.88
Pss black pct:	0
Pss white pct:	88.24
Pss stdtch rt:	5.67
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:	SRPR20051022609

CG577 SRDCCA200705894
East EDR ID: SRDCCA200705894 Daycare
4-6 mi Facility number: 304201182
23205
Higher

Facility name: "GILMER, PHYLLIS "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 141 E. WILSON ST.
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 141 E. WILSON ST.
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "GILMER, PHYLLIS "
Licensee type: A
License effective date: 950921
License expiration date: Not Reported
License issue date: 950921
Program type: "MAXIMUM CAPACITY 12 CHILDREN, INCLUDING LICENSEE'S OWN CHILDREN UNDER THE AGE OF 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANING A CHILD UNDER 2 YEARS OF AGE). "
Original app. received date: 950727
Facility closed date: Not Reported
Mailing address: 141 E. WILSON ST.
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "GILMER, PHYLLIS "
Facility capacity: 14
Type of clients served: 960
Facility phone: 9496426687

CM578 SRDCCA200748648
ESE Daycare
4-6 mi
23299
Higher

EDR ID: SRDCCA200748648
Facility number: 300600711
Facility name: NEWPORT HARBOR LUTHERAN CHURCH
Facility eval. code: 1206
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 798 DOVER
City: NEWPORT BEACH
State: CA
Zip: 92660
Alt. address: 798 DOVER DRIVE
City: NEWPORT BEACH
State: CA
Zip: 92663
Facility investor: NEWPORT HARBOR LUTHERAN CHURCH
Licensee type: C
License effective date: 931003
License expiration date: Not Reported

License issue date: Not Reported
Program type: AMBULATORY ONLY. AGES 2-6 YEARS OLD. MONDAY THROUGH FRIDAY. HOURS: 7:00 A.M. TO 6:00 P.M.
Original app. received date: Not Reported
Facility closed date: Not Reported
Mailing address: 798 DOVER
Mailing city: NEWPORT BEACH
Mailing state: CA
Mailing zip: 92660
Contact person: "BENT, DAWN "
Facility capacity: 43
Type of clients served: 950
Facility phone: 9495487198

CM579 SRHO20070141744
ESE AHA Hospitals
4-6 mi
23309
Higher

Hospital type: 01
Num of times COO: 00
Owner date: Not Reported
City: NEWPORT 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: FRED J GALLUCCIO MD
Intermediary/Carrier: Not Reported
Medicaid number: Not Reported
Partcipation date: 19931109
Prior COO date: Not Reported
Prior carrier: Not Reported
Provider ID: 05D0712088
Record Status: A
Region code: 09
Is Partial Record: Y
state abbrev: CA
ssa state: 05
state region cd: LAB
street address: 901 DOVER DRIVE SUITE 102
Phone num: 9496464865
Termination reason: 00
Term Date: 20080831
Purpose of action: Not Reported
Provider control: 04
Zip: 92660
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:	SRHO20070141744	

CM580 SRHO20070161112
ESE AHA Hospitals
4-6 mi
23309
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	C DAMIRCHI MD INC NEWPORT BEACH OFFICE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050926
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1045851
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	901 DOVER DR #231
Phone num:	9496315252
Termination reason:	00
Term Date:	20070925
Purpose of action:	Not Reported
Provider control:	04
Zip:	92660
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:	SRHO20070161112

CM581 SRHO20070107361
ESE AHA Hospitals
4-6 mi
23309
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	19961112
City:	NEWPORT 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:	19950519
Medicare/Medicaid:	1
Facility name:	NURSE 24, INC
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19920917
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557223
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	881 DOVER DRIVE, SUITE 250
Phone num:	7145748383
Termination reason:	05
Term Date:	19980224
Purpose of action:	2
Provider control:	04
Zip:	92660
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:	SRHO20070107361

CP582 SRPU20071009692
North Public Schools
4-6 mi
23332
Higher

Ncessch:	062814004336
Schname05:	LAKE VIEW ELEMENTARY
Mstreet05:	17451 ZEIDER LN.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92647
Mzip405:	6361
Member05:	411
Phone05:	(714) 842-2589
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009692

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CH583 ESE 4-6 mi 23365 Higher			SRHO20070011114 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	NEWPORT 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:	19930414	
	Medicare/Medicaid:	1	
	Facility name:	HEALTHSOUTH SPORTS MED & REHAB CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19930726	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056678	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	1501 WESTCLIFF DR, #300	
	Phone num:	7146458563	
	Termination reason:	01	
	Term Date:	19940215	
	Purpose of action:	1	
	Provider control:	06	
	Zip:	92660	
	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:	SRHO20070011114	
CJ584 East 4-6 mi 23385 Higher			SRDCCA200754731 Daycare
	EDR ID:	SRDCCA200754731	
	Facility number:	304270761	
	Facility name:	LINDBERGH CHILD DEVELOPMENT CENTER	
	Facility eval. code:	1205	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	220 23RD STREET	
	City:	COSTA MESA	

State:	CA
Zip:	92627
Alt. address:	220 23RD STREET
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	CONTINUING DEVELOPMENT INC.
Licensee type:	C
License effective date:	10105
License expiration date:	Not Reported
License issue date:	010105
Program type:	"AMBULATORY CHILDEN, 2 TO 5 YEARS OF AGE. 208 PRESCHOOL CHILDREN. HOURS: MONDAY THROUGH FRIDAY, 6:30AM TO 6:00PM. TODDLER OPTION: 48 CHILDREN, 18 - 30 MONTHS. ROOMS #18 & #19 ONLY. "PRESCHOOL ROOMS: #9 - #17. TOTAL FAC. CAP. NOT TO EXCEED 256 CHILDREN.
Original app. received date:	001128
Facility closed date:	Not Reported
Mailing address:	851 EAST HAMILTON AVE. STE.200
Mailing city:	CAMPBELL
Mailing state:	CA
Mailing zip:	95008
Contact person:	FERRY NOORBAKSH
Facility capacity:	256
Type of clients served:	950
Facility phone:	9496502506

CQ585 SRHO20070139521
ESE AHA Hospitals
4-6 mi
23400
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	19950222
Medicare/Medicaid:	1
Facility name:	HARBOR PEDIATRIC MEDICAL GROUP APC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0694044
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	601 DOVER DR STE 7
Phone num:	7146454670
Termination reason:	00

Term Date:	20070615
Purpose of action:	1
Provider control:	04
Zip:	92663
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:	SRHO20070139521

CQ586 SRHO20070159583
ESE AHA Hospitals
4-6 mi
23400
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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:	JANINE K JENSEN, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051004
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1046254
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	601 DOVER DRIVE
Phone num:	9497199066
Termination reason:	08
Term Date:	20060404
Purpose of action:	Not Reported
Provider control:	02
Zip:	92663
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:	SRHO20070159583

CR587 SRDCCA200742128
ENE Daycare
4-6 mi
23426
Higher

EDR ID:	SRDCCA200742128
Facility number:	300605494
Facility name:	HARRY & GRACE STEELE CHILDRENS CTR-ORANGE COAST CO
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	2701 FAIRVIEW ROAD
City:	COSTA MESA
State:	CA
Zip:	92628
Alt. address:	P.O. BOX 5005
City:	COSTA MESA
State:	CA
Zip:	92628
Facility investor:	COAST COMMUNITY COLLEGE
Licensee type:	F
License effective date:	951120
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY CHILDREN. BIRTH THROUGH 2 YEARS OF AGE. HOURS: 7:30 A.M. TO 5:00 P.M. MONDAY THROUGH FRIDAY. INFANT AND TODDLER ROOMS ONLY.
Original app. received date:	840227
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 5003
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92628
Contact person:	LUCY GROETSCH
Facility capacity:	48
Type of clients served:	950
Facility phone:	7144325569

CR588 SRDCCA200749951
ENE Daycare
4-6 mi
23426
Higher

EDR ID:	SRDCCA200749951
Facility number:	300611718
Facility name:	ORANGE COAST COLLEGE EARLY CHILDHOOD LAB SCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2701 FAIRVIEW ROAD
City:	"COSTA MESA, "
State:	CA
Zip:	92628
Alt. address:	2701 FAIRVIEW ROAD

City: COSTA MESA
State: CA
Zip: 92680
Facility investor: COAST COMMUNITY COLLEGE DISTRICT
Licensee type: F
License effective date: 950116
License expiration date: Not Reported
License issue date: 920116
Program type: "AMBULATORY, CHILDREN AGES 2-6 YRS. MONDAY THROUGH FRIDAY, 9:00 AM TO 4:00 PM. NO MORE THAN 46 CHILDREN PRESENT WHILE INFANT PROGRAM IS OPERATING.
"
Original app. received date: 901010
Facility closed date: Not Reported
Mailing address: 2701 FAIRVIEW ROAD
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92628
Contact person: "JAGLOWSKI, SUZANNE "
Facility capacity: 70
Type of clients served: 950
Facility phone: 7144325517

CR589 SRDCCA200746423
ENE EDR ID: SRDCCA200746423 Daycare
4-6 mi Facility number: 304270415
23426 Facility name: HARRY & GRACE STEELE CHILDRENS CTR ORANGE COAST CO
Higher Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 840
Facility status code: 03
Address: 2701 FAIRVIEW ROAD
City: COSTA MESA
State: CA
Zip: 92628
Alt. address: P.O. BOX 5005
City: COSTA MESA
State: CA
Zip: 92628
Facility investor: COAST COMMUNITY COLLEGE DISTRICT
Licensee type: F
License effective date: 971120
License expiration date: Not Reported
License issue date: 971120
Program type: "AMBULATORY CHILDREN. 5 THROUGH 12 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 7:30 AM TO 10:00 PM.
FAMILY ROOM WHEN PRESCHOOL CHILDREN ARE PRESENT, OTHERWISE, ROOM P3.
"RESTROOM IN HALLWAY OUTSIDE OF ROOM P3.
Original app. received date: 970710
Facility closed date: Not Reported
Mailing address: P.O. BOX 5003
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92628

Contact person:	"GROETSCH, LUCY "
Facility capacity:	24
Type of clients served:	950
Facility phone:	7144325569

CR590 SRDCCA200748544
ENE Daycare
4-6 mi
23426
Higher

EDR ID:	SRDCCA200748544
Facility number:	300605314
Facility name:	HARRY & GRACE STEELE CHILDRENS CTR-ORANGE COAST CO
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2701 FAIRVIEW ROAD
City:	COSTA MESA
State:	CA
Zip:	92628
Alt. address:	P.O. BOX 5005
City:	COSTA MESA
State:	CA
Zip:	92628
Facility investor:	COAST COMM COLLEGE DISTRICT
Licensee type:	F
License effective date:	951120
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE. HOURS: 7:30 A.M. TO 10:00 P.M. MONDAY THROUGH FRIDAY. ROOMS YP, P1,P2 & P3. CAPACITY96. ROOM P3 IS USED BY THE SCHOOL AGE PROGRAM WHEN THEY ARE IN SESSION. "AT THESE TIMES THE PRESCHOOL CAPACITY IS NOT TO EXCEED 72 CHILDREN.
Original app. received date:	830701
Facility closed date:	Not Reported
Mailing address:	P.O. BOX 5003
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92628
Contact person:	LUCY GROETSCH
Facility capacity:	96
Type of clients served:	950
Facility phone:	7144325569

CR591 SRCL20051000395
ENE Colleges
4-6 mi
23426
Higher

Unitid:	120342
Instnm:	ORANGE COAST COLLEGE
Addr:	2701 FAIRVIEW ROAD
City:	COSTA MESA
Stabbr:	CA
Zip:	92628
Zip4:	5005
Unk:	Not Reported
Fips:	092628
Oberge:	8
Chfnm:	Gene Farrel

Chftitle:	PRESIDENT
Gentele:	7144325072
Fintele:	7144325508
Admtele:	7144325072
Ein:	-2
Duns:	128663424
Opeid:	125000
Opeflag:	1
Webaddr:	www.occ.cccd.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:	3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	1
Fte:	14108
Enrtot:	23194
Edr id:	SRCL20051000395

CO592 SRHO20070156495
North AHA Hospitals
4-6 mi
23469
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:	PRAFUL SARODE MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030106
Prior COO date:	Not Reported

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

Prior carrier:	Not Reported
Provider ID:	05D1007916
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17456 BEACH BLVD SUITE 124
Phone num:	7148478551
Termination reason:	00
Term Date:	20090105
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:	SRHO20070156495

CO593			SRHO20070138982
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
23469	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:	JULIA MARIE HENG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930521	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0693034	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17456 BEACH BLVD 101	
	Phone num:	7148478551	
	Termination reason:	08	

Term Date:	20030109
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:	SRHO20070138982

CS594 SRDCCA200743880
North Daycare
4-6 mi
23555
Higher

EDR ID:	SRDCCA200743880
Facility number:	304270549
Facility name:	FIRST BAPTIST CHURCH VALLEY DAY PRESCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	17415 MAGNOLIA AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	17415 MAGNOLIA AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	FIRST BAPTIST CHURCH VALLEY DAY PRESCHOOL
Licensee type:	C
License effective date:	412
License expiration date:	Not Reported
License issue date:	990702
Program type:	"AMBULATORY CHILDREN. AGES 5 YEARS TO 11 YEARS OF AGE. HOURS: MONDAY THROUGH FRIDAY, 7:00AM TO 9:30AM AND 12 NOON TO 6:00PM. ON HOLIDAYS AND SCHOOL BREAKS: HOURS - 7:00AM TO 6:00PM. "
Original app. received date:	990210
Facility closed date:	Not Reported
Mailing address:	17415 MAGNOLIA AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	JULIE HIMES
Facility capacity:	49
Type of clients served:	950
Facility phone:	7148474844

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CS595 North 4-6 mi 23555 Higher			SRDCCA200748583 Daycare
	EDR ID:	SRDCCA200748583	
	Facility number:	300600313	
	Facility name:	FIRST BAPTIST CHURCH VALLEY DAY PRE SCHOOL	
	Facility eval. code:	1205	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	17415 MAGNOLIA AVENUE	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Alt. address:	17415 MAGNOLIA AVENUE	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Facility investor:	FIRST BAPTIST CHURCH OF HUNTINGTON BCH/FOUNTAIN VA	
	Licensee type:	C	
	License effective date:	940412	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"80 AMBULATORY CHILDREN, AGES 2-6 YEARS OLD. MONDAY THROUGH FRIDAY. HOURS: 7:00AM TO 6:00PM. "	
	Original app. received date:	Not Reported	
	Facility closed date:	Not Reported	
	Mailing address:	17415 MAGNOLIA	
	Mailing city:	FOUNTAIN VALLEY	
	Mailing state:	CA	
	Mailing zip:	92706	
	Contact person:	SUSAN GORDON/ARLENE BAKER	
	Facility capacity:	80	
	Type of clients served:	950	
	Facility phone:	7148474844	

CT596 NNE 4-6 mi 23583 Higher			SRDCCA200702678 Daycare
	EDR ID:	SRDCCA200702678	
	Facility number:	300609507	
	Facility name:	"PALERMO, DIANE "	
	Facility eval. code:	3401	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	10635 EL ESTE	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Alt. address:	10635 EL ESTE	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Facility investor:	"PALERMO, DIANE "	
	Licensee type:	A	

License effective date: 950813
License expiration date: Not Reported
License issue date: 890813
Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER AGE10 WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS UNDER AGE 2).
"
Original app. received date: 890728
Facility closed date: Not Reported
Mailing address: 10635 EL ESTE
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "PALERMO, DIANE "
Facility capacity: 12
Type of clients served: 960
Facility phone: 7149653602

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597 SRDCCA200703977
NNW EDR ID: SRDCCA200703977 Daycare
4-6 mi Facility number: 300615337
23673 Facility name: "POLIZZO, ELENA "
Higher Facility eval. code: 3406
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 17941 CALEDONIA CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 17941 CALEDONIA CIRCLE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "POLIZZO, ELENA "
Licensee type: A
License effective date: 930518
License expiration date: Not Reported
License issue date: 930518
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: 921027
Facility closed date: Not Reported
Mailing address: 17941 CALEDONIA CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "POLIZZO, ELENA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148476474

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CU598 NNE 4-6 mi 23679 Higher			SRPU20071015511 Public Schools
	Ncessch:	061806002235	
	Schname05:	VALLEY VISTA HIGH (CONTINUATION)	
	Mstreet05:	9600 DOLPHIN ST.	
	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	4603	
	Member05:	260	
	Phone05:	(714) 964-7766	
	Locale05:	2	
	Type05:	4	
	Level05:	3	
	Gslo05:	10	
	Gshi05:	12	
	Edr id:	SRPU20071015511	

CN599 ENE 4-6 mi 23906 Higher			SRDCCA200721939 Daycare
	EDR ID:	SRDCCA200721939	
	Facility number:	304300197	
	Facility name:	"LACROSSE, LORA "	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3025 FERNHEATH LANE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Alt. address:	3025 FERNHEATH LANE	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Facility investor:	"LACROSSE, LORA "	
	Licensee type:	A	
	License effective date:	31218	
	License expiration date:	Not Reported	
	License issue date:	031218	
	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:	030328	
	Facility closed date:	Not Reported	
	Mailing address:	3025 FERNHEATH LANE	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92626	
	Contact person:	"LACROSSE, LORA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7146418630	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CR600 ENE 4-6 mi 23978 Higher			SRDCCA200748711 Daycare
	EDR ID:	SRDCCA200748711	
	Facility number:	300600944	
	Facility name:	SUNSHINE COMMUNITY NURSERY SCHOOL	
	Facility eval. code:	1203	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	2850 FAIRVIEW	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Alt. address:	P.O. BOX 1763	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Facility investor:	"SUNSHINE COMMUNITY NURSERY SCHOOL, INC "	
	Licensee type:	C	
	License effective date:	951115	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"AMBULATORY ONLY, AGES 2 THROUGH 5 YEARS, MONDAY THROUGH FRIDAY, HOURS: 9:00 AM TO 12:00 PM "	
	Original app. received date:	Not Reported	
	Facility closed date:	Not Reported	
	Mailing address:	PO BOX 1763	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92626	
	Contact person:	"LE BLANC, LYNDA "	
	Facility capacity:	24	
	Type of clients served:	950	
	Facility phone:	7145401183	
601 NE 4-6 mi 23981 Higher			SRHO20070147058 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	STATE FARM INSURANCE/ROBERT BUSTER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930804	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0874061	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3333 HYLAND AVENUE	
	Phone num:	7142412181	
	Termination reason:	01	
	Term Date:	20050224	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92626	
	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:	SRHO20070147058	
602 North 4-6 mi 23987 Higher			SRPU20071012698 Public Schools
	Ncessch:	061422001635	
	Schname05:	TAMURA (HISAMATSU) ELEMENTARY	
	Mstreet05:	17340 SANTA SUZANNE ST.	
	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	3307	
	Member05:	447	
	Phone05:	(714) 375-6226	
	Locale05:	2	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071012698	
CU603 NNE 4-6 mi 24105 Higher			SRDCCA200748591 Daycare
	EDR ID:	SRDCCA200748591	
	Facility number:	300600491	
	Facility name:	HUNTINGTON VALLEY PRE-SCHOOL	
	Facility eval. code:	1205	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	9779 STARFISH AVENUE	
	City:	FOUNTAIN VALLEY	
	State:	CA	

Zip:	92708
Alt. address:	9779 STARFISH AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	HUNTINGTON VALLEY BAPTIST CHURCH
Licensee type:	C
License effective date:	930506
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"AMBULATORY, AGES 2-6 YRS, MON-FRI. HRS: 6:30 AM-6:00 PM. "
Original app. received date:	Not Reported
Facility closed date:	Not Reported
Mailing address:	9779 STARFISH AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	JOHNNIE HOUSLEY
Facility capacity:	124
Type of clients served:	950
Facility phone:	7149639885

CU604 SRPR20051024314
NNE Private Schools
4-6 mi
24105
Higher

Pss school id:	A9100927
Pss inst:	HUNTINGTON VALLEY CHRISTIAN
Lograde:	PK
Higrade:	K
Pss address:	9779 STARFISH AVE
Pss city:	FOUNTAIN VALLEY
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92708
Pss phone:	7849639885
Pss sch days:	250
Pss stu day hrs:	Not Reported
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	48
Pss enroll k:	24
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:	72

Pss enroll tk12:	24
Pss race ai:	0
Pss race as:	10
Pss race h:	4
Pss race b:	1
Pss race w:	9
Pss fte teach:	6.6
Pss locale:	2
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	41.67
Pss hisp pct:	16.67
Pss black pct:	4.17
Pss white pct:	37.5
Pss stdtch rt:	3.64
Pss orient:	5
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:	SRPR20051024314

CV605 SRDCCA200746716
NNE Daycare
4-6 mi
24179
Higher

EDR ID:	SRDCCA200746716
Facility number:	304270388
Facility name:	"KINDERCARE LEARNING CENTERS, INC. #1583 "
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	9945 SLATER AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	9945 SLATER AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "
Licensee type:	D
License effective date:	970505
License expiration date:	Not Reported
License issue date:	970505
Program type:	AMBULATORY CHILDREN 4.9 TO 12 YEARS OF AGE. MONDAY THROUGH FRIDAY. HOURS: 6:30 A.M. TO 6:30 P.M. SECOND FRIDAY OF EVERY MONTH 6:30 A.M. TO 9:00 P.M. ROOM #4.

Original app. received date:	970429
Facility closed date:	Not Reported
Mailing address:	"650 N.E. HOLLADAY, SUITE 1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	VICTORIA HEVSEY
Facility capacity:	14
Type of clients served:	950
Facility phone:	7149684451

CV606 — SRDCCA200751449
NNE — Daycare
4-6 mi
24179
Higher

EDR ID:	SRDCCA200751449
Facility number:	304270386
Facility name:	"KINDERCARE LEARNING CENTERS, INC. #1583 "
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	9945 SLATER AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	9945 SLATER AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"KINDERCARE LEARNING CENTERS, INC "
Licensee type:	D
License effective date:	970505
License expiration date:	Not Reported
License issue date:	970505
Program type:	"AMBULATORY CHILDREN 24 MONTHS TO 6 YEARS OF AGE. MONDAY THROUGH FRIDAYHOURS: 6:30 A.M. TO 6:30 P.M. SECOND FRIDAY OF EVERY MONTH 6:30 A.M. TO 9:00 P.M. ROOM #1,2,3,7,8,9,10,11. "
Original app. received date:	970429
Facility closed date:	Not Reported
Mailing address:	"650 N.E. HOLLADAY, SUITE 1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	VICTORIA HEVSEY
Facility capacity:	150
Type of clients served:	950
Facility phone:	7149684451

CV607 — SRDCCA200741876
NNE — Daycare
4-6 mi
24179
Higher

EDR ID:	SRDCCA200741876
Facility number:	304270387
Facility name:	"KINDERCARE LEARNING CENTERS, INC. #1583 "
Facility eval. code:	1203
Facility office number:	06

Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	9945 SLATER AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	9945 SLATER AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "
Licensee type:	D
License effective date:	970505
License expiration date:	Not Reported
License issue date:	970505
Program type:	ONE NON-AMBULATORY. 6 WEEKS TO 24 MONTHS OLD. 06:30AM TO 6:30 PM. MONDAY-FRIDAY. SECOND FRIDAY OF EVERY MONTH 06:30AM TO 9:00PM. ROOMS #5 & 6.
Original app. received date:	970429
Facility closed date:	Not Reported
Mailing address:	"650 N.E. HOLLADAY, SUITE 1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	VICTORIA HEVSEY
Facility capacity:	28
Type of clients served:	955
Facility phone:	7149684451

CV608 SRPR20051023420
NNE Private Schools
4-6 mi
24179
Higher

Pss school id:	A0307222
Pss inst:	"KINDERCARE LEARNING CENTERS, I"
Lograde:	Not Reported
Higrade:	Not Reported
Pss address:	9945 SLATER AVENUE
Pss city:	FOUNTAIN VALLEY
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92708
Pss phone:	7149684451
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:	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:	102
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:	1
Pss locale:	2
Pss coed:	1
Pss type:	NR
Pss level:	NR
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:	ORANGE
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:	SRPR20051023420

CW609 SRPR20051024764
ENE Private Schools
4-6 mi
24223
Higher

Pss school id:	A9100679
Pss inst:	CHRISTIAN MONTESSORI
Lograde:	PK
Higrade:	1
Pss address:	2950 MCCLINTOCK WAY
Pss city:	COSTA MESA
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92626
Pss phone:	7145493877
Pss sch days:	199
Pss stu day hrs:	6
Pss library:	Yes
Pss enroll ug:	Not Reported

Pss enroll pk:	66
Pss enroll k:	15
Pss enroll 1:	9
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:	90
Pss enroll tk12:	24
Pss race ai:	Not Reported
Pss race as:	1
Pss race h:	8
Pss race b:	1
Pss race w:	9
Pss fte teach:	2.6
Pss locale:	2
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	4.17
Pss hisp pct:	33.33
Pss black pct:	4.17
Pss white pct:	37.5
Pss stdtch rt:	9.23
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Other Montessori association(s)
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:	SRPR20051024764

CX610 SRDCCA200704098
East EDR ID: SRDCCA200704098 Daycare
4-6 mi Facility number: 300615391
24238 Facility name: "WEBSTER, BABETTE "
Higher Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03

Address: 2409 ORANGE AVENUE
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 2409 ORANGE AVENUE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "WEBSTER, BABETTE "
Licensee type: A
License effective date: 930318
License expiration date: Not Reported
License issue date: 930318
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: 921119
Facility closed date: Not Reported
Mailing address: 2409 ORANGE AVENUE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "WEBSTER, BABETTE "
Facility capacity: 12
Type of clients served: 960
Facility phone: 9496424861

CW611 SRDCCA200748476
ENE EDR ID: SRDCCA200748476 Daycare
4-6 mi Facility number: 300603950
24312 Facility name: HARBOR TRINITY PRESCHOOL
Higher Facility eval. code: 1203
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 1230 BAKER ST
City: COSTA MESA
State: CA
Zip: 92626
Alt. address: 1230 BAKER ST
City: COSTA MESA
State: CA
Zip: 92626
Facility investor: HARBOR TRINITY CHURCH
Licensee type: C
License effective date: 940912
License expiration date: Not Reported
License issue date: Not Reported
Program type: "AMBULATORY CHILDREN. 2 THROUGH 6 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 7:00 AM TO 6:00 PM.
ROOMS E103, E104, E105, N100, N101, N102, P104, P106 &
"THE FELLOWSHIP HALL ONLY.
Original app. received date: 820414

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

Facility closed date:	Not Reported
Mailing address:	1230 BAKER ST
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"WATSON, JENNIFER "
Facility capacity:	90
Type of clients served:	950
Facility phone:	7145564335

CY612 SRHO20070157279
NE AHA Hospitals
4-6 mi
24328
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	DARIUSH LAVI MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20031029
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1018717
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1503 SOUTH COAST DRIVE SUITE 109
Phone num:	7145851842
Termination reason:	00
Term Date:	20071028
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070157279

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CP613 North 4-6 mi 24347 Higher			SRDCCA200734499 Daycare
	EDR ID:	SRDCCA200734499	
	Facility number:	304310502	
	Facility name:	"ADKINS, DENISE MARIE "	
	Facility eval. code:	3401	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	17255 SANTA ISABEL ST.	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Alt. address:	17255 SANTA ISABEL ST.	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Facility investor:	"ADKINS, DENISE MARIE "	
	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:	060504	
	Facility closed date:	Not Reported	
	Mailing address:	17255 SANTA ISABEL ST.	
	Mailing city:	FOUNTAIN VALLEY	
	Mailing state:	CA	
	Mailing zip:	92708	
	Contact person:	"ADKINS, DENISE MARIE "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148428204	

CZ614 NNE 4-6 mi 24398 Higher			SRDCCA200741149 Daycare
	EDR ID:	SRDCCA200741149	
	Facility number:	304270760	
	Facility name:	FOUNTAIN VALLEY CHILD DEVELOPMENT CENTER	
	Facility eval. code:	1205	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	830	
	Facility status code:	03	
	Address:	17565 LOS ALAMOS	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Alt. address:	17565 LOS ALAMOS	
	City:	FOUNTAIN VALLEY	
	State:	CA	
	Zip:	92708	
	Facility investor:	CONTINUING DEVELOPMENT INC.	
	Licensee type:	C	

License effective date: 1227
License expiration date: Not Reported
License issue date: 001227
Program type: AMBULATORY CHILDREN. 6 WEEKS TO 24 MONTHS OF AGE.
MONDAY THROUGH FRIDAY. 6:30 AM TO 6:00 PM.
Original app. received date: 001128
Facility closed date: Not Reported
Mailing address: 851 EAST HAMILTON AVE. STE.200
Mailing city: CAMPBELL
Mailing state: CA
Mailing zip: 95008
Contact person: "DANIELS, STEPHANIE "
Facility capacity: 30
Type of clients served: 955
Facility phone: 7145936511

CZ615 SRDCCA200754730
NNE Daycare
4-6 mi
24398
Higher

EDR ID: SRDCCA200754730
Facility number: 304270759
Facility name: FOUNTAIN VALLEY CHILD DEVELOPMENT CENTER
Facility eval. code: 1205
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 03
Address: 17565 LOS ALAMOS
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 17565 LOS ALAMOS
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: CONTINUING DEVELOPMENT INC.
Licensee type: C
License effective date: 1227
License expiration date: Not Reported
License issue date: 001227
Program type: AMBULATORY CHILDREN. 2 TO 5 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 6:30 AM TO 6:00 PM.
(CAPACITY INCREASE FROM 69 TO 90 EFFECTIVE 02/06/02)
Original app. received date: 001128
Facility closed date: Not Reported
Mailing address: 851 EAST HAMILTON AVE. STE.200
Mailing city: CAMPBELL
Mailing state: CA
Mailing zip: 95008
Contact person: "DANIELS, STEPHANIE "
Facility capacity: 90
Type of clients served: 950
Facility phone: 7145936511

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DA616 ENE 4-6 mi 24431 Higher			SRCL20051000688 Colleges
	Unitid:	123651	
	Instnm:	VANGUARD UNIVERSITY OF SOUTHERN CALIFORNIA	
	Addr:	55 FAIR DR	
	City:	COSTA MESA	
	Stabbr:	CA	
	Zip:	92626	
	Zip4:	Not Reported	
	Unk:	Not Reported	
	Fips:	092626	
	Oberge:	8	
	Chfnm:	MURRAY W. DEMPSTER	
	Chftitle:	PRESIDENT	
	Gentele:	7145563610	
	Fintele:	7.15E+12	
	Admtele:	7.15E+12	
	Ein:	956002998	
	Duns:	73567570	
	Opeid:	129300	
	Opeflag:	1	
	Webaddr:	www.vanguard.edu	
	Sector:	2	
	Iclevel:	1	
	Control:	2	
	Hloffer:	7	
	Ugoffer:	1	
	Groffer:	1	
	Fpoffer:	2	
	Hdegoffer:	20	
	Deggrant:	1	
	Hbcu:	2	
	Hospital:	2	
	Medical:	2	
	Tribal:	2	
	Carnegie:	32	
	Locale:	3	
	Openpubl:	1	
	Act:	A	
	Newid:	-2	
	Deathyr:	-2	
	Closedat:	-2	
	Cyactive:	1	
	Postsec:	1	
	Pseflag:	1	
	Pset4flg:	1	
	Rptmth:	1	
	Fte:	1811	
	Enrtot:	2195	
	Edr id:	SRCL20051000688	
DB617 NNW 4-6 mi 24454 Higher			SRPU20071009694 Public Schools
	Ncessch:	062814004340	
	Schname05:	MESA VIEW MIDDLE	
	Mstreet05:	17601 AVILLA LN.	
	Mcity05:	HUNTINGTON BEACH	

Mstate05:	CA
Mzip05:	92647
Mzip405:	6612
Member05:	758
Phone05:	(714) 842-6608
Locale05:	3
Type05:	1
Level05:	2
Gslo05:	06
Gshi05:	08
Edr id:	SRPU20071009694

CY618 SRHO20070130908
NE AHA Hospitals
4-6 mi
24508
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	19980810
Medicare/Medicaid:	1
Facility name:	US LABS - FOUNTAIN VALLEY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0576084
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3303 HARBOR BLVD SUITE C-9
Phone num:	7144331330
Termination reason:	12
Term Date:	19990501
Purpose of action:	2
Provider control:	04
Zip:	92626
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:	SRHO20070130908

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CY619			SRHO20070158781
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24508	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	ALLSTATE HOME HEALTH CARE INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20031121	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1019619	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	3303 HARBOR BLVD SUITE F-2	
	Phone num:	7145561255	
	Termination reason:	08	
	Term Date:	20051120	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92626	
	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:	SRHO20070158781	

CY620			SRHO20070164766
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
24508	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	AIDS SERVICES FOUNDATION / OA C&T PROGRAM
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060511
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1054104
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3303 HARBOR BLVD, SUITE B-6
Phone num:	9498095700
Termination reason:	00
Term Date:	20080510
Purpose of action:	Not Reported
Provider control:	06
Zip:	92626
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:	SRHO20070164766

CX621 SRDCCA200705029
East Daycare
4-6 mi
24513
Higher

EDR ID:	SRDCCA200705029	
Facility number:	300612243	
Facility name:	"BECK, LINDA	"
Facility eval. code:	3403	
Facility office number:	06	
Facility county number:	30	
Facility type code:	810	
Facility status code:	03	
Address:	2378 CARLTON PLACE	
City:	COSTA MESA	
State:	CA	
Zip:	92627	
Alt. address:	2378 CARLTON PLACE	
City:	COSTA MESA	
State:	CA	
Zip:	92627	
Facility investor:	"BECK, LINDA	"
Licensee type:	A	
License effective date:	940827	
License expiration date:	Not Reported	
License issue date:	910827	

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YRS. OF AGE WHO RESIDE IN THE HOME, W/NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YRS. OLD). CAPACITY INCREASE EFFECTIVE 013095. "
Original app. received date: 910703
Facility closed date: Not Reported
Mailing address: 2378 CARLTON PLACE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "BECK, LINDA "
Facility capacity: 12
Type of clients served: 960
Facility phone: 7147229764

CT622 SRDCCA200706555
NNE Daycare
4-6 mi
24551
Higher

EDR ID: SRDCCA200706555
Facility number: 304200251
Facility name: "STRONG, TERRI "
Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 10678 EL CAMPO STREET
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 10678 EL CAMPO STREET
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: "STRONG, TERRI "
Licensee type: A
License effective date: 940920
License expiration date: Not Reported
License issue date: 940920
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: 940513
Facility closed date: Not Reported
Mailing address: 10678 EL CAMPOSTREET
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "STRONG, TERRI "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149630005

DC623 SRHO20070157793
NE AHA Hospitals
4-6 mi
24698
Higher

Hospital type: 01
Num of times COO: 00

Owner date:	Not Reported
City:	COSTA MESA
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 CLINICAL TRIALS INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040401
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1024070
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3545 HOWARD WAY
Phone num:	7144609282
Termination reason:	00
Term Date:	20080331
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070157793

DC624 SRHO20070163978
NE AHA Hospitals
4-6 mi
24698
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	ALLERGY, ASTHMA & RESPIRATORY CARE
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	20060919
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1058946
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3545 HOWARD WAY
Phone num:	7144608805
Termination reason:	00
Term Date:	20080918
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070163978

CZ625 SRDCCA200748658
NNE Daycare
4-6 mi
24710
Higher

EDR ID:	SRDCCA200748658
Facility number:	300605974
Facility name:	KING OF GLORY LUTHERAN CHURCH
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	10280 SLATER AVE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10280 SLATER AVE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	KING OF GLORY LUTHERAN CHURCH
Licensee type:	C
License effective date:	950701
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	"2 YEARS THROUGH 6 YEARS OLD. MONDAY THROUGH FRIDAY, 6:30AM TO 6:00PM. "
Original app. received date:	851025

Facility closed date:	Not Reported
Mailing address:	10280 SLATER AVE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	JILL RITCHIE
Facility capacity:	60
Type of clients served:	950
Facility phone:	7149685865

CZ626 SRDCCA200753261
NNE Daycare
4-6 mi
24780
Higher

EDR ID:	SRDCCA200753261
Facility number:	304370078
Facility name:	SLATER MONTESSORI ACADEMY
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	10316 SLATER AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	5775 MIDWAY DRIVE
City:	CYPRESS
State:	CA
Zip:	90630
Facility investor:	PPSN CORPORATION
Licensee type:	D
License effective date:	40126
License expiration date:	Not Reported
License issue date:	040126
Program type:	"AMBULATORY CHILDREN, AGES 2 - 6 YEARS. HOURS: MONDAY THROUGH FRIDAY, 7:00AM TO 6:00PM. ROOMS: #1 - #3. ROOM #4 FOR PRIVATE ELEMENTARY SCHOOL. "(WAIVER FOR ELECTRONIC SIGN IN/OUT; SHARED YARD USAGE)
Original app. received date:	031120
Facility closed date:	Not Reported
Mailing address:	16526 COTUIT CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"LUCHAU, YVONNE "
Facility capacity:	96
Type of clients served:	950
Facility phone:	7149622799

CZ627 SRPR20051022142
NNE Private Schools
4-6 mi
24780
Higher

Pss school id:	A0307168
Pss inst:	SLATER MONTESSORI ACADEMY
Lograde:	PK
Higrade:	1
Pss address:	10316 SLATER AVENUE
Pss city:	FOUNTAIN VALLEY

Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92708
Pss phone:	7149622799
Pss sch days:	190
Pss stu day hrs:	5.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	24
Pss enroll k:	14
Pss enroll 1:	10
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:	48
Pss enroll tk12:	24
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:	2
Pss locale:	2
Pss coed:	1
Pss type:	2
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:	12
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:	SRPR20051022142

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
628 North 4-6 mi 24809 Higher			SRHO20070157292 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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:	FOUNTAIN VALLEY SCHOOL DISTRICT	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040109	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1021024	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17210 OAK ST BLDG C ROOM 107	
	Phone num:	7148433281	
	Termination reason:	08	
	Term Date:	20040713	
	Purpose of action:	Not Reported	
	Provider control:	06	
	Zip:	92708	
	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:	SRHO20070157292	

DD629 North 4-6 mi 24853 Higher			SRPU20071009695 Public Schools
	Ncessch:	062814004342	
	Schname05:	OAK VIEW ELEMENTARY	
	Mstreet05:	17241 OAK LN.	
	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92647	
	Mzip405:	5895	
	Member05:	825	
	Phone05:	(714) 842-4459	
	Locale05:	3	

Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009695

DE630 SRHO20070158471
NNE AHA Hospitals
4-6 mi
24989
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	COSTO PHARMACY #411
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000324
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0971920
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17900 NEW HOPE ST
Phone num:	7144347048
Termination reason:	00
Term Date:	20080323
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070158471

CW631 SRHO20070107615
ENE AHA Hospitals
4-6 mi
25004
Higher

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

City:	COSTA MESA
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:	20020131
Medicare/Medicaid:	1
Facility name:	START PHYSICAL THERAPY AT COSTA MESA
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20020131
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	556548
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1190 BAKER STREET, SUITE 105
Phone num:	7149793500
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	06
Zip:	92626
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:	SRHO20070107615

CW632 SRHO20070133566
ENE AHA Hospitals
4-6 mi
25004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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 BEHRSTOCK MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19921218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0576193
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1190 BAKER STREET SUITE 103
Phone num:	7146313863
Termination reason:	00
Term Date:	20071002
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070133566

CW633 SRHO20070158215
ENE AHA Hospitals
4-6 mi
25004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	URGIKIDS
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040218
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1022506
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1190 BAKER ST #100 1ST FL

Phone num:	7146682540
Termination reason:	00
Term Date:	20080217
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070158215

DF634 SRDCCA200714480
NE Daycare
4-6 mi
25009
Higher

EDR ID:	SRDCCA200714480
Facility number:	304205951
Facility name:	"FISHER, IRMA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3145 KILLARNEY LANE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	3145 KILLARNEY LANE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"FISHER, IRMA "
Licensee type:	A
License effective date:	10503
License expiration date:	Not Reported
License issue date:	010503
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:	010302
Facility closed date:	Not Reported
Mailing address:	3145 KILLARNEY LANE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"FISHER, IRMA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147513357

MAP FINDINGS

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

DG635 — SRDCCA200725777
North — Daycare
4-6 mi
25022
Higher

EDR ID:	SRDCCA200725777
Facility number:	304300553
Facility name:	"ROCK, VICTORIA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	17091 SANTA RITA STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	17091 SANTA RITA STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"ROCK, VICTORIA "
Licensee type:	A
License effective date:	40115
License expiration date:	Not Reported
License issue date:	040115
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:	031222
Facility closed date:	Not Reported
Mailing address:	17091 SANTA RITA STREET
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"ROCK, VICTORIA "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7148481926

DH636 — SRHO20070010621
North — AHA Hospitals
4-6 mi
25062
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	HUNTINGTON 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:	20060530
Medicare/Medicaid:	1
Facility name:	NEW LIFE PHYSICAL THERAPY
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19951113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	056763

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

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	17122 BEACH BLVD SUITE 101
Phone num:	1111111111
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	3
Provider control:	06
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_POSOTHER
Edr id:	SRHO20070010621

DH637 — SRHO20070133135
North — AHA Hospitals
4-6 mi
25062
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:	CHARLES JACKSON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930512
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580056
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17122 BEACH BLVD, SUITE 102
Phone num:	7148476545
Termination reason:	00
Term Date:	20080830
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:	SRHO20070133135

CZ638 SRDCCA200724257
NNE Daycare
4-6 mi
25091
Higher

EDR ID:	SRDCCA200724257
Facility number:	304300669
Facility name:	"LEGER, TAMMY "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10481 SLATER AVE #102
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10481 SLATER AVE #102
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"LEGER, TAMMY "
Licensee type:	A
License effective date:	40518
License expiration date:	Not Reported
License issue date:	040518
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:	10481 SLATER AVE #102
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"LEGER, TAMMY "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149629745

DC639 SRHO20070143920
NE AHA Hospitals
4-6 mi
25103
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	COSTA MESA
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:	CRITICAL CARE AMERICA
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930120
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0859544
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3550 HYLAND AVENUE
Phone num:	7147544200
Termination reason:	15
Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070143920

DC640 SRHO20070109169
NE AHA Hospitals
4-6 mi
25103
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	19900316
Medicare/Medicaid:	1
Facility name:	CRITICAL CARE AMERICA, INC
Intermediary/Carrier:	00040

Medicaid number:	Not Reported
Partcipation date:	19900316
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	557078
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	3550 HYLAND AVENUE
Phone num:	7147544200
Termination reason:	01
Term Date:	19940408
Purpose of action:	1
Provider control:	04
Zip:	92626
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:	SRHO20070109169

DA641 SRHO20070110265
ENE AHA Hospitals
4-6 mi
25127
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20050629
Current survey date:	20060815
Medicare/Medicaid:	1
Facility name:	NEWPORT SUBACUTE HEALTHCARE CENTER
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19991202
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555751
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG

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

street address:	2570 NEWPORT BLVD
Phone num:	9496314282
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92627
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:	0139
Num cert beds:	0139
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070110265

DA642			SRHO20070107785
ENE	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
25127	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	19881219	
	Medicare/Medicaid:	2	
	Facility name:	PORT MESA CONV HOSP	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19751205	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	555006	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	2570 NEWPORT BLVD	
	Phone num:	7146420400	
	Termination reason:	05	
	Term Date:	19890308	
	Purpose of action:	3	
	Provider control:	03	
	Zip:	92627	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0139	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070107785	
DA643			SRHO20070107912
ENE	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	04	
25127	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	Has plan of corr:	Not Reported	
	Compliance status:	B	
	SSA county code:	400	
	Cross ref number:	555751	
	FMS survey date:	Not Reported	
	Current survey date:	19970415	
	Medicare/Medicaid:	2	
	Facility name:	PORT BAY CARE CENTER	
	Intermediary/Carrier:	52280	
	Medicaid number:	Not Reported	
	Partcipation date:	19900924	
	Prior COO date:	19930301	
	Prior carrier:	Not Reported	
	Provider ID:	555436	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	2570 NEWPORT BLVD	
	Phone num:	7146420400	
	Termination reason:	05	
	Term Date:	19970905	
	Purpose of action:	3	
	Provider control:	03	
	Zip:	92627	
	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:	0139	
	Num cert beds:	0139	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070107912	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DA644 ENE 4-6 mi 25127 Higher			SRHO20070153106 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	MILESTONE HEALTH CARE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990728	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0963399	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2570 NEWPORT BOULEVARD	
	Phone num:	9496314282	
	Termination reason:	00	
	Term Date:	20070727	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070153106	

DA645 ENE 4-6 mi 25127 Higher			SRHO20070142552 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	PORT BAY CONVALESCENT HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0884203
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2570 NEWPORT BLVD
Phone num:	7146420040
Termination reason:	08
Term Date:	19980325
Purpose of action:	Not Reported
Provider control:	04
Zip:	92627
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:	SRHO20070142552

DA646 SRHO20070108045
ENE AHA Hospitals
4-6 mi
25127
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	19891019
Medicare/Medicaid:	1
Facility name:	UNITY VILLA CONVALESCENT HOSPITAL
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19890511
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	555382
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:	ORG	
	street address:	2570 NEWPORT BLVD	
	Phone num:	7146420400	
	Termination reason:	03	
	Term Date:	19900830	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	92627	
	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:	0139	
	Num cert beds:	0139	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070108045	
DA647 ENE 4-6 mi 25127 Higher			SRNH20060915037 Nursing Homes
	Provnum:	555751	
	Nursinghomename:	MILESTONE HEALTH CARE CENTER	
	Street:	2570 NEWPORT BLVD	
	City:	COSTA MESA	
	State:	CA	
	Zipcode:	92627	
	Phonenumber:	9496314282	
	Dateoflastinspection:	20050513	
	Certifiednumberofbeds:	139	
	Totalnumberofresidents:	95	
	Percofoccupiedbeds:	68	
	Categorydescription:	Participating in Medicare and Medicaid	
	Typeofownership:	For profit - Corporation	
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	NO	
	Residentandfamilycouncils:	BOTH	
	Edr id:	SRNH20060915037	
DI648 North 4-6 mi 25130 Higher			SRHO20070159737 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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 #9569	

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050329
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1038858
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17136 MAGNOLIA ST
Phone num:	7148476054
Termination reason:	00
Term Date:	20070328
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070159737

CW649 SRHO20070158681
ENE AHA Hospitals
4-6 mi
25150
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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 EXPRESS #9494
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050111
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1035785
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05

state region cd:	M2
street address:	1175-B BAKER STREET
Phone num:	7145455466
Termination reason:	00
Term Date:	20070110
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070158681

650
NNE
4-6 mi
25167
Higher

SRDCCA200740672
Daycare

EDR ID:	SRDCCA200740672
Facility number:	304310689
Facility name:	"JOZWIAK, EVELYN "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9595 LA CAPILLA AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	9595 LA CAPILLA AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"JOZWIAK, EVELYN "
Licensee type:	A
License effective date:	70130
License expiration date:	Not Reported
License issue date:	070130
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:	061120
Facility closed date:	Not Reported
Mailing address:	9595 LA CAPILLA AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"JOZWIAK, EVELYN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149624902

DJ651 SRPU20071012689
NNE Public Schools
4-6 mi
25212
Higher

Ncessch:	061422001623
Schname05:	COX (JAMES H.) ELEMENTARY
Mstreet05:	17615 LOS JARDINES EAST
Mcity05:	FOUNTAIN VALLEY
Mstate05:	CA
Mzip05:	92708
Mzip405:	5340
Member05:	749
Phone05:	(714) 378-4280
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071012689

DG652 SRDCCA200732827
North Daycare
4-6 mi
25230
Higher

EDR ID:	SRDCCA200732827
Facility number:	304310411
Facility name:	"TAYLOR, JOELAINE "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	17100 SANTA CATHERINE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	17100 SANTA CATHERINE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"TAYLOR, JOELAINE "
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:	060124
Facility closed date:	Not Reported
Mailing address:	17100 SANTA CATHERINE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"TAYLOR, JOELAINE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148477702

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
CV653 NNE 4-6 mi 25246 Higher			SRHO20070010519 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	Has plan of corr:	1	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	057414	
	FMS survey date:	Not Reported	
	Current survey date:	19950629	
	Medicare/Medicaid:	1	
	Facility name:	COMFORT CARE, INC	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19931018	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	057425	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	17330 BROOKHURST, SUITE 200	
	Phone num:	7143781799	
	Termination reason:	03	
	Term Date:	19961115	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070010519	

CV654 NNE 4-6 mi 25246 Higher			SRHO20070150093 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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:	ADDUS HEALTHCARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950809
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0904150
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17330 BROOKHURST ST SUITE 200
Phone num:	7143781799
Termination reason:	12
Term Date:	19990712
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070150093

DC655 SRHO20070140189
NE AHA Hospitals
4-6 mi
25269
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	ABBEY INFUSION SERVICE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930513
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0725223
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	3560 HYLAND AVENUE
Phone num:	4084929243
Termination reason:	01
Term Date:	19950628
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070140189

DB656 SRDCCA200734572
NNW Daycare
4-6 mi
25286
Higher

EDR ID:	SRDCCA200734572
Facility number:	304310503
Facility name:	"PEREZ, MARIA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	6722 CORY DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	6722 CORY DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"PEREZ, MARIA "
Licensee type:	A
License effective date:	60831
License expiration date:	Not Reported
License issue date:	060831
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:	6722 CORY DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"PEREZ, MARIA "
Facility capacity:	8

Type of clients served:	960
Facility phone:	7148426503

DF657 — SRDCCA200729228
ENE — Daycare
4-6 mi
25336
Higher

EDR ID:	SRDCCA200729228
Facility number:	304310158
Facility name:	"CONNELL, LESLIE "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	1218 PARNELL PLACE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	1218 PARNELL PLACE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"CONNELL, LESLIE "
Licensee type:	A
License effective date:	50628
License expiration date:	Not Reported
License issue date:	050628
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:	050502
Facility closed date:	Not Reported
Mailing address:	1218 PARNELL PLACE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"CONNELL, LESLIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149572905

DD658 — SRDCCA200752454
NNW — Daycare
4-6 mi
25354
Higher

EDR ID:	SRDCCA200752454
Facility number:	304270105
Facility name:	JEANNE HARDY HEAD START
Facility eval. code:	1202
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	17175 EMERALD DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	17175 EMERALD DRIVE
City:	HUNTINGTON BEACH

State:	CA
Zip:	92647
Facility investor:	"ORANGE COUNTY HEAD START, INC. "
Licensee type:	C
License effective date:	941222
License expiration date:	Not Reported
License issue date:	941222
Program type:	"NOT TO EXCEED 8 NON-AMBULATORY. AGES 4-5 YEARS OLD. HOURS: 8:00 A.M. TO 4:00 P.M. MONDAY THROUGH FRIDAY. ROOMS 1,2,3,4 ONLY. "
Original app. received date:	941205
Facility closed date:	Not Reported
Mailing address:	"2900 HARBOR BLVD., SUITE 101 "
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	"SANTIAGO, GLADYS "
Facility capacity:	68
Type of clients served:	950
Facility phone:	7148421221

DC659 SRHO20070107842
NE AHA Hospitals
4-6 mi
25364
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	20031212
Medicare/Medicaid:	1
Facility name:	COSTA MESA DIALYSIS
Intermediary/Carrier:	00101
Medicaid number:	Not Reported
Partcipation date:	20031212
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	552518
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	1590 SCENIC AVENUE
Phone num:	7145409401
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	92626
Fips state:	06
Fips cnty:	059

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070107842	

DC660			SRHO20070160206
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25364	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	COSTA MESA DIALYSIS	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030715	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1014740	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	1590 SCENIC AVENUE	
	Phone num:	7145403401	
	Termination reason:	00	
	Term Date:	20070714	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92626	
	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:	SRHO20070160206	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DB661 NNW 4-6 mi 25428 Higher			SRHO20070143126 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:	HOWARD H FRANKEL MD PH D	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921229	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0856226	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	6651 CORY DRIVE	
	Phone num:	7148426970	
	Termination reason:	00	
	Term Date:	20080831	
	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:	SRHO20070143126	
DD662 NNW 4-6 mi 25475 Higher			SRDCCA200753878 Daycare
	EDR ID:	SRDCCA200753878	
	Facility number:	304270821	
	Facility name:	OAK VIEW PRESCHOOL	
	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	17131 EMERALD LANE	
	City:	HUNTINGTON BEACH	

State:	CA
Zip:	92647
Alt. address:	17131 EMERALD LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	OCEAN VIEW SCHOOL DISTRICT
Licensee type:	F
License effective date:	10824
License expiration date:	Not Reported
License issue date:	010824
Program type:	AMBULATORY CHILDREN AGES 2 - 6 YRS MON-FRI FROM 8AM TO 3:30PM.
Original app. received date:	010521
Facility closed date:	Not Reported
Mailing address:	17200 PINEHURST LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"STAPLETON, DONNA "
Facility capacity:	96
Type of clients served:	950
Facility phone:	7148436938

DK663 — SRPU20071009691
NNW — Public Schools
4-6 mi
25588
Higher

Ncessch:	062814004335
Schname05:	HOPE VIEW ELEMENTARY
Mstreet05:	17622 FLINTSTONE LN.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92647
Mzip405:	6413
Member05:	678
Phone05:	(714) 847-8571
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009691

DL664 — SRPR20051022109
East — Private Schools
4-6 mi
25652
Higher

Pss school id:	00089497
Pss inst:	PARK PRIVATE DAY SCHOOL
Lograde:	K
Higrade:	8
Pss address:	261 MONTE VISTA AVENUE
Pss city:	COSTA MESA
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92627
Pss phone:	9496455171

Pss sch days:	190
Pss stu day hrs:	7.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	12
Pss enroll 1:	5
Pss enroll 2:	7
Pss enroll 3:	12
Pss enroll 4:	7
Pss enroll 5:	6
Pss enroll 6:	16
Pss enroll 7:	10
Pss enroll 8:	8
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	83
Pss enroll tk12:	83
Pss race ai:	Not Reported
Pss race as:	6
Pss race h:	4
Pss race b:	3
Pss race w:	70
Pss fte teach:	14
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	7.23
Pss hisp pct:	4.82
Pss black pct:	3.61
Pss white pct:	84.34
Pss stdtch rt:	5.93
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:	SRPR20051022109

DG665 SRHO20070149891
North
4-6 mi
25658
Higher

AHA Hospitals

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

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:	DOCTORS OF OBGYN A MEDICAL CORPORATION
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971119
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0936306
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	8700 WARNER AVENUE SUITE #160
Phone num:	7148482383
Termination reason:	00
Term Date:	20071118
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070149891

DG666 SRHO20070146032
North AHA Hospitals
4-6 mi
25658
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	YOUR FAMILY MED GROUP FOUNTAIN VALLEY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950412

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0899961
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	8700 WARNER AVENUE
Phone num:	7148487900
Termination reason:	08
Term Date:	19950414
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070146032

DG667 SRHO20070150133
North AHA Hospitals
4-6 mi
25658
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	CTR FOR PRIMARY CARE MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970930
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0934119
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	8700 WARNER AVENUE #140
Phone num:	7148476727

Termination reason:	00
Term Date:	20070929
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070150133

DI668			SRHO20070010737
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
25683	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19981009	
	Medicare/Medicaid:	1	
	Facility name:	TRI THERAPY REHAB	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19981009	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056877	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	8840 WARNER AVENUE, SUITE 202	
	Phone num:	7148412638	
	Termination reason:	01	
	Term Date:	20000201	
	Purpose of action:	1	
	Provider control:	06	
	Zip:	92708	
	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:	SRHO20070010737

DI669 SRHO20070145515
North AHA Hospitals
4-6 mi
25715
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	MED ONE FAMILY MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930518
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0869270
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	8970 WARNER AVE
Phone num:	7149685221
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070145515

DE670 SRHO20070159210
NNE AHA Hospitals
4-6 mi
25718
Higher

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

City:	FOUNTAIN VALLEY
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 ENDOSCOPY CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050209
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1036772
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17815 NEWHOPE STREET SUITE R
Phone num:	7144295800
Termination reason:	00
Term Date:	20070208
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070159210

DF671 SRDCCA200714853
NE Daycare
4-6 mi
25725
Higher

EDR ID:	SRDCCA200714853
Facility number:	304205854
Facility name:	"ECKERT, CAROLYN, DAVID & MEGAN "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	1222 LONDONDERRY
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	1222 LONDONDERRY
City:	COSTA MESA

State:	CA
Zip:	92626
Facility investor:	"ECKERT, CAROLYN, DAVID & MEGAN "
Licensee type:	A
License effective date:	10129
License expiration date:	Not Reported
License issue date:	010129
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:	001213
Facility closed date:	Not Reported
Mailing address:	1222 LONDONDERRY
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"ECKERT, CAROLYN & MEGAN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7145560388

DM672 SRCL20051003961
NE Colleges
4-6 mi
25751
Higher

Unitid:	441973
Instnm:	ART INSTITUTE OF CALIFORNIA-ORANGE COUNTY
Addr:	3601 W SUNFLOWER AVE
City:	SANTA ANA
Stabbr:	CA
Zip:	92704
Zip4:	Not Reported
Unk:	Not Reported
Fips:	092704
Oberge:	8
Chfnm:	Todd Pheifer
Chftitle:	Registrar
Gentele:	7148300200
Fintele:	7148300228
Admtele:	7148300203
Ein:	52213660
Duns:	-1
Opeid:	723603
Opeflag:	1
Webaddr:	www.aicaoc.artinstitutes.edu
Sector:	3
Iclevel:	1
Control:	3
Hloffer:	5
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	30
Deggrant:	1
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:	1704
Enrtot:	1835
Edr id:	SRCL20051003961

DH673			SRHO20070010780
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	02	
25752	Owner date:	19851015	
Higher	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:	19850316	
	Medicare/Medicaid:	1	
	Facility name:	GOLDENWEST HOME HEALTH CARE	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19811120	
	Prior COO date:	19811120	
	Prior carrier:	52280	
	Provider ID:	057280	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	17011 BEACH BLVD, SUITE 1000	
	Phone num:	7148480008	
	Termination reason:	01	
	Term Date:	19890127	
	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:	0	

Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070010780

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674 SRDCCA200721281
NW Daycare
4-6 mi
25759
Higher

EDR ID:	SRDCCA200721281
Facility number:	304300223
Facility name:	"ALLEN, CYNTHIA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	17901 BOLTON CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Alt. address:	17901 BOLTON CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92649
Facility investor:	"ALLEN, CYNTHIA "
Licensee type:	A
License effective date:	40202
License expiration date:	Not Reported
License issue date:	040202
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:	030513
Facility closed date:	Not Reported
Mailing address:	17901 BOLTON CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92649
Contact person:	"ALLEN, CYNTHIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148409788

DN675 SRDCCA200739587
ENE Daycare
4-6 mi
25847
Higher

EDR ID:	SRDCCA200739587
Facility number:	304310746
Facility name:	"ROSAS, MARCIA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3001 COOLIDGE AVENUE APT.#4
City:	COSTA MESA
State:	CA

Zip: 92626
Alt. address: 3001 COOLIDGE AVENUE APT.#4
City: COSTA MESA
State: CA
Zip: 92626
Facility investor: "ROSAS, MARCIA "
Licensee type: A
License effective date: 70418
License expiration date: Not Reported
License issue date: 070418
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: 070305
Facility closed date: Not Reported
Mailing address: 3001 COOLIDGE AVENUE APT.#4
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92626
Contact person: "ROSAS, MARCIA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7145491529

DO676 SRDCCA200702562
ENE EDR ID: SRDCCA200702562 Daycare
4-6 mi Facility number: 300610429
25859 Facility name: "MOLTER, RONDA "
Higher Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 1168 BISMARK WAY
City: COSTA MESA
State: CA
Zip: 92626
Alt. address: 1168 BISMARK WAY
City: COSTA MESA
State: CA
Zip: 92626
Facility investor: "MOLTER, RONDA "
Licensee type: A
License effective date: 950107
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: 1168 BISMARK WAY
Mailing city: COSTA MESA
Mailing state: CA

Mailing zip:	92626
Contact person:	"MOLTER, RONDA "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7145566884

DJ677 SRDCCA200750537
NNE Daycare
4-6 mi
25925
Higher

EDR ID:	SRDCCA200750537
Facility number:	300600217
Facility name:	COMMUNITY CHRISTIAN PRESCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	17575 EUCLID STREET
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	17575 EUCLID AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	COMMUNITY BIBLE CHURCH
Licensee type:	C
License effective date:	930420
License expiration date:	Not Reported
License issue date:	750901
Program type:	"AMBULATORY CHILDREN, AGES 2 TO 6 YEARS OLD. MONDAY THROUGH FRIDAY. HOURS: 6:30AM TO 6:00PM. "
Original app. received date:	750626
Facility closed date:	Not Reported
Mailing address:	17575 EUCLID AVE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	JOANNE GOVE
Facility capacity:	84
Type of clients served:	950
Facility phone:	7149625414

DJ678 SRDCCA200743373
NNE Daycare
4-6 mi
25925
Higher

EDR ID:	SRDCCA200743373
Facility number:	304270573
Facility name:	COMMUNITY CHRISTIAN PRESCHOOL
Facility eval. code:	1205
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	17575 EUCLID AVE.
City:	FOUNTAIN VALLEY
State:	CA

Zip:	92708
Alt. address:	17575 EUCLID AVE.
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	COMMUNITY CHRISTIAN PRESCHOOL
Licensee type:	C
License effective date:	990420
License expiration date:	Not Reported
License issue date:	990420
Program type:	"AMBULATORY CHILDREN, AGES 6 TO 12 YEARS OLD. HOURS: MONDAY THROUGH FRIDAY, 6:30AM TO 6:00PM. ROOMS: THE CHAPEL AREA OF FACILITY. "
Original app. received date:	990312
Facility closed date:	Not Reported
Mailing address:	17575 EUCLID AVE.
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"BOERSMA, CAMARIE "
Facility capacity:	50
Type of clients served:	950
Facility phone:	7149625414

DK679 SRDCCA200703893
NNW Daycare
4-6 mi
25951
Higher

EDR ID:	SRDCCA200703893
Facility number:	300615304
Facility name:	"DAVID, LINDA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	17571 PRESCOTT LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	17571 PRESCOTT LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"DAVID, LINDA "
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:	921013
Facility closed date:	Not Reported
Mailing address:	17571 PRESCOTT LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Mailing zip:	92647	
	Contact person:	"DAVID, LINDA "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7148470756	
DP680 NNE 4-6 mi 25969 Higher			SRPU20071012692 Public Schools
	Ncessch:	061422001628	
	Schname05:	MASUDA (KAZUO) MIDDLE	
	Mstreet05:	17415 LOS JARDINES WEST	
	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	4846	
	Member05:	818	
	Phone05:	(714) 378-4250	
	Locale05:	2	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071012692	
681 ENE 4-6 mi 25991 Higher			SRPU20071005799 Public Schools
	Ncessch:	060012310998	
	Schname05:	COASTLINE ROP	
	Mstreet05:	1001 PRESIDIO SQ.	
	Mcity05:	COSTA MESA	
	Mstate05:	CA	
	Mzip05:	92626	
	Mzip405:	1584	
	Member05:	-1	
	Phone05:	(714) 979-1955	
	Locale05:	2	
	Type05:	3	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071005799	
682 North 4-6 mi 26022 Higher			SRHO20070133608 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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 M DICK & ASSOCIATES	

Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930722
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581657
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9430 WARNER AVE STE A
Phone num:	7149648876
Termination reason:	01
Term Date:	19940801
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133608

DN683 SRDCCA200726014
ENE Daycare
4-6 mi
26063
Higher

EDR ID:	SRDCCA200726014
Facility number:	304300866
Facility name:	"JUNCKER, CORI "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	1134 PAULARINO AVENUE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	1134 PAULARINO AVENUE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"JUNCKER, CORI "
Licensee type:	A
License effective date:	50126
License expiration date:	Not Reported
License issue date:	050126
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:	040809
Facility closed date:	Not Reported
Mailing address:	1134 PAULARINO AVENUE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"JUNCKER, CORI "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149793311

684			SRHO20070156189
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26075	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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 F LA LONDE DO	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20020722	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1001812	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	2664 NEWPORT BLVD 1ST FL	
	Phone num:	9496315226	
	Termination reason:	00	
	Term Date:	20080721	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92627	
	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:	SRHO20070156189	

685 SRPR20051022197
NNW Private Schools
4-6 mi
26090
Higher

Pss school id:	A0307298
Pss inst:	PATTI S PRESCHOOL INC.
Lograde:	PK
Higrade:	K
Pss address:	17200 GOLDENWEST ST
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92647
Pss phone:	7148413822
Pss sch days:	248
Pss stu day hrs:	Not Reported
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	92
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:	104
Pss enroll tk12:	12
Pss race ai:	0
Pss race as:	1
Pss race h:	0
Pss race b:	0
Pss race w:	11
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	8.33
Pss hisp pct:	0
Pss black pct:	0
Pss white pct:	91.67
Pss stdtch rt:	12
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	National Association for the Education of Young Children (NAEYC)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRPR20051022197	

686			SRPR20051026607
East	Pss school id:	K9500149	Private Schools
4-6 mi	Pss inst:	THE SUSAN PHILLIPS DAY SCHOOL	
26206	Lograde:	K	
Higher	Higrade:	K	
	Pss address:	2401 IRVINE AVE	
	Pss city:	NEWPORT BEACH	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92660	
	Pss phone:	9496451979	
	Pss sch days:	153	
	Pss stu day hrs:	3.75	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	18	
	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:	18	
	Pss enroll tk12:	18	
	Pss race ai:	0	
	Pss race as:	0	
	Pss race h:	0	
	Pss race b:	0	
	Pss race w:	18	
	Pss fte teach:	1.8	
	Pss locale:	2	
	Pss coed:	1	
	Pss type:	7	
	Pss level:	1	
	Pss relig:	2	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	0	
	Pss hisp pct:	0	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Pss black pct:	0	
	Pss white pct:	100	
	Pss stdtch rt:	10	
	Pss orient:	8	
	Pss county name:	ORANGE	
	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:	SRPR20051026607	
687 NNW 4-6 mi 26221 Higher	Ncessch:	062814004332	SRPU20071009689 Public Schools
	Schname05:	GOLDEN VIEW ELEMENTARY	
	Mstreet05:	17251 GOLDEN VIEW LN.	
	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92647	
	Mzip405:	5664	
	Member05:	527	
	Phone05:	(714) 847-2516	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071009689	
DQ688 NNW 4-6 mi 26231 Higher	Ncessch:	061806002233	SRPU20071015509 Public Schools
	Schname05:	OCEAN VIEW HIGH	
	Mstreet05:	17071 GOTHARD ST.	
	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92647	
	Mzip405:	5417	
	Member05:	1556	
	Phone05:	(714) 848-0656	
	Locale05:	3	
	Type05:	1	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071015509	
DR689 NNW 4-6 mi 26242 Higher	EDR ID:	SRDCCA200750628	SRDCCA200750628 Daycare
	Facility number:	300607110	
	Facility name:	LIBERTY CHRISTIAN PRESCHOOL	

Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	7661 WARNER AVENUE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	7661 WARNER AVE.
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	CENTRAL BAPTIST TEMPLE
Licensee type:	C
License effective date:	940621
License expiration date:	Not Reported
License issue date:	891018
Program type:	AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 5 YEARS OLD. MONDAY THROUGH FRIDAY. 06:30 AM TO 6:00 PM. WAIVER FOR OUTDOOR ACTIVITY SPACE-LIMITED TO NO MORE THAN 85 CHILDRENOUTDOORS AT ONE TIME.
Original app. received date:	890519
Facility closed date:	Not Reported
Mailing address:	7661 WARNER AVENUE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	DEBBIE HALPIN
Facility capacity:	124
Type of clients served:	950
Facility phone:	7148413816

DR690 SRPR20051023912
NNW Private Schools
4-6 mi
26242
Higher

Pss school id:	00087762
Pss inst:	LIBERTY CHRISTIAN SCHOOL
Lograde:	K
Higrade:	12
Pss address:	7661 WARNER AVE
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92647
Pss phone:	7148425992
Pss sch days:	173
Pss stu day hrs:	6.33
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	26
Pss enroll 1:	30
Pss enroll 2:	25
Pss enroll 3:	30

Pss enroll 4:	31
Pss enroll 5:	42
Pss enroll 6:	26
Pss enroll 7:	31
Pss enroll 8:	28
Pss enroll 9:	29
Pss enroll 10:	19
Pss enroll 11:	26
Pss enroll 12:	19
Pss enroll t:	362
Pss enroll tk12:	362
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:	18
Pss locale:	3
Pss coed:	1
Pss type:	1
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:	20.11
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:	SRPR20051023912

DO691 SRDCCA200706605
ENE
4-6 mi
26267
Higher

Daycare

EDR ID:	SRDCCA200706605
Facility number:	304200423
Facility name:	"KEYES, MYRNA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	1146 AUSTIN
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	1146 AUSTIN

City: COSTA MESA
State: CA
Zip: 92626
Facility investor: "KEYES, MYRNA "
Licensee type: A
License effective date: 940901
License expiration date: Not Reported
License issue date: 940901
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: 940714
Facility closed date: Not Reported
Mailing address: 1146 AUSTIN
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92626
Contact person: "KEYES, MYRNA & HAROLD "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7149668332

DK692 SRDCCA200704808
NNW Daycare
4-6 mi
26278
Higher

EDR ID: SRDCCA200704808
Facility number: 300612300
Facility name: "HARRIS, VICTORIA "
Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 17581 STILL HARBOR LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 17581 STILL HARBOR LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "HARRIS, VICTORIA "
Licensee type: A
License effective date: 941003
License expiration date: Not Reported
License issue date: 911003
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: 910718
Facility closed date: Not Reported
Mailing address: 17581 STILL HARBOR LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "HARRIS, VICTORIA "
Facility capacity: 6

Type of clients served: 960
Facility phone: 7148472841

DP693 SRDCCA200704798
NNE Daycare
4-6 mi
26347
Higher

EDR ID:	SRDCCA200704798
Facility number:	300612219
Facility name:	"SCOWN, JOCELYN "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	10451 AVENIDA CINCO DE MAYO
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	10451 AVENIDA CINCO DE MAYO
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"SCOWN, JOCELYN "
Licensee type:	A
License effective date:	950512
License expiration date:	Not Reported
License issue date:	910712
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:	910617
Facility closed date:	Not Reported
Mailing address:	10451 AVENIDA CINCO DE MAYO
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"SCOWN, JOCELYN "
Facility capacity:	14
Type of clients served:	960
Facility phone:	7149651999

DM694 SRHO20070008875
NE AHA Hospitals
4-6 mi
26441
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SANTA ANA
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:	20040614
Medicare/Medicaid:	1
Facility name:	HOSPICE TOUCH
Intermediary/Carrier:	00454
Medicaid number:	Not Reported

Partcipation date:	20030521
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051757
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD
street address:	3611 S HARBOR BLVD #105
Phone num:	7143271936
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	06
Zip:	92704
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:	SRHO20070008875

DQ695 SRPR20051027418
NNW Private Schools
4-6 mi
26442
Higher

Pss school id:	BB020326
Pss inst:	WARNER AVENUE CHRISTIAN ACADEM
Lograde:	1
Higrade:	12
Pss address:	7360 WARNER AVE
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92647
Pss phone:	7148477050
Pss sch days:	176
Pss stu day hrs:	6
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	6
Pss enroll 2:	2
Pss enroll 3:	6
Pss enroll 4:	4
Pss enroll 5:	7
Pss enroll 6:	4
Pss enroll 7:	5

Pss enroll 8:	1
Pss enroll 9:	5
Pss enroll 10:	2
Pss enroll 11:	Not Reported
Pss enroll 12:	7
Pss enroll t:	49
Pss enroll tk12:	49
Pss race ai:	0
Pss race as:	4
Pss race h:	1
Pss race b:	0
Pss race w:	44
Pss fte teach:	17
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	3
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	8.16
Pss hisp pct:	2.04
Pss black pct:	0
Pss white pct:	89.8
Pss stdtch rt:	2.88
Pss orient:	5
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:	SRPR20051027418

DS696 SRPU20071012696
NNE Public Schools
4-6 mi
26456
Higher

Ncessch:	061422001633
Schname05:	PLAVAN (URBAIN H.) ELEMENTARY
Mstreet05:	9675 WARNER AVE.
Mcity05:	FOUNTAIN VALLEY
Mstate05:	CA
Mzip05:	92708
Mzip405:	2823
Member05:	417
Phone05:	(714) 378-4230
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071012696

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DL697 East 4-6 mi 26468 Higher			SRDCCA200709803 Daycare
	EDR ID:	SRDCCA200709803	
	Facility number:	304204383	
	Facility name:	"RUANO, GRACIE "	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2546 SANTA ANA AVENUE #E	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Alt. address:	2546 SANTA ANA AVENUE #E	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92627	
	Facility investor:	"RUANO, GRACIE "	
	Licensee type:	A	
	License effective date:	980121	
	License expiration date:	Not Reported	
	License issue date:	980121	
	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:	971218	
	Facility closed date:	Not Reported	
	Mailing address:	2546 SANTA ANA AVENUE #E	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92627	
	Contact person:	"RUANO, GRACIE "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	9495745613	

DT698 North 4-6 mi 26614 Higher			SRDCCA200738920 Daycare
	EDR ID:	SRDCCA200738920	
	Facility number:	304310595	
	Facility name:	"THIEBERT, TINA "	
	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	8242 LANCASTER DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	8242 LANCASTER DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	"THIEBERT, TINA "	

Licensee type: A
License effective date: 61107
License expiration date: Not Reported
License issue date: 061107
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: 060811
Facility closed date: Not Reported
Mailing address: 8242 LANCASTER DRIVE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "THIEBERT, TINA "
Facility capacity: 8
Type of clients served: 960
Facility phone: 7148426188

DS699 SRDCCA200708180
NNE Daycare
4-6 mi
26696
Higher

EDR ID: SRDCCA200708180
Facility number: 304202633
Facility name: "JANULEWICZ, JULIE "
Facility eval. code: 3401
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 9758 WINTHROP CIRCLE
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 9758 WINTHROP CIRCLE
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: "JANULEWICZ, JULIE "
Licensee type: A
License effective date: 961211
License expiration date: Not Reported
License issue date: 961211
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: 960723
Facility closed date: Not Reported
Mailing address: 9758 WINTHROP CIRCLE
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "JANULEWICZ, JULIE "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7149680959

MAP FINDINGS

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

DT700
North
4-6 mi
26844
Higher

SRDCCA200712613
Daycare

EDR ID:	SRDCCA200712613
Facility number:	304205746
Facility name:	"CORONADO,ALICIA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	16782 JEFFREY CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16782 JEFFREY CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"CORONADO, ALICIA "
Licensee type:	A
License effective date:	10122
License expiration date:	Not Reported
License issue date:	010122
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:	000921
Facility closed date:	Not Reported
Mailing address:	16782 JEFFREY CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"CORONADO, ALICIA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148471423

DU701
East
4-6 mi
26853
Higher

SRPU20071012882
Public Schools

Ncessch:	062724011702
Schname05:	EARLY COLLEGE HIGH
Mstreet05:	390 MONTE VISTA AVE.
Mcity05:	COSTA MESA
Mstate05:	CA
Mzip05:	92627
Mzip405:	Not Reported
Member05:	-2
Phone05:	M
Locale05:	2
Type05:	1
Level05:	4
Gslo05:	N
Gshi05:	N
Edr id:	SRPU20071012882

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
DV702			SRDCCA200703897
North	EDR ID:	SRDCCA200703897	Daycare
4-6 mi	Facility number:	300615319	
26877	Facility name:	"WENTWORTH, CAROL ANN "	
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	8692 CAMEL CIR.	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	8692 CAMEL CIR.	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	"WENTWORTH, CAROL ANN "	
	Licensee type:	A	
	License effective date:	951026	
	License expiration date:	Not Reported	
	License issue date:	921026	
	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:	921013	
	Facility closed date:	Not Reported	
	Mailing address:	8692 CAMEL CIRCLE	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92647	
	Contact person:	"WENTWORTH, CAROL ANN "	
	Facility capacity:	6	
	Type of clients served:	960	
	Facility phone:	7148480132	

DN703			SRPR20051022539
ENE	Pss school id:	00075509	Private Schools
4-6 mi	Pss inst:	ST JOHN THE BAPTIST CATHOLIC S	
26887	Lograde:	1	
Higher	Higrade:	8	
	Pss address:	1021 BAKER STREET	
	Pss city:	COSTA MESA	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92626	
	Pss phone:	7145575060	
	Pss sch days:	180	
	Pss stu day hrs:	6.67	
	Pss library:	Yes	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	Not Reported	
	Pss enroll k:	Not Reported	

Pss enroll 1:	51
Pss enroll 2:	57
Pss enroll 3:	62
Pss enroll 4:	65
Pss enroll 5:	61
Pss enroll 6:	67
Pss enroll 7:	68
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:	499
Pss enroll tk12:	499
Pss race ai:	7
Pss race as:	157
Pss race h:	119
Pss race b:	9
Pss race w:	207
Pss fte teach:	24
Pss locale:	2
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	1.4
Pss asian pct:	31.46
Pss hisp pct:	23.85
Pss black pct:	1.8
Pss white pct:	41.48
Pss stdtch rt:	20.79
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:	SRPR20051022539

DO704 SRDCCA200706972
ENE Daycare
4-6 mi
26888
Higher

EDR ID:	SRDCCA200706972
Facility number:	300615827
Facility name:	"TAFT, BARBARA, JEANANNE, JENNIFER "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3111 COOLIDGE
City:	COSTA MESA

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

State:	CA
Zip:	92626
Alt. address:	3111 COOLIDGE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"TAFT, BARBARA, JEANANNE, JENNIFER "
Licensee type:	A
License effective date:	930929
License expiration date:	Not Reported
License issue date:	930929
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:	930628
Facility closed date:	Not Reported
Mailing address:	3111 COOLIDGE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"TAFT, BARBARA, JEANANNE, J"
Facility capacity:	6
Type of clients served:	960
Facility phone:	7149578730

705			SRHO20070143835
North	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
26939	Owner date:	Not Reported	
Higher	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:	19950915	
	Medicare/Medicaid:	1	
	Facility name:	HEALTHFAX	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0863506	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	16787 BEACH BOULEVARD	
	Phone num:	7149648535	
	Termination reason:	00	
	Term Date:	20070209	
	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:	SRHO20070143835

706
ENE
4-6 mi
27055
Higher

SRDCCA200755281
Daycare

EDR ID:	SRDCCA200755281
Facility number:	304370273
Facility name:	NMUSD SONORA PRESCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	966 SONORA ROAD
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	966 SONORA ROAD
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	NEWPORT MESA UNIFIED SCHOOL DISTRICT
Licensee type:	F
License effective date:	60829
License expiration date:	Not Reported
License issue date:	060829
Program type:	AMBULATORY CHILDREN. 2 TO 5 YERS OF AGE. MONDAY THROUGH FRIDAY. 7:45 AM TO 3:00 PM. ROOM #7 ONLY.
Original app. received date:	060713
Facility closed date:	Not Reported
Mailing address:	2985-A BEAR STREET
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"SOEKIAS, WANDA "
Facility capacity:	24
Type of clients served:	950
Facility phone:	7144247955

DV707
North
4-6 mi
27491
Higher

SRDCCA200743854
Daycare

EDR ID:	SRDCCA200743854
Facility number:	304370338
Facility name:	A CHILD'S VIEW

Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	04
Address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	A CHILD'S VIEW PRESCHOOL INC.
Licensee type:	D
License effective date:	70430
License expiration date:	070730
License issue date:	070430
Program type:	"AMBULATORY CHILDREN, AGES 6 WEEKS TO 2 YEARS OLD. HOURS: 6 AM - 6 PM, MONDAY THROUGH FRIDAY. CLASSROOM #14 ONLY. "
Original app. received date:	070404
Facility closed date:	Not Reported
Mailing address:	16692 LANDAU LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"WILLIAMS, STACY "
Facility capacity:	17
Type of clients served:	955
Facility phone:	7148416961

DV708 SRDCCA200744464
North Daycare
4-6 mi
27491
Higher

EDR ID:	SRDCCA200744464
Facility number:	304370200
Facility name:	MAKING A DIFFERENCE
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	A CHILDS VIEW 2
Licensee type:	C
License effective date:	51004
License expiration date:	Not Reported
License issue date:	051004
Program type:	AMBULATORY CHILDREN. AGES 6 WEEKS THROUGH 24 MONTHS. MONDAY THROUGH FRIDAY. 06:00 A.M. TO 6:00 P.M. ROOM 6. WAIVER FOR INFANT AND TODDLER OPTION PROGRAM TO SHAREOUTDOOR ACTIVITY SPACE.

Original app. received date:	050810
Facility closed date:	Not Reported
Mailing address:	16692 LANDAU LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	CATHY TULLEY
Facility capacity:	24
Type of clients served:	955
Facility phone:	7143751569

DV709 SRDCCA200755881
North Daycare
4-6 mi
27491
Higher

EDR ID:	SRDCCA200755881
Facility number:	304370199
Facility name:	MAKING A DIFFERENCE
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	A CHILDS VIEW 2
Licensee type:	C
License effective date:	51004
License expiration date:	Not Reported
License issue date:	051004
Program type:	"AMB KIDS. MON-FRI. 06:00AM TO 6:00PM. TOD OPT-18-30 MONTHS, RM 7. P/S-24 MONTHS THROUGH 5 YRS OLD. 1/2 OF RM 7, RM 8& 8A. WAIVERS-TOD OPT KIDS COMBINE WITH P/S KIDS @ NAP & FOR ""HOURS 6:00AM TO 7:30AM & 5-6 PM, M-F, WHEN 12 OR LESS KIDS. "
Original app. received date:	050810
Facility closed date:	Not Reported
Mailing address:	16692 LANDAU LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	CATHY TULLEY
Facility capacity:	48
Type of clients served:	950
Facility phone:	7143751569

DV710 SRDCCA200755436
North Daycare
4-6 mi
27491
Higher

EDR ID:	SRDCCA200755436
Facility number:	304370163
Facility name:	A CHILD'S VIEW PRESCHOOL
Facility eval. code:	1207

Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	A CHILD'S VIEW PRESCHOOL INCORPORATED
Licensee type:	D
License effective date:	50525
License expiration date:	Not Reported
License issue date:	050525
Program type:	"AMBULATORY CHILDREN. MON-FRI. 06:00 AM TO 6:00 PM. PRESCHOOL IS 24 MONTHS THROUGH 6 YRS OLD. RM 15, 16, 17. TODDLER OPTION NOT TO EXCEED 12, AGES 18-30 MONTHS OLD, RM 15. ""WAIVER TO SHARE OUTDOOR ACT. SPACE WITH SCH-AGE, VIA SCHEDULE. "
Original app. received date:	050321
Facility closed date:	Not Reported
Mailing address:	16692 LANDAU LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"WILLIAMS, STACY "
Facility capacity:	60
Type of clients served:	950
Facility phone:	7148416961

DV711 SRDCCA200745561
North Daycare
4-6 mi
27491
Higher

EDR ID:	SRDCCA200745561
Facility number:	304370164
Facility name:	A CHILD'S VIEW PRESCHOOL
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16692 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	A CHILD'S VIEW PRESCHOOL INCORPORATED
Licensee type:	D
License effective date:	50525
License expiration date:	Not Reported
License issue date:	050525

Program type:	AMBULATORY CHILDREN. AGES 4.9 THROUGH 14 YEARS OF AGE. MONDAY THROUGH FRIDAY. 06:00 AM TO 6:00 PM. WAIVER TO SHARE OUTDOOR ACTIVITY SPACE WITH PRESCHOOL VIA SCHEDULE.
Original app. received date:	050321
Facility closed date:	Not Reported
Mailing address:	16692 LANDAU LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"WILLIAMS, STACY "
Facility capacity:	22
Type of clients served:	950
Facility phone:	7148416961

DV712 SRPR20051023357
North Private Schools
4-6 mi
27491
Higher

Pss school id:	A9500621
Pss inst:	MONTESSORI CHILD DEVELOPMENT C
Lograde:	PK
Higrade:	3
Pss address:	16692 LANDAU LANE
Pss city:	HUNTINGTON BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92647
Pss phone:	9495519020
Pss sch days:	180
Pss stu day hrs:	6.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	35
Pss enroll k:	7
Pss enroll 1:	7
Pss enroll 2:	5
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:	57
Pss enroll tk12:	22
Pss race ai:	0
Pss race as:	6
Pss race h:	3
Pss race b:	1
Pss race w:	12
Pss fte teach:	3
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:	27.27
Pss hisp pct:	13.64
Pss black pct:	4.55
Pss white pct:	54.55
Pss stdtch rt:	7.33
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:	SRPR20051023357

DW713 SRDCCA200707070
North Daycare
4-6 mi
27521
Higher

EDR ID:	SRDCCA200707070
Facility number:	300616062
Facility name:	"MCNEILL, MARY "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	16642 IRBY LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16642 IRBY LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"MCNEILL, MARY "
Licensee type:	A
License effective date:	940215
License expiration date:	Not Reported
License issue date:	940215
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:	931020
Facility closed date:	Not Reported
Mailing address:	16642 IRBY LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"MCNEILL, MARY "
Facility capacity:	6

Type of clients served: 960
Facility phone: 7148482357

DT714 SRDCCA200711218
North Daycare
4-6 mi
27564
Higher

EDR ID:	SRDCCA200711218
Facility number:	304205217
Facility name:	"FRANZETTI, ELDA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8372 BRYANT DRIVE
City:	"HUNTINGTON BEACH, CA"
State:	CA
Zip:	92647
Alt. address:	8372 BRYANT DRIVE
City:	"HUNTINGTON BEACH, CA"
State:	CA
Zip:	92647
Facility investor:	"FRANZETTI, ELDA "
Licensee type:	A
License effective date:	991207
License expiration date:	Not Reported
License issue date:	991207
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:	990915
Facility closed date:	Not Reported
Mailing address:	8372 BRYANT DRIVE
Mailing city:	"HUNTINGTON BEACH, CA"
Mailing state:	CA
Mailing zip:	92647
Contact person:	"FRANZETTI, ELDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148481871

DW715 SRDCCA200705715
North Daycare
4-6 mi
27584
Higher

EDR ID:	SRDCCA200705715
Facility number:	304200844
Facility name:	"FRANZETTI, KARLA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	16632 IRBY LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16632 IRBY LANE

City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "FRANZETTI, KARLA "
Licensee type: A
License effective date: 950807
License expiration date: Not Reported
License issue date: 950807
Program type: "LICENSE INACTIVE AS OF MARCH 21, 2006 "
Original app. received date: 950217
Facility closed date: Not Reported
Mailing address: 16632 IRBY LANE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "FRANZETTI, KARLA "
Facility capacity: 6
Type of clients served: 960
Facility phone: 7148412020

DX716 SRDCCA200704740
East Daycare
4-6 mi
27611
Higher

EDR ID: SRDCCA200704740
Facility number: 300612426
Facility name: "ZAPATA, MICHELLE & RABE, OPALINE "
Facility eval. code: 3403
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 2612 WILLO LANE
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 2612 WILLO LANE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: "ZAPATA, MICHELLE & RABE, OPALINE "
Licensee type: A
License effective date: 941115
License expiration date: Not Reported
License issue date: 911115
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: 910916
Facility closed date: Not Reported
Mailing address: 2612 WILLO LANE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "ZAPATA, MICHELLE & RABE, O"
Facility capacity: 6
Type of clients served: 960

Facility phone: 9496461986

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717 SRDCCA200735381
ESE Daycare
4-6 mi
27643
Higher

EDR ID:	SRDCCA200735381
Facility number:	304310452
Facility name:	"ZOELLE, LINDA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	205 PARK AVENUE
City:	BALBOA ISLAND
State:	CA
Zip:	92662
Alt. address:	205 PARK AVENUE
City:	BALBOA ISLAND
State:	CA
Zip:	92662
Facility investor:	"ZOELLE, LINDA "
Licensee type:	A
License effective date:	60710
License expiration date:	Not Reported
License issue date:	060710
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:	060314
Facility closed date:	Not Reported
Mailing address:	205 PARK AVENUE
Mailing city:	BALBOA ISLAND
Mailing state:	CA
Mailing zip:	92662
Contact person:	"ZOELLE, LINDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	9496732692

DW718 SRDCCA200706330
North Daycare
4-6 mi
27661
Higher

EDR ID:	SRDCCA200706330
Facility number:	300616150
Facility name:	"HARRIS, BEVERLY "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8521 JUDY CIRCLE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	8521 JUDY CIRCLE
City:	HUNTINGTON BEACH
State:	CA

Zip: 92647
Facility investor: "HARRIS, BEVERLY "
Licensee type: A
License effective date: 940419
License expiration date: Not Reported
License issue date: 940419
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: 931213
Facility closed date: Not Reported
Mailing address: 8521 JUDY CIRCLE
Mailing city: HUNTINGTON BEACH
Mailing state: CA
Mailing zip: 92647
Contact person: "HARRIS, BEVERLY "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148430522

DU719 SRDCCA200755575
East Daycare
4-6 mi
27668
Higher

EDR ID: SRDCCA200755575
Facility number: 304370185
Facility name: INT'L CHRISTIAN MONTESSORI ACADEMY OF NEWPORT
Facility eval. code: 1201
Facility office number: 06
Facility county number: 30
Facility type code: 850
Facility status code: 06
Address: 2591 IRVINE AVENUE
City: COSTA MESA
State: CA
Zip: 92627
Alt. address: 2591 IRVINE AVENUE
City: COSTA MESA
State: CA
Zip: 92627
Facility investor: UNISSA INC.
Licensee type: D
License effective date: 60130
License expiration date: Not Reported
License issue date: 060130
Program type: AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE.
MONDAY THROUGH FRIDAY. 7:00 A.M. TO 6:00 P.M.
TODDLER OPTION FOR 12 CHILDREN 18 TO 30 MONTHS OF AGE.TOTAL CAPACITY NOT TO EXCEED 71.
Original app. received date: 050719
Facility closed date: Not Reported
Mailing address: 2591 IRVINE AVENUE
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "SENANAYAKE, SHIRANI "
Facility capacity: 71
Type of clients served: 950

	Facility phone:	9496319749

DU720			SRPR20051023695
East	Pss school id:	A9704748	Private Schools
4-6 mi	Pss inst:	INT'L CHRISTIAN MONTESSORI ACA	
27668	Lograde:	PK	
Higher	Higrade:	1	
	Pss address:	2591 IRVINE AVE	
	Pss city:	COSTA MESA	
	Pss county no:	059	
	Pss county fips:	06059	
	Pss stabb:	CA	
	Pss fips:	06	
	Pss zip5:	92627	
	Pss phone:	9496319749	
	Pss sch days:	202	
	Pss stu day hrs:	4	
	Pss library:	No	
	Pss enroll ug:	Not Reported	
	Pss enroll pk:	60	
	Pss enroll k:	16	
	Pss enroll 1:	10	
	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:	86	
	Pss enroll tk12:	26	
	Pss race ai:	0	
	Pss race as:	0	
	Pss race h:	0	
	Pss race b:	0	
	Pss race w:	26	
	Pss fte teach:	3	
	Pss locale:	3	
	Pss coed:	1	
	Pss type:	2	
	Pss level:	1	
	Pss relig:	2	
	Pss comm type:	2	
	Pss indian pct:	0	
	Pss asian pct:	0	
	Pss hisp pct:	0	
	Pss black pct:	0	
	Pss white pct:	100	
	Pss stdtch rt:	8.67	
	Pss orient:	8	
	Pss county name:	ORANGE	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRPR20051023695	
DY721			SRDCCA200700680
ENE	EDR ID:	SRDCCA200700680	Daycare
4-6 mi	Facility number:	306000901	
27674	Facility name:	CHILDHELP-JOHNSON	
Higher	Facility eval. code:	0307	
	Facility office number:	22	
	Facility county number:	30	
	Facility type code:	730	
	Facility status code:	03	
	Address:	3068 JOHNSON ST.	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Alt. address:	3068 JOHNSON ST	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Facility investor:	"CHILDHELP, INC. "	
	Licensee type:	C	
	License effective date:	990205	
	License expiration date:	Not Reported	
	License issue date:	990205	
	Program type:	6 AMBULATORY CHILDREN AGES 6-12.	
	Original app. received date:	981218	
	Facility closed date:	Not Reported	
	Mailing address:	P.O. BOX 247	
	Mailing city:	BEAUMONT	
	Mailing state:	CA	
	Mailing zip:	92223	
	Contact person:	ROBERT DELPINO	
	Facility capacity:	6	
	Type of clients served:	970	
	Facility phone:	7145450644	
DY722			SRHO20070151772
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
27677	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	20051216
Medicare/Medicaid:	1
Facility name:	PULMO TEST
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990921
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0965465
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	952 DENVER DRIVE
Phone num:	7147547882
Termination reason:	00
Term Date:	20080112
Purpose of action:	2
Provider control:	04
Zip:	92626
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:	SRHO20070151772

DX723 SRDCCA200704335
ENE Daycare
4-6 mi
27725
Higher

EDR ID:	SRDCCA200704335
Facility number:	300612815
Facility name:	"BREEN, JAMES & VALERIE "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2669 SANTA ANA AVE.
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	2669 SANTA ANA AVE.
City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"BREEN, JAMES & VALERIE "
Licensee type:	A
License effective date:	950424
License expiration date:	Not Reported

License issue date: 920424
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: 920310
Facility closed date: Not Reported
Mailing address: 2669 SANTA ANA AVE.
Mailing city: COSTA MESA
Mailing state: CA
Mailing zip: 92627
Contact person: "BREEN, JAMES & VALERIE "
Facility capacity: 12
Type of clients served: 960
Facility phone: 9496450979

DZ724 SRHO20070139300
NNW AHA Hospitals
4-6 mi
27784
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

DX725 SRDCCA200749149
East Daycare
4-6 mi
27870
Higher

EDR ID:	SRDCCA200749149
Facility number:	304270541
Facility name:	BACK BAY MONTESSORI
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	398 UNIVERSITY DRIVE
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	2300 FORD ROAD
City:	NEWPORT BEACH
State:	CA
Zip:	92660
Facility investor:	NEWPORT HARBOR MONTESSORI CENTER
Licensee type:	D
License effective date:	981217
License expiration date:	Not Reported
License issue date:	981217
Program type:	AMBULATORY. AGES 2-6 YEARS OLD. MONDAY THROUGH FRIDAY. HOURS: 7:00 A.M. TO 6:00 P.M.
Original app. received date:	981130
Facility closed date:	Not Reported
Mailing address:	1 BARRENGER COURT
Mailing city:	NEWPORT BEACH
Mailing state:	CA
Mailing zip:	92660
Contact person:	PRIYA EDIRIWIRA
Facility capacity:	60
Type of clients served:	950
Facility phone:	9495483771

EA726 SRDCCA200700254
ENE Daycare
4-6 mi
28010
Higher

EDR ID:	SRDCCA200700254
Facility number:	300607207
Facility name:	"YOUNG LIFE ENRICHMENT, INC.-NEWPORT HOUSE "
Facility eval. code:	0309
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	2696 SANTA ANA AVE.
City:	COSTA MESA
State:	CA
Zip:	92627
Alt. address:	2696 SANTA ANA AVE.

City:	COSTA MESA
State:	CA
Zip:	92627
Facility investor:	"YOUNG LIFE TREATMENT CENTER, INC. "
Licensee type:	D
License effective date:	930731
License expiration date:	Not Reported
License issue date:	890731
Program type:	"SIX AMBULATORY, AGES: 8 THROUGH 17 YEARS OF AGE. "
Original app. received date:	890519
Facility closed date:	Not Reported
Mailing address:	2696 SANTA ANA AVE.
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92627
Contact person:	"YOUNG, WILLIAM L. "
Facility capacity:	6
Type of clients served:	970
Facility phone:	9495489677

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727 SRPR20051023362
North Private Schools
4-6 mi
28078
Higher

Pss school id:	A9500623
Pss inst:	MONTESSORI CHILDREN'S CENTER
Lograde:	PK
Higrade:	K
Pss address:	9300 GARDENIA AVE
Pss city:	FOUNTAIN VALLEY
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92708
Pss phone:	7145318624
Pss sch days:	180
Pss stu day hrs:	6.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	85
Pss enroll k:	19
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:	104
Pss enroll tk12:	19
Pss race ai:	Not Reported

Pss race as:	5
Pss race h:	6
Pss race b:	Not Reported
Pss race w:	8
Pss fte teach:	5
Pss locale:	2
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	26.32
Pss hisp pct:	31.58
Pss black pct:	Not Reported
Pss white pct:	42.11
Pss stdtch rt:	3.8
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:	SRPR20051023362

EB728 SRHO20070140722
NNE AHA Hospitals
4-6 mi
28124
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	MANORAMA SHARMA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930702
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0720590
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17150 EUCLID #130

Phone num:	7145409427
Termination reason:	08
Term Date:	20060831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070140722

EB729 SRHO20070148557
NNE AHA Hospitals
4-6 mi
28124
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	SENIOR HEALTH CTR OF FOUNTAIN VALLEY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960302
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0912427
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17150 EUCLID, SUITE 211
Phone num:	7144341135
Termination reason:	08
Term Date:	19960302
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070148557

EB730 SRHO20070158774
NNE AHA Hospitals
4-6 mi
28124
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	EUCLID OUTPATIENT SURGERY CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20031028
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1018679
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17150 EUCLID STREET SUITE 216
Phone num:	7149185184
Termination reason:	00
Term Date:	20071027
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070158774

EC731 SRHO20070156777
NE AHA Hospitals
4-6 mi
28130
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	SANTA ANA
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:	HOSPICE TOUCH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030116
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1008300
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3130 HARBOR BLVD STE 250
Phone num:	7142371936
Termination reason:	00
Term Date:	20090115
Purpose of action:	Not Reported
Provider control:	04
Zip:	92707
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:	SRHO20070156777

EC732 SRHO20070165189
NE AHA Hospitals
4-6 mi
28130
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SANTA ANA
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:	CARE DIMENSIONS, LLC HOME HEALTH CARE
Intermediary/Carrier:	Not Reported

Medicaid number:	Not Reported
Partcipation date:	20060517
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1054335
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3130 SO HARBOR BLVD, #250
Phone num:	7146198783
Termination reason:	00
Term Date:	20080516
Purpose of action:	Not Reported
Provider control:	04
Zip:	92704
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:	SRHO20070165189

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733 SRDCCA200714394
North Daycare
4-6 mi
28136
Higher

EDR ID:	SRDCCA200714394
Facility number:	304206059
Facility name:	"COOK, STAYCE "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	16542 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	16542 LANDAU LANE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"COOK, STAYCE "
Licensee type:	A
License effective date:	10619
License expiration date:	Not Reported
License issue date:	010619
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:	010509
Facility closed date:	Not Reported
Mailing address:	16542 LANDAU LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"COOK, STAYCE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147190993

EC734			SRHO20070107367
NE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	02	
28200	Owner date:	Not Reported	
Higher	City:	SANTA ANA	
	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:	19980409	
	Medicare/Medicaid:	2	
	Facility name:	ULTRA MEDICAL CARE	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19940817	
	Prior COO date:	19970917	
	Prior carrier:	00140	
	Provider ID:	557431	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	3100 S HARBOR BLVD, #135	
	Phone num:	7147088686	
	Termination reason:	06	
	Term Date:	19980811	
	Purpose of action:	3	
	Provider control:	04	
	Zip:	92704	
	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:	SRHO20070107367	

ED735 SRHO20070153512
NNE AHA Hospitals
4-6 mi
28212
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	MILE DQUARE SURGERY CENTER, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010320
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0984346
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10760 WARNER AVENUE #102
Phone num:	7142435351
Termination reason:	00
Term Date:	20070319
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070153512

ED736 SRHO20070005684
NNE AHA Hospitals
4-6 mi
28212
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	20010911

Medicare/Medicaid:	1
Facility name:	MILE SQUARE SURGERY CENTER
Intermediary/Carrier:	00542
Medicaid number:	Not Reported
Partcipation date:	20010911
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001526
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	10760 WARNER AVENUE, SUITE 102
Phone num:	7142740388
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	92708
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:	SRHO20070005684

DW737 SRDCCA200708224
North Daycare
4-6 mi
28284
Higher

EDR ID:	SRDCCA200708224	
Facility number:	304204745	
Facility name:	"TRUJILLO, DAWN	"
Facility eval. code:	3404	
Facility office number:	06	
Facility county number:	30	
Facility type code:	810	
Facility status code:	03	
Address:	16501 TRIPP CIRCLE	
City:	HUNTINGTON BEACH	
State:	CA	
Zip:	92647	
Alt. address:	16501 TRIPP CIRCLE	
City:	HUNTINGTON BEACH	
State:	CA	
Zip:	92647	
Facility investor:	"TRUJILLO, DAWN	"
Licensee type:	A	
License effective date:	981026	
License expiration date:	Not Reported	
License issue date:	981026	

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:	980909
Facility closed date:	Not Reported
Mailing address:	16501 TRIPP CIRCLE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"TRUJILLO, DAWN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148488765

EE738 SRPR20051022846
NE Private Schools
4-6 mi
28336
Higher

Pss school id:	00088041
Pss inst:	MARANATHA CHRISTIAN ACADEMY
Lograde:	K
Higrade:	12
Pss address:	3800 S FAIRVIEW ROAD
Pss city:	SANTA ANA
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92704
Pss phone:	7145560965
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:	90
Pss enroll 1:	128
Pss enroll 2:	126
Pss enroll 3:	127
Pss enroll 4:	125
Pss enroll 5:	128
Pss enroll 6:	190
Pss enroll 7:	171
Pss enroll 8:	164
Pss enroll 9:	194
Pss enroll 10:	185
Pss enroll 11:	150
Pss enroll 12:	155
Pss enroll t:	1933
Pss enroll tk12:	1933
Pss race ai:	4
Pss race as:	82
Pss race h:	203
Pss race b:	10
Pss race w:	1634
Pss fte teach:	46.5
Pss locale:	1

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Pss coed:	1	
	Pss type:	1	
	Pss level:	3	
	Pss relig:	2	
	Pss comm type:	1	
	Pss indian pct:	0.21	
	Pss asian pct:	4.24	
	Pss hisp pct:	10.5	
	Pss black pct:	0.52	
	Pss white pct:	84.53	
	Pss stdtch rt:	41.57	
	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:	SRPR20051022846	
739 NNW 4-6 mi 28346 Higher			SRPU20071009693 Public Schools
	Ncessch:	062814004338	
	Schname05:	MARINE VIEW MIDDLE	
	Mstreet05:	5682 TILBURG DR.	
	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	
740 North 4-6 mi 28392 Higher			SRPU20071009701 Public Schools
	Ncessch:	062814004351	
	Schname05:	WESTMONT ELEMENTARY	
	Mstreet05:	8251 HEIL AVE.	
	Mcity05:	WESTMINSTER	
	Mstate05:	CA	
	Mzip05:	92683	
	Mzip405:	Not Reported	
	Member05:	501	
	Phone05:	(714) 847-3561	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Gshi05:	05	
	Edr id:	SRPU20071009701	

EB741			SRHO20070133607
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28430	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	20050113	
	Medicare/Medicaid:	1	
	Facility name:	FOUNTAIN VALLEY REG'L HOSP CLNCL LAB	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581647	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17100 EUCLID	
	Phone num:	7149668031	
	Termination reason:	00	
	Term Date:	20090102	
	Purpose of action:	5	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133607	

EB742			SRHO20070147069
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28430	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	FOUNTAIN VALLEY REGIONAL HOSPITAL
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930506
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0867574
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17100 EUCLID STREET
Phone num:	7149668156
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070147069

EB743 SRHO20070145237
NNE AHA Hospitals
4-6 mi
28430
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	FOUNTAIN VALLEY REGIONAL HOSP/OPER RM
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930507
Prior COO date:	Not Reported
Prior carrier:	Not Reported

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

Provider ID:	05D0868258
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	17100 EUCLID
Phone num:	7149668126
Termination reason:	08
Term Date:	19950102
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070145237

EB744			SRHO20070144871
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28430	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	FOUNTAIN VALLEY REG HOSP & MED CTR	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940531	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0886850	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17100 EUCLID AVENUE	
	Phone num:	7149791211	
	Termination reason:	00	
	Term Date:	20071130	

Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070144871

EB745			SRHO20070159075
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28430	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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 PHYSICIANS FOUNTAIN VALLEY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20040929	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1031348	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M2	
	street address:	17100 EUCLID	
	Phone num:	5628093572	
	Termination reason:	00	
	Term Date:	20080928	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070159075	
EB746			SRHO20070007102
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28430	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19931201	
	Medicare/Medicaid:	1	
	Facility name:	FOUNTAIN VALLEY REGIONAL HOSPITAL	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19711101	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	050570	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	17100 EUCLID STREET	
	Phone num:	7149667200	
	Termination reason:	00	
	Term Date:	Not Reported	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92708	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	19911016	
	Accred expire date:	19941016	
	Accred Org:	1	
	Num beds:	0405	
	Num cert beds:	0389	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070007102	
EB747			SRHO20070141031
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28461	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	MCS MEDICAL CLINIC, INC DR ALBERT K
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0722521
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10900 WARNER AVE STE 101
Phone num:	7149688082
Termination reason:	08
Term Date:	19980831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070141031

EB748 SRHO20070133458
NNE AHA Hospitals
4-6 mi
28461
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 PESHIMAM MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930510
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0581569
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10900 WARNER AVE #115
Phone num:	7149688600
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133458

EB749 SRHO20070158583
NNE AHA Hospitals
4-6 mi
28461
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	DOCTORS SURGERY CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050225
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1037474
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M2
street address:	10900 WARNER AVE SUITE 101A
Phone num:	7146981270
Termination reason:	00

Term Date:	20070224
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070158583

EB750			SRHO20070144504
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28461	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19950414	
	Medicare/Medicaid:	1	
	Facility name:	WESTCLIFF MEDICAL LABORATORIES, INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19950418	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0900138	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	10900 WARNER AVENUE, SUITE 114	
	Phone num:	7149642581	
	Termination reason:	12	
	Term Date:	19960205	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92708	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070144504	
EB751			SRHO20070133343
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28461	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19950331	
	Medicare/Medicaid:	1	
	Facility name:	PAUL M EISMAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581557	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	10900 WARNER AVE 118	
	Phone num:	7149644646	
	Termination reason:	08	
	Term Date:	20020222	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133343	
EB752			SRHO20070007642
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28461	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	

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:	20050423
Medicare/Medicaid:	1
Facility name:	DOCTORS SURGERY CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20050423
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001716
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	10900 WARNER AVENUE, SUITE 101A
Phone num:	7146981270
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	92708
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:	3
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070007642

EB753 SRHO20070150476
NNE AHA Hospitals
4-6 mi
28461
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 M ROANEY, MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950817

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0904417
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10900 WARNER AVENUE, SUITE 111
Phone num:	7149796552
Termination reason:	08
Term Date:	19970816
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070150476

EB754 SRHO20070156301
NNE AHA Hospitals
4-6 mi
28461
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	AMERICA OUTPATIENT SURGERY CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011017
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0992457
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	10900 WARNER AVENUE SUITE 101A
Phone num:	7142851788

Termination reason:	08
Term Date:	20051016
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070156301

EB755 SRHO20070009294
NNE AHA Hospitals
4-6 mi
28461
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	20031029
Medicare/Medicaid:	1
Facility name:	FOUNTAIN VALLEY HEALTHCARE CTR
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Partcipation date:	20010919
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	054542
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	10900 WARNER AVE #101B
Phone num:	7148871900
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	92708
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:	SRHO20070009294

EA756 SRDCCA200733802
East Daycare
4-6 mi
28467
Higher

EDR ID:	SRDCCA200733802
Facility number:	304310368
Facility name:	"LUSK, ELIZABETH "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	1621 MESA DRIVE #38
City:	SANTA ANA
State:	CA
Zip:	92707
Alt. address:	1621 MESA DRIVE #38
City:	SANTA ANA
State:	CA
Zip:	92707
Facility investor:	"LUSK, ELIZABETH "
Licensee type:	A
License effective date:	60107
License expiration date:	Not Reported
License issue date:	060107
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:	051128
Facility closed date:	Not Reported
Mailing address:	1621 MESA DRIVE #38
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92707
Contact person:	"LUSK, ELIZABETH "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7145455498

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757 SRDCCA200735218
NNW Daycare
4-6 mi
28470
Higher

EDR ID:	SRDCCA200735218
Facility number:	304310446
Facility name:	"CONIGLIO, THERESE "
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

EF758 SRDCCA200735639
ENE
4-6 mi
28549
Higher
Daycare

EDR ID:	SRDCCA200735639
Facility number:	304310428
Facility name:	"WOLFE, ESPERANZA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2800 DRAKE AVENUE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	2800 DRAKE AVENUE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"WOLFE, ESPERANZA "
Licensee type:	A
License effective date:	60615
License expiration date:	Not Reported
License issue date:	060615
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:	060227
Facility closed date:	Not Reported
Mailing address:	2800 DRAKE AVENUE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Contact person:	"WOLFE, ESPERANZA "	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	7146411352	
759			SRPU20071015512
NNW	Ncessch:	061806008856	Public Schools
4-6 mi	Schname05:	COAST HIGH	
28630	Mstreet05:	16666 TUNSTALL LN.	
Higher	Mcity05:	HUNTINGTON BEACH	
	Mstate05:	CA	
	Mzip05:	92647	
	Mzip405:	4418	
	Member05:	264	
	Phone05:	(714) 847-2873	
	Locale05:	3	
	Type05:	4	
	Level05:	3	
	Gslo05:	09	
	Gshi05:	12	
	Edr id:	SRPU20071015512	
EB760			SRHO20070149174
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28652	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	METTA HOME CARE CORPORATION	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19970818	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0932281	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	10990 WARNER AVE SUITE F	
	Phone num:	7148358772	
	Termination reason:	08	
	Term Date:	20010817	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	

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:	SRHO20070149174

EB761			SRHO20070133592
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28652	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	EUCLID FOOT & ANKLE CLNC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930511	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581628	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	10990 WARNER AVE B	
	Phone num:	7149638945	
	Termination reason:	08	
	Term Date:	19960831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133592	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB762			SRHO20070141978
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28694	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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 PHYSICIANS FOUNTAIN VALLEY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930915	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0876218	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17000 EUCLID STREET	
	Phone num:	7149667200	
	Termination reason:	08	
	Term Date:	20030914	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	92708	
	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:	SRHO20070141978	

DZ763			SRHO20070152408
NNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28806	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

DZ764 SRHO20070143976
NNW AHA Hospitals
4-6 mi
28806
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:	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

EG765 SRHO20070136928
NNE AHA Hospitals
4-6 mi
28808
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19940526
Medicare/Medicaid:	1
Facility name:	SHARE DIAGNOSTIC LABORATORIES INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0643382
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	17330-F NEWHOPE STREET
Phone num:	7145574222
Termination reason:	01
Term Date:	19941209
Purpose of action:	1
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070136928

EH766 — SRDCCA200706711
NE — Daycare
4-6 mi
28845
Higher

EDR ID:	SRDCCA200706711
Facility number:	304200325
Facility name:	"NGUYEN, NGOC-LONG/KIEM "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	1052 SALINAS AVE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	1052 SALINAS AVE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"NGUYEN, NGOC-LONG/KIEM "
Licensee type:	A
License effective date:	940830
License expiration date:	Not Reported
License issue date:	940830
Program type:	"MAXIMUM CAPACITY: 12 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:	940610
Facility closed date:	Not Reported
Mailing address:	1052 SALINAS AVE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"NGUYEN, NGOC-LONG/KIM "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7149793813

EF767 — SRDCCA200705848
ENE — Daycare
4-6 mi
28859
Higher

EDR ID:	SRDCCA200705848
Facility number:	304201070
Facility name:	"JARA, TERRY "
Facility eval. code:	3403
Facility office number:	06

Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	816 ST. CLAIR
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	816 ST. CLAIR
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"JARA, TERRY "
Licensee type:	A
License effective date:	950717
License expiration date:	Not Reported
License issue date:	950717
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:	950525
Facility closed date:	Not Reported
Mailing address:	816 ST. CLAIR
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"JARA, TERRY "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7145492144

DZ768 SRHO20070146216
NNW AHA Hospitals
4-6 mi
28864
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:	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

EH769 SRDCCA200700065
NE Daycare
4-6 mi
28868
Higher

EDR ID:	SRDCCA200700065
Facility number:	300605693
Facility name:	SOUTH COAST CHILDRENS SOCIETY-SANTA CRUZ
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	1065 SANTA CRUZ CIRCLE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	3100 SOUTH HARBOR BLVD.
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	ORANGE COUNTY SOUTH COAST CHILDREN'S SOCIETY INC.
Licensee type:	A
License effective date:	931217
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	PROGRAM DESIGNED FOR CHILDREN AGES 7-17. AMBULATORY ONLY.
Original app. received date:	840925
Facility closed date:	Not Reported
Mailing address:	3100 SOUTH HARBOR BLVD.
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	JASON BETHEN
Facility capacity:	6
Type of clients served:	970
Facility phone:	7147519544

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB770			SRHO20070142439
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	ANDREW C KO	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930104	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0856585	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVENUE, STE 216	
	Phone num:	7145457311	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070142439	

EB771			SRHO20070133342
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	CLEMENT Y CHU MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930108
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581537
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE 266
Phone num:	7146620770
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	92708
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:	SRHO20070133342

EB772 SRHO20070145606
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	MIKIO TACHIBANA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950328
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0899364
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVENUE SUITE 154
Phone num:	7149662800
Termination reason:	00
Term Date:	20071118
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070145606

EB773 SRHO20070142451
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19950221
Medicare/Medicaid:	1
Facility name:	PRATIBHA DESAI MD FAGOG
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0856000
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11100 WARNER AVE STE 114
Phone num:	7148421133
Termination reason:	01
Term Date:	19960601
Purpose of action:	1
Provider control:	04
Zip:	92708
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:	SRHO20070142451

EB774 SRHO20070137743
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	20050504
Medicare/Medicaid:	1
Facility name:	ANDREW A CEAVATTA MD INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0687162
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11100 WARNER AVENUE 264
Phone num:	7145491770
Termination reason:	00
Term Date:	20070716
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070137743

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB775			SRHO20070133461
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	SU-YONG KUO MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930702	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581590	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVENUE #154	
	Phone num:	7145459110	
	Termination reason:	00	
	Term Date:	20070701	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	92708	
	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:	SRHO20070133461	

EB776			SRHO20070155027
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	KATHRYN R RIGONAN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20001103
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0979888
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE STE 154
Phone num:	7147540100
Termination reason:	00
Term Date:	20081102
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070155027

EB777 SRHO20070154618
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	SOUTHLAND CLINICAL RESEARCH CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20011113
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0993350
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11100 WARNER AVENUE, SUITE 352
Phone num:	7144301455
Termination reason:	00
Term Date:	20071112
Purpose of action:	Not Reported
Provider control:	02
Zip:	92708
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:	SRHO20070154618

EB778 SRHO20070141152
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 DEVEREAUX MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0723942
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE 100
Phone num:	7149579389
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070141152	

EB779			SRHO20070146777
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	AMERICAN BLOOD INSTITUTE	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930510	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0868489	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVE #302	
	Phone num:	7144359831	
	Termination reason:	15	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070146777	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB780			SRHO20070142640
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	GEORGE C SANTORO, MD PROFESSIONAL CORP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930324	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0865733	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVE, SUITE 150-B	
	Phone num:	7149799111	
	Termination reason:	12	
	Term Date:	19931008	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92708	
	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:	SRHO20070142640	

EB781			SRHO20070143271
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	MICHAEL M ROSENBLATT MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0857406
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE #314
Phone num:	7145568480
Termination reason:	12
Term Date:	19940725
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070143271

EB782 SRHO20070143603
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	SANG P CUNG, MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930326
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0865931
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE STE 106
Phone num:	7149662112
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070143603

EB783 SRHO20070138169
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	QUYNH KIEU MD TRUST
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950705
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0695958
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVENUE 116
Phone num:	7146410850
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	92708
Fips state:	06

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:	SRHO20070138169	

EB784			SRHO20070135733
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	WILLIAM WEISSMAN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921215	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0670547	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVE SUITE 354	
	Phone num:	7145499927	
	Termination reason:	08	
	Term Date:	20031222	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92708	
	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:	SRHO20070135733	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB785			SRHO20070133738
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	BERNARD TURBOW MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19921221	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581711	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVE, STE 102	
	Phone num:	7145458481	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133738	

EB786			SRHO20070133593
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	FOUNTAIN VALLEY CARDIO
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581639
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE #268
Phone num:	7145409911
Termination reason:	00
Term Date:	20070809
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133593

EB787 SRHO20070132576
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19950823
Medicare/Medicaid:	1
Facility name:	FRANK M O'KELLY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0580097
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11100 WARNER AVENUE #360
Phone num:	7148985800
Termination reason:	08
Term Date:	19960831
Purpose of action:	1
Provider control:	04
Zip:	92708
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:	SRHO20070132576

EB788 SRHO20070145867
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	YOUR FAMILY MEDICAL GROUP FOUNTAIN
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950209
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0897569
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVENUE, SUITE 302
Phone num:	7142418200
Termination reason:	12
Term Date:	19960730
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070145867	

EB789			SRHO20070149274
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	GREGORY L LOUVIAUX MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19951115	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0908851	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVE 206	
	Phone num:	7145451721	
	Termination reason:	01	
	Term Date:	19971110	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92708	
	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:	SRHO20070149274	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB790 NNE 4-6 mi 28888 Higher			SRHO20070133459 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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:	19950331	
	Medicare/Medicaid:	1	
	Facility name:	WINSTON CHEN MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581573	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11100 WARNER AVE SUITE 118	
	Phone num:	7149795650	
	Termination reason:	08	
	Term Date:	19930305	
	Purpose of action:	1	
	Provider control:	10	
	Zip:	92708	
	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:	SRHO20070133459	

EB791 NNE 4-6 mi 28888 Higher			SRHO20070133460 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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 R REED MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930106
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581574
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE 256
Phone num:	7149797725
Termination reason:	14
Term Date:	19950523
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133460

EB792 SRHO20070133328
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 MOSS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950616
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581531
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE #200
Phone num:	7146411128
Termination reason:	00
Term Date:	20070809
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133328

EB793 SRHO20070146191
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	MICHAEL WAN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970226
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0925402
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE, SUITE 152
Phone num:	7145466600
Termination reason:	00
Term Date:	20070225
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070146191	

EB794			SRHO20070154654
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	R BOB SANKARAM MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980211	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0940584	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVENUE SUITE 260	
	Phone num:	7146416900	
	Termination reason:	00	
	Term Date:	20080423	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070154654	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB795			SRHO20070160332
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	SAMUEL E GENDLER MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20030124	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1008694	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVENUE SUITE 120	
	Phone num:	7145568480	
	Termination reason:	00	
	Term Date:	20090123	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070160332	

EB796			SRHO20070139690
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	T M KALRA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19921222
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0707164
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE STE 202
Phone num:	7145402033
Termination reason:	12
Term Date:	19950925
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070139690

EB797 SRHO20070144061
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19970904
Medicare/Medicaid:	1
Facility name:	JOHN J JERRYTONE MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19941029
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0893785
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11100 WARNER AVE STE 302
Phone num:	7146622000
Termination reason:	01
Term Date:	19990301
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070144061

EB798 SRHO20070152962
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	SMITA TANDON MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010716
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0989066
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE, #252
Phone num:	7142411777
Termination reason:	00
Term Date:	20070715
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070152962	

EB799			SRHO20070133326
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	MIRIAM S WYSOCKI MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930727	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581524	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVE #262	
	Phone num:	7145498256	
	Termination reason:	08	
	Term Date:	20040831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133326	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB800			SRHO20070152960
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	SMITA TANDON, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20010713	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0989008	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVENUE,#252	
	Phone num:	7142410707	
	Termination reason:	00	
	Term Date:	20080825	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070152960	

EB801			SRHO20070143175
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	DRS M MOK & T NGUYEN MOK
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0865032
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE SUITE 362
Phone num:	7144344990
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070143175

EB802 SRHO20070133327
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 R RYBA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930224
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581525
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVE 250
Phone num:	7145498905
Termination reason:	08
Term Date:	20030809
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133327

EB803 SRHO20070160594
NNE AHA Hospitals
4-6 mi
28888
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	CHRISTOS TSIMEREKIS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030923
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1017369
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11100 WARNER AVENUE SUITE 354
Phone num:	7145499927
Termination reason:	00
Term Date:	20080901
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070160594	

EB804			SRHO20070148643
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28888	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	FARID SHAKIBAI, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19961216	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0923145	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11100 WARNER AVENUE, SUITE 110	
	Phone num:	7145570997	
	Termination reason:	00	
	Term Date:	20081215	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92708	
	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:	SRHO20070148643	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EI805			SRHO20070136093
NNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28894	Owner date:	Not Reported	
Higher	City:	HUNTINGTON BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	20010925	
	Current survey date:	20050808	
	Medicare/Medicaid:	1	
	Facility name:	WEISENTHAL CANCER GROUP	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0662326	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	16512 BURKE LANE	
	Phone num:	7145962100	
	Termination reason:	00	
	Term Date:	20070828	
	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:	SRHO20070136093	

EF806			SRHO20070149493
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28933	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	HYGEIA INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19970905
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0933097
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2755 BRISTOL STREET
Phone num:	7147553600
Termination reason:	12
Term Date:	19971209
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070149493

EJ807 SRDCCA200730153
ENE Daycare
4-6 mi
28956
Higher

EDR ID:	SRDCCA200730153
Facility number:	304310106
Facility name:	"GOMEZ, YASMIN "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3137 YUKON AVE.
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	3137 YUKON AVE.
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"GOMEZ, YASMIN "
Licensee type:	A
License effective date:	50707
License expiration date:	Not Reported
License issue date:	050707

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:	050314
Facility closed date:	Not Reported
Mailing address:	3137 YUKON AVE.
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"GOMEZ, YASMIN "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7144379612

EB808 SRHO20070133316
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	20050316
Medicare/Medicaid:	1
Facility name:	LALITHA ANANTH MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581519
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11160 WARNER AVENUE, #209
Phone num:	7145494081
Termination reason:	00
Term Date:	20070410
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070133316	

EB809 SRHO20070139708
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	LEDUC MEDICAL GROUP, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930623
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0712219
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE #207
Phone num:	7145400105
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070139708

EB810 SRHO20070165176
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	ATP CLINICAL RESEARCH
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20060126
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1050168
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11160 WARNER AVE, STE 303
Phone num:	7142774472
Termination reason:	00
Term Date:	20080125
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070165176

EB811 — SRHO20070144791
NNE — AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	CU NGOC PHAN, M D
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950726
Prior COO date:	Not Reported
Prior carrier:	Not Reported

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

Provider ID:	05D0903667
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVENUE, SUITE 111
Phone num:	7146622842
Termination reason:	08
Term Date:	19970725
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070144791

EB812			SRHO20070133183
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29004	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	HAE YOUNG CHO, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19950728	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581490	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11160 WARNER AVE #213	
	Phone num:	7142417732	
	Termination reason:	00	
	Term Date:	20080831	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133183	

EB813			SRHO20070133344
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29004	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	KEA JA PAI MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930203	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581565	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11160 WARNER AVENUE #107	
	Phone num:	7149665205	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133344

EB814 SRHO20070133619
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	OHEANY GYNECOLOGY MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950620
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581673
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE, SUITE 117
Phone num:	4564121465
Termination reason:	04
Term Date:	19991130
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133619

EB815 SRHO20070005510
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19931027
Medicare/Medicaid:	1
Facility name:	FOUNTAIN VALLEY OUTPATIENT SUR
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19840125
Prior COO date:	19920101
Prior carrier:	Not Reported
Provider ID:	05C0001021
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	11160 WARNER AVE SUITE 421
Phone num:	7147515621
Termination reason:	01
Term Date:	20021016
Purpose of action:	2
Provider control:	01
Zip:	92708
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:	SRHO20070005510

EB816 SRHO20070133195
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19961119
Medicare/Medicaid:	1
Facility name:	MELVYN NOVEGROD MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D0581509
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11160 WARNER AVE 401
Phone num:	7145461121
Termination reason:	00
Term Date:	20070919
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070133195

EB817 SRHO20070133196
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	GREENFIELD TURBOW SCHIFF MD'S
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930112
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581511
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE 415
Phone num:	7145462238
Termination reason:	17

Term Date:	19940831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133196

EB818			SRHO20070150129
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29004	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	LEDUC MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980730	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0949314	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11160 WARNER AVENUE #101	
	Phone num:	7145400105	
	Termination reason:	00	
	Term Date:	20080729	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070150129	
EB819			SRHO20070133194
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29004	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	NARGES JELODARI MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930310	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581504	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11160 WARNER AVE #325	
	Phone num:	7145409848	
	Termination reason:	12	
	Term Date:	19950901	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133194	
EB820			SRHO20070135793
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29004	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	

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:	STEPHEN I TORDAY MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930211
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0610795
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE # 301
Phone num:	7144344777
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	02
Zip:	92708
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:	SRHO20070135793

EB821 SRHO20070133329
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	N BORAMANAND MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930422

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581534
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE SUITE 307
Phone num:	7146412912
Termination reason:	08
Term Date:	20020831
Purpose of action:	Not Reported
Provider control:	10
Zip:	92708
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:	SRHO20070133329

EB822 SRHO20070142357
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 H CHEN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930203
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0860352
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE SUITE 111
Phone num:	7145493394

Termination reason:	08
Term Date:	20060831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070142357

EB823 SRHO20070133620
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	PETRIKIN CHIRO CLINIC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930510
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581688
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE #303
Phone num:	7144341500
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133620

EB824 SRHO20070151018
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	20050527
Medicare/Medicaid:	1
Facility name:	QUAN H NGUYEN MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990420
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0959784
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11160 WARNER AVENUE SUITE 201
Phone num:	7149799911
Termination reason:	00
Term Date:	20070722
Purpose of action:	2
Provider control:	02
Zip:	92708
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:	SRHO20070151018

EB825 SRHO20070109198
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	Not Reported

City:	FOUNTAIN VALLEY
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:	19950906
Medicare/Medicaid:	1
Facility name:	TENET HOME CARE AT FOUNTAIN VALLEY
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19930525
Prior COO date:	19950101
Prior carrier:	52280
Provider ID:	557275
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	11160 WARNER AVE, STE 211
Phone num:	7145562155
Termination reason:	01
Term Date:	19980626
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070109198

EB826 SRHO20070138462
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	CORA I OCA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported

Partcipation date:	19950627
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0700274
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE SUITE 219
Phone num:	7149660860
Termination reason:	12
Term Date:	19960220
Purpose of action:	Not Reported
Provider control:	02
Zip:	92708
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:	SRHO20070138462

EB827 SRHO20070139709
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	XUANTO LEDUC MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930623
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0712225
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVENUE #101

Phone num:	7145400105
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070139709

EB828 SRHO20070156220
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	20050503
Medicare/Medicaid:	1
Facility name:	LALITA PANDIT MD, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021204
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1006919
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11160 WARNER AVENUE,#417
Phone num:	7144329200
Termination reason:	00
Term Date:	20070914
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070156220

EB829 SRHO20070160182
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	JULIO C VEGA MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030311
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1010295
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE #119
Phone num:	7148501872
Termination reason:	00
Term Date:	20071121
Purpose of action:	Not Reported
Provider control:	02
Zip:	92708
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:	SRHO20070160182

EB830 SRHO20070161381
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	CIRCLEMED HEALTHCARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20051025
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1047075
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11160 WARNER AVE, SUITE 405
Phone num:	7143183518
Termination reason:	00
Term Date:	20071024
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070161381

EB831 SRHO20070139678
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 MEDICAL
Intermediary/Carrier:	Not Reported

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

Medicaid number:	Not Reported
Partcipation date:	19930930
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0707155
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVE STE 405
Phone num:	7144351190
Termination reason:	17
Term Date:	20000322
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070139678

EB832 SRHO20070164476
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	ROYA RAKHSHANI, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20061030
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1060696
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1

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

street address:	11160 WARNER AVE, #219
Phone num:	7142418814
Termination reason:	00
Term Date:	20081029
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070164476

EB833			SRHO20070139037
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29004	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	PHUC HUY TRUONG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930108	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0698040	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11160 WARNER AVE SUITE 207	
	Phone num:	7149662045	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	02	
	Zip:	92708	
	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:	SRHO20070139037

EB834 SRHO20070148429
NNE AHA Hospitals
4-6 mi
29004
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 AT FOUNTAIN VALLEY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19951214
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0909729
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11160 WARNER AVENUE SUITE 211
Phone num:	7145562155
Termination reason:	01
Term Date:	19980626
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070148429

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB835 NNE 4-6 mi 29004 Higher			SRHO20070152052 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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:	19991203	
	Medicare/Medicaid:	1	
	Facility name:	DAVID G DIAZ MD, INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19990923	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0965523	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11160 WARNER AVE STE 411	
	Phone num:	7144461234	
	Termination reason:	00	
	Term Date:	20071219	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070152052	

836 ESE 4-6 mi 29012 Higher			SRDCCA200702511 Daycare
	EDR ID:	SRDCCA200702511	
	Facility number:	300610074	
	Facility name:	"CARNEY, ELAINE "	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	210 RUBY	
	City:	NEWPORT BEACH	

State:	CA
Zip:	92662
Alt. address:	210 RUBY
City:	NEWPORT BEACH
State:	CA
Zip:	92662
Facility investor:	"CARNEY, ELAINE "
Licensee type:	A
License effective date:	931129
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:	210 RUBY
Mailing city:	NEWPORT BEACH
Mailing state:	CA
Mailing zip:	92662
Contact person:	"CARNEY, ELAINE "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7146734047

EG837			SRHO20070010120
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29016	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19960911	
	Medicare/Medicaid:	1	
	Facility name:	RESTOR PHYSICAL THERAPY	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19960911	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	056788	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	17272 NEWHOPE AVENUE PO BOX 8125	
	Phone num:	7147547268	
	Termination reason:	01	
	Term Date:	19980401	

Purpose of action:	1
Provider control:	06
Zip:	92728
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:	SRHO20070010120

EJ838 SRDCCA200712044
ENE Daycare
4-6 mi
29034
Higher

EDR ID:	SRDCCA200712044
Facility number:	304204840
Facility name:	"FAULSTICK, MICHELLE "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3081 YUKON AVE.
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	3081 YUKON AVE.
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"FAULSTICK, MICHELLE "
Licensee type:	A
License effective date:	990218
License expiration date:	Not Reported
License issue date:	990218
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:	981211
Facility closed date:	Not Reported
Mailing address:	3081 YUKON AVE.
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"FAULSTICK, MICHELLE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7145567726

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EI839			SRHO20070145965
NNW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29096	Owner date:	Not Reported	
Higher	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:	20041004	
	Medicare/Medicaid:	1	
	Facility name:	IMPERIAL CLINICAL LABORATORY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19940419	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0885332	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	7291 HEIL AVENUE	
	Phone num:	7143750800	
	Termination reason:	00	
	Term Date:	20061229	
	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:	SRHO20070145965	

840			SRHO20070164403
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29110	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	THUY A NGUYEN
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20061002
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1059487
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	16543 BROOKHURST ST
Phone num:	7147756317
Termination reason:	00
Term Date:	20081001
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070164403

EE841 SRHO20070146572
NE AHA Hospitals
4-6 mi
29163
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SANTA ANA
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:	ADDUS HEALTHCARE
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960621
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0916408
Record Status:	A
Region code:	09
Is Partial Record:	Y

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

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2901 W MCARTHUR BLVD, STE 202
Phone num:	7145452424
Termination reason:	08
Term Date:	20000620
Purpose of action:	Not Reported
Provider control:	04
Zip:	92704
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:	SRHO20070146572

EE842 SRHO20070011156
NE AHA Hospitals
4-6 mi
29163
Higher

Hospital type:	01
Num of times COO:	02
Owner date:	Not Reported
City:	SANTA ANA
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:	19990106
Medicare/Medicaid:	2
Facility name:	ADDUS HEALTHCARE
Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19930917
Prior COO date:	19941114
Prior carrier:	00040
Provider ID:	057414
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	2901 WEST MACARTHUR BLVD, SUITE 202
Phone num:	7145452424
Termination reason:	05
Term Date:	19990608
Purpose of action:	3
Provider control:	04
Zip:	92704
Fips state:	06

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:	0	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070011156	
EB843			SRHO20070133193
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	DONALD E MURPHY MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930318	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581499	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11180 WARNER AVE STE 263	
	Phone num:	7145402229	
	Termination reason:	04	
	Term Date:	19990701	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133193	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB844			SRHO20070133314
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19960131	
	Medicare/Medicaid:	1	
	Facility name:	WOMEN'S URGENT CARE MEDICAL GROUP	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19930602	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581512	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11180 WARNER AVE SUITE 165	
	Phone num:	7145463898	
	Termination reason:	08	
	Term Date:	19980401	
	Purpose of action:	1	
	Provider control:	02	
	Zip:	92708	
	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:	SRHO20070133314	

EB845			SRHO20070138063
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	CRISTINA RIZZA MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930409
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0699421
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11180 WARNER AVE 157
Phone num:	7147540100
Termination reason:	08
Term Date:	19991222
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070138063

EB846 SRHO20070133476
NNE AHA Hospitals
4-6 mi
29176
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19980930
Medicare/Medicaid:	1
Facility name:	CARDIOLOGY MED GROUP OF ORANGE COUNTY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581611
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:	M1
street address:	11180 WARNER AVENUE SUITE 353
Phone num:	7147513540
Termination reason:	00
Term Date:	20070314
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070133476

EB847 — SRHO20070155436
NNE — AHA Hospitals
4-6 mi
29176
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 W MONIAK MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000816
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0976884
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11180 WARNER #263
Phone num:	7145402229
Termination reason:	00
Term Date:	20080815
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070155436	

EB848			SRHO20070165606
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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 SLEEP MEDICINE SERVICES INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20060217	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1051010	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11180 WARNER AVENUE SUITE 367	
	Phone num:	7148423627	
	Termination reason:	00	
	Term Date:	20080216	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070165606	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB849			SRHO20070137232
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19970925	
	Medicare/Medicaid:	1	
	Facility name:	FARROKH SHADAB MD	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0679171	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11180 WARNER AVE 169	
	Phone num:	7145491200	
	Termination reason:	00	
	Term Date:	20080319	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070137232	

EB850			SRHO20070139094
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19960129	

Medicare/Medicaid:	1
Facility name:	JOSEPH N GREGURICH MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0690922
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11180 WARNER AVENUE SUITE 161
Phone num:	7145568320
Termination reason:	00
Term Date:	20080128
Purpose of action:	1
Provider control:	04
Zip:	92708
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:	SRHO20070139094

EB851 SRHO20070152542
NNE AHA Hospitals
4-6 mi
29176
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 ELLEN FRASER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990309
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0958042
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11180 WARNER AVENUE SUITE 455
Phone num:	7145560108
Termination reason:	00
Term Date:	20070308
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070152542

EB852 — SRHO20070144095
NNE — AHA Hospitals
4-6 mi
29176
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	ORANGE COAST OB-GYN MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19950523
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0901385
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11180 WARNER AVENUE, SUITE 455
Phone num:	7145566091
Termination reason:	08
Term Date:	20020430
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070144095	

EB853			SRHO20070133606
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	FOUNTAIN VLY PODIATRY	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930310	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581643	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11180 WARNER AVE 155	
	Phone num:	Not Reported	
	Termination reason:	12	
	Term Date:	19950228	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133606	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB854			SRHO20070161341
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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 CRISTINA RIZZA, MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050919	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1045622	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11180 WARNER AVENUE, # 165	
	Phone num:	7142419070	
	Termination reason:	00	
	Term Date:	20070918	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070161341	

EB855			SRHO20070137088
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19960116	

Medicare/Medicaid:	1
Facility name:	MASSERMAN/CORK
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0679951
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11180 WARNER AVE #455
Phone num:	7145560536
Termination reason:	00
Term Date:	20080130
Purpose of action:	1
Provider control:	04
Zip:	92708
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:	SRHO20070137088

EB856 SRHO20070160739
NNE AHA Hospitals
4-6 mi
29176
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	COMPASSIONATE CANCER CARE MED GRP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20030724
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1015130
Record Status:	A
Region code:	09
Is Partial Record:	Y

state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11180 WARNER AVENUE SUITE 365
Phone num:	7142102300
Termination reason:	00
Term Date:	20080414
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070160739

EB857 SRHO20070149149
NNE AHA Hospitals
4-6 mi
29176
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	MAURICE S GHATTAS MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19960318
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0912994
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11180 WARNER AVE, SUITE 259
Phone num:	7145549970
Termination reason:	00
Term Date:	20080317
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
Fips state:	06

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:	SRHO20070149149	

EB858			SRHO20070142440
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19950203	
	Medicare/Medicaid:	1	
	Facility name:	BRUCE F FRIEDMAN MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0856588	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11180 WARNER AVENUE #255	
	Phone num:	7145499330	
	Termination reason:	00	
	Term Date:	20070921	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070142440	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EB859			SRHO20070132575
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	GHAROON PANAHI MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930119	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0580096	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11180 WARNER AVENUE, SUITE #157	
	Phone num:	7148250891	
	Termination reason:	00	
	Term Date:	20080831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070132575	

EB860			SRHO20070143609
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29176	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	SHAHNAZ Q SHAIKH MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19940103
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0880936
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11180 WARNER AVE SUITE 271
Phone num:	7146622633
Termination reason:	00
Term Date:	20080102
Purpose of action:	Not Reported
Provider control:	02
Zip:	92708
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:	SRHO20070143609

EG861 SRHO20070133737
NNE AHA Hospitals
4-6 mi
29186
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19960625
Medicare/Medicaid:	1
Facility name:	VICTOR B SIEW MD INC SENIOR MED CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581699
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:	M1
street address:	17220 NEWHOPE SUITE 125
Phone num:	7149642574
Termination reason:	00
Term Date:	20070416
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070133737

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862 NNW 4-6 mi 29211 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

EK863 — SRHO20070139458
NNE — AHA Hospitals
4-6 mi
29237
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	20010207
Current survey date:	20030908
Medicare/Medicaid:	1
Facility name:	PACIFIC COAST HEMATOLOGY/ONCOLOGY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0685405
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11190 WARNER AVENUE SUITE 300
Phone num:	7147512600
Termination reason:	00
Term Date:	20070706
Purpose of action:	1
Provider control:	04
Zip:	92708
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:	SRHO20070139458

EK864 — SRHO20070153339
NNE — AHA Hospitals
4-6 mi
29237
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	BICHLIEN NGUYEN MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20001128
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0980624
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11190 WARNER AVENUE, SUITE #401
Phone num:	7144329090
Termination reason:	00
Term Date:	20080210
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070153339

EK865 SRHO20070158507
NNE AHA Hospitals
4-6 mi
29237
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	INSTITUTE OF COSMETIC AND
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20031006
Prior COO date:	Not Reported

Prior carrier:	Not Reported
Provider ID:	05D1017798
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11190 WARNER AVENUE SUITE 400
Phone num:	7144442655
Termination reason:	00
Term Date:	20071005
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070158507

EK866 SRHO20070156465
NNE AHA Hospitals
4-6 mi
29237
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	AFSHAN A ALI-NAZIR MD INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20020826
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1003201
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11190 WARNER AVE STE 307
Phone num:	7145456400
Termination reason:	00

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

Term Date:	20080825
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070156465

EK867			SRHO20070149148
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29237	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	FOUNTAIN VALLEY OUTPATIENT SURGERY CTR	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19960318	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0912992	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11190 WARNER AVENUE, SUITE 212	
	Phone num:	7147515621	
	Termination reason:	12	
	Term Date:	20031211	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149148	
EK868			SRHO20070133981
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29237	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	20050215	
	Medicare/Medicaid:	1	
	Facility name:	RICHARD R REED MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0577384	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11190 WARNER AVENUE SUITE 403	
	Phone num:	7149797725	
	Termination reason:	00	
	Term Date:	20070624	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070133981	
EK869			SRHO20070151421
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29237	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	

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:	ORANGE COUNTY CENTER FOR SPECIAL IMMUNOLOGY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19990219
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0957436
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11190 WARNER AVENUE, SUITE #411
Phone num:	7147515800
Termination reason:	00
Term Date:	20080412
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070151421

EK870 SRHO20070154733
NNE AHA Hospitals
4-6 mi
29237
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	20020725
Medicare/Medicaid:	1
Facility name:	FOUNTAIN VALLEY MEDICAL LABORATORY INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20010316

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0984242
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11190 WARNER AVENUE, SUITE 300A
Phone num:	7144332918
Termination reason:	01
Term Date:	20030606
Purpose of action:	2
Provider control:	04
Zip:	92708
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:	SRHO20070154733

EK871 SRHO20070157224
NNE AHA Hospitals
4-6 mi
29237
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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 HEART ASSOCIATES
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20000307
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0971215
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11190 WARNER STE 408
Phone num:	7145462238

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

Termination reason:	00
Term Date:	20080306
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070157224

EK872			SRHO20070140649
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29237	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	RANJAN SAPRA MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19930607	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0703831	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	11190 WARNER AVE #405	
	Phone num:	7144327500	
	Termination reason:	00	
	Term Date:	20070809	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070140649

EJ873 SRDCCA200702563
ENE Daycare
4-6 mi
29243
Higher

EDR ID:	SRDCCA200702563
Facility number:	300610412
Facility name:	"SIMMONS, PAMELA & MICHAEL "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	893 PEACE PLACE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	893 PEACE PLACE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"SIMMONS, PAMELA & MICHAEL "
Licensee type:	A
License effective date:	941112
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:	893 PEACE PLACE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"SIMMONS, PAMELA & MICHAEL "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7145451185

EK874 SRHO20070152075
NNE AHA Hospitals
4-6 mi
29388
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	HOSPICE FAMILY CARE, INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19980703
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0948241
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11250 WARNER AVE 4TH FLOOR
Phone num:	7144346917
Termination reason:	08
Term Date:	19980704
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070152075

EK875 SRHO20070008522
NNE AHA Hospitals
4-6 mi
29388
Higher

Hospital type:	04
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19900426
Medicare/Medicaid:	1
Facility name:	CHARTER HOSPITAL OF FOUNTAIN VALLEY
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19900508
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	054112
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:	SA
street address:	11250 WARNER AVE
Phone num:	7146689000
Termination reason:	01
Term Date:	19920529
Purpose of action:	1
Provider control:	04
Zip:	92708
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:	0120
Num cert beds:	0120
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070008522

EK876			SRHO20070107635
NNE	Hospital type:	03	AHA Hospitals
4-6 mi	Num of times COO:	00	
29388	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	20000420	
	Medicare/Medicaid:	1	
	Facility name:	FOUNTAIN VALLEY REG HOSPMED CTR DP/SNF	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19930809	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	555561	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	11250 WARNER AVE	
	Phone num:	7145135531	
	Termination reason:	01	
	Term Date:	20001013	
	Purpose of action:	2	
	Provider control:	03	
	Zip:	92708	
	Fips state:	06	

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:	0040	
	Num cert beds:	0040	
	Source:	US_HOSPITAL_POSOTHER	
	Edr id:	SRHO20070107635	

EG877			SRHO20070155157
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29414	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	20060620	
	Medicare/Medicaid:	1	
	Facility name:	BIO-PATH MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20000613	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0974660	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17150 NEWHOPE STREET SUITE 117	
	Phone num:	7144331330	
	Termination reason:	00	
	Term Date:	20081029	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070155157	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EG878 NNE 4-6 mi 29414 Higher			SRHO20070137946 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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:	MEDIGENE INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19940415	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0677019	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	17150 NEWHOPE # SUITE 502	
	Phone num:	7145492149	
	Termination reason:	17	
	Term Date:	19940831	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070137946	
EG879 NNE 4-6 mi 29414 Higher			SRHO20070011024 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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:	19931203	

Medicare/Medicaid:	1
Facility name:	NEW IMAGE NURSING
Intermediary/Carrier:	00140
Medicaid number:	Not Reported
Partcipation date:	19931231
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	057455
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	17150 NEWHOPE, SUITE 103
Phone num:	7144327875
Termination reason:	01
Term Date:	19940516
Purpose of action:	1
Provider control:	04
Zip:	92708
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:	SRHO20070011024

EL880 SRPU20071009698
North Public Schools
4-6 mi
29417
Higher

Ncessch:	062814004348
Schname05:	SUN VIEW ELEMENTARY
Mstreet05:	7721 JULIETTE LOW DR.
Mcity05:	HUNTINGTON BEACH
Mstate05:	CA
Mzip05:	92647
Mzip405:	4181
Member05:	368
Phone05:	(714) 847-9643
Locale05:	3
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071009698

EL881 SRDCCA200705862
North Daycare
4-6 mi
29422
Higher

EDR ID:	SRDCCA200705862
Facility number:	304200931
Facility name:	"MEIER, LINDA "

Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	7672 JULIETTE LOW DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	7672 JULIETTE LOW DRIVE
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"MEIER, LINDA "
Licensee type:	A
License effective date:	950417
License expiration date:	Not Reported
License issue date:	950417
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:	950404
Facility closed date:	Not Reported
Mailing address:	7672 JULIETTE LOW DRIVE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"MEIER, LINDA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148430433

EM882 SRDCCA200745730
NE Daycare
4-6 mi
29447
Higher

EDR ID:	SRDCCA200745730
Facility number:	304270405
Facility name:	"KINDERCARE LEARNING CENTERS, INC. # 579 "
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	840
Facility status code:	03
Address:	2515 WEST SUNFLOWER
City:	SANTA ANA
State:	CA
Zip:	92704
Alt. address:	2515 WEST SUNFLOWER
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "
Licensee type:	D
License effective date:	970530
License expiration date:	Not Reported
License issue date:	970530
Program type:	"AMBULATORY CHILDREN. AGES 4.9 TO 12 YEARS OLD. MONDAY THROUGH FRIDAY, HOURS: 06:00 A.M. TO 6:30 P.M., AND SECOND TUESDAY FROM 06:00 A.M. TO 9:00 P.M. ROOM: 1 AND 2. "

Original app. received date:	970529
Facility closed date:	Not Reported
Mailing address:	"650 NE HOLLADAY ST., STE 14006"
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	LYNN PORTER
Facility capacity:	40
Type of clients served:	950
Facility phone:	7145404750

EM883 SRDCCA200751508
NE Daycare
4-6 mi
29447
Higher

EDR ID:	SRDCCA200751508
Facility number:	304270403
Facility name:	"KINDERCARE LEARNING CENTERS, INC. # 579 "
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	2515 WEST SUNFLOWER
City:	SANTA ANA
State:	CA
Zip:	92704
Alt. address:	2515 WEST SUNFLOWER
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. # 579 "
Licensee type:	D
License effective date:	970530
License expiration date:	Not Reported
License issue date:	970530
Program type:	"AMBULATORY CHILDREN AGES 24 MONTHS TO 5 YEARS OLD. MONDAY THROUGH FRIDAY, HOURS: 06:00 A.M. TO 6:30 P.M., AND SECOND TUESDAY FROM 06:00 A.M. TO 9:00 P.M., ROOMS ""# 3,4,5,6,7,8,9. "
Original app. received date:	970529
Facility closed date:	Not Reported
Mailing address:	"650 N.E. HOLLADAY, SUITE 1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	LYNN PORTER
Facility capacity:	136
Type of clients served:	950
Facility phone:	7145404750

EM884 SRDCCA200741886
NE Daycare
4-6 mi
29447
Higher

EDR ID:	SRDCCA200741886
Facility number:	304270404
Facility name:	"KINDERCARE LEARNING CENTERS, INC. # 579 "
Facility eval. code:	1203

Facility office number:	06
Facility county number:	30
Facility type code:	830
Facility status code:	03
Address:	2515 WEST SUNFLOWER
City:	SANTA ANA
State:	CA
Zip:	92704
Alt. address:	2515 WEST SUNFLOWER
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "
Licensee type:	D
License effective date:	970530
License expiration date:	Not Reported
License issue date:	970530
Program type:	AMBULATORY CHILDREN AGES 6 WEEKS TO 24 MONTHS. MONDAY THROUGH FRIDAY. 6:00 AM TO 6:30 PM. SECOND TUESDAY 6:00 AM TO 9:00 PM. ROOMS 10 & 11.
Original app. received date:	970529
Facility closed date:	Not Reported
Mailing address:	"650 NE HOLLADAY ST., STE 1400 "
Mailing city:	PORTLAND
Mailing state:	OR
Mailing zip:	97232
Contact person:	LYNN PORTER
Facility capacity:	20
Type of clients served:	955
Facility phone:	7145404750

EG885 SRHO20070008646
NNE AHA Hospitals
4-6 mi
29450
Higher

Hospital type:	01
Num of times COO:	01
Owner date:	20051001
City:	FOUNTAIN VALLEY
Has plan of corr:	1
Compliance status:	A
SSA county code:	400
Cross ref number:	052593
FMS survey date:	Not Reported
Current survey date:	20021011
Medicare/Medicaid:	1
Facility name:	RAI - NEWHOPE - FOUNTAIN VALLEY
Intermediary/Carrier:	00101
Medicaid number:	Not Reported
Partcipation date:	19970108
Prior COO date:	Not Reported
Prior carrier:	00400
Provider ID:	052798
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SD

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

street address:	17197 NEWHOPE STREET, SUITE A-B-C
Phone num:	7142410196
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	01
Zip:	92708
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:	SRHO20070008646

EG886			SRHO20070009025
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29450	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19930824	
	Medicare/Medicaid:	1	
	Facility name:	VIVRA RENAL CENTER OF FOUNTAIN VALLEY	
	Intermediary/Carrier:	00400	
	Medicaid number:	Not Reported	
	Partcipation date:	19830916	
	Prior COO date:	Not Reported	
	Prior carrier:	00040	
	Provider ID:	052593	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	ORG	
	street address:	17197 NEWHOPE ST, SUITE A	
	Phone num:	7142410196	
	Termination reason:	05	
	Term Date:	19960913	
	Purpose of action:	3	
	Provider control:	01	
	Zip:	92708	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070009025	

EG887			SRHO20070143781
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29450	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19930819	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0875264	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	17197 NEWHOPE STREET, SUITE A-B-C	
	Phone num:	7142410196	
	Termination reason:	00	
	Term Date:	20070818	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070143781	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EM888 NE 4-6 mi 29459 Higher			SRDCCA200737491 Daycare
	EDR ID:	SRDCCA200737491	
	Facility number:	304310525	
	Facility name:	"PALEO, ADELA "	
	Facility eval. code:	3401	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2511 W. SUNFLOWER AVENUE #A6	
	City:	SANTA ANA	
	State:	CA	
	Zip:	92704	
	Alt. address:	2511 W. SUNFLOWER AVENUE #A6	
	City:	SANTA ANA	
	State:	CA	
	Zip:	92704	
	Facility investor:	"PALEO, ADELA "	
	Licensee type:	A	
	License effective date:	60710	
	License expiration date:	Not Reported	
	License issue date:	060710	
	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:	060602	
	Facility closed date:	Not Reported	
	Mailing address:	2511 W. SUNFLOWER AVENUE #A6	
	Mailing city:	SANTA ANA	
	Mailing state:	CA	
	Mailing zip:	92704	
	Contact person:	"PALEO, ADELA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7146417325	
EN889 North 4-6 mi 29522 Higher			SRPU20071009700 Public Schools
	Ncessch:	062814004350	
	Schname05:	VISTA VIEW MIDDLE	
	Mstreet05:	16250 HICKORY ST.	
	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	1404	
	Member05:	884	
	Phone05:	(714) 842-0626	
	Locale05:	2	
	Type05:	1	
	Level05:	2	
	Gslo05:	06	
	Gshi05:	08	
	Edr id:	SRPU20071009700	

MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EN890 North 4-6 mi 29557 Higher			SRDCCA200738735 Daycare
	EDR ID:	SRDCCA200738735	
	Facility number:	304310631	
	Facility name:	"VIDAL, REBECCA "	
	Facility eval. code:	3406	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	8891 UNIVERSE AVENUE	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Alt. address:	8891 UNIVERSE AVENUE	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Facility investor:	"VIDAL, REBECCA "	
	Licensee type:	A	
	License effective date:	61117	
	License expiration date:	Not Reported	
	License issue date:	061117	
	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:	060921	
	Facility closed date:	Not Reported	
	Mailing address:	8891 UNIVERSE AVENUE	
	Mailing city:	WESTMINSTER	
	Mailing state:	CA	
	Mailing zip:	92683	
	Contact person:	"VIDAL, REBECCA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148417558	
EG891 NNE 4-6 mi 29560 Higher			SRHO20070109022 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	FOUNTAIN VALLEY	
	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:	19931101	
	Medicare/Medicaid:	1	
	Facility name:	HEALTH FORCE OR ORANGE COUNTY	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19921215	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	557239	

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

Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	SA
street address:	17151 NEWHOPE ST, SUITE 211
Phone num:	7144348570
Termination reason:	05
Term Date:	19931220
Purpose of action:	3
Provider control:	04
Zip:	92708
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:	SRHO20070109022

EG892 — SRHO20070010376
NNE — AHA Hospitals
4-6 mi
29560
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	19950802
Medicare/Medicaid:	1
Facility name:	HEALTH FORCE OF ORANGE COUNTY
Intermediary/Carrier:	00040
Medicaid number:	Not Reported
Partcipation date:	19940211
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	057462
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	17151 NEWHOPE ST, SUITE 102
Phone num:	7144348570
Termination reason:	01
Term Date:	19960104
Purpose of action:	2

Provider control:	04
Zip:	92708
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:	SRHO20070010376

EO893 SRHO20070005898
ESE AHA Hospitals
4-6 mi
29560
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CORONA DEL MAR
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:	19911003
Medicare/Medicaid:	1
Facility name:	CORONA DEL MAR PLASTIC SURGERY
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19911003
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001209
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1101 BAYSIDE DRIVE, SUITE 100
Phone num:	7146445000
Termination reason:	04
Term Date:	19941017
Purpose of action:	1
Provider control:	01
Zip:	92625
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:	SRHO20070005898	

EO894 SRHO20070004892
ESE AHA Hospitals
4-6 mi
29560
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CORONA DEL MAR
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:	19941101
Medicare/Medicaid:	1
Facility name:	CORONA DEL MAR SURGERY CENTER
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19941101
Prior COO date:	Not Reported
Prior carrier:	52280
Provider ID:	05C0001307
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	1101 BAYSIDE DRIVE, STE 100
Phone num:	7146445000
Termination reason:	01
Term Date:	19970529
Purpose of action:	1
Provider control:	01
Zip:	92625
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:	SRHO20070004892

EP895 SRDCCA200726626
NE Daycare
4-6 mi
29567
Higher

EDR ID:	SRDCCA200726626
Facility number:	304300837
Facility name:	"TABOADA, NORMA "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30

Facility type code:	810
Facility status code:	03
Address:	977 DAHLIA AVENUE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	977 DAHLIA AVENUE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"TABOADA, NORMA "
Licensee type:	A
License effective date:	41203
License expiration date:	Not Reported
License issue date:	041203
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:	040824
Facility closed date:	Not Reported
Mailing address:	977 DAHLIA AVENUE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"TABOADA, NORMA "
Facility capacity:	8
Type of clients served:	950
Facility phone:	7145403167

EM896 SRDCCA200731437
NE Daycare
4-6 mi
29587
Higher

EDR ID:	SRDCCA200731437
Facility number:	304310264
Facility name:	"GOBLER, JAMIE "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2619 WEST ORION AVE. #4
City:	SANTA ANA
State:	CA
Zip:	92704
Alt. address:	2619 REST ORION AVE. #4
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"GOBLER, JAMIE "
Licensee type:	A
License effective date:	51110
License expiration date:	Not Reported
License issue date:	051110
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:	050812
Facility closed date:	Not Reported
Mailing address:	2619 WEST ORION AVE. #4‘
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	"GOBLER, JAMIE "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7145452976

EF897 SRDCCA200754983
ENE Daycare
4-6 mi
29624
Higher

EDR ID:	SRDCCA200754983
Facility number:	304370333
Facility name:	GIANT STEP LEARNING CENTER
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	758 ST. CLAIR STREET
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	758 ST. CLAIR STREET
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"JODE PRESCHOOL, INC. "
Licensee type:	D
License effective date:	70411
License expiration date:	Not Reported
License issue date:	070411
Program type:	42 AMBULATORY CHILDREN 2 TO 6 YEARS OF AGE. MONDAY THROUGH FRIDAY FROM 6:45 AM TO 6:00 PM
Original app. received date:	070226
Facility closed date:	Not Reported
Mailing address:	1659 SANTA ROSA AVE.
Mailing city:	GLENDALE
Mailing state:	CA
Mailing zip:	91208
Contact person:	"TORRES, MARIA "
Facility capacity:	42
Type of clients served:	950
Facility phone:	7145401775

EF898 SRPR20051023381
ENE Private Schools
4-6 mi
29624
Higher

Pss school id:	BB961114
Pss inst:	GIANT STEP LEARNING CENTER
Lograde:	PK
Higrade:	K
Pss address:	758 SAINT CLAIR STREET
Pss city:	COSTA MESA
Pss county no:	059

Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92626
Pss phone:	7145401775
Pss sch days:	250
Pss stu day hrs:	4
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	33
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:	45
Pss enroll tk12:	12
Pss race ai:	0
Pss race as:	2
Pss race h:	1
Pss race b:	2
Pss race w:	7
Pss fte teach:	0.6
Pss locale:	2
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	16.67
Pss hisp pct:	8.33
Pss black pct:	16.67
Pss white pct:	58.33
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:	SRPR20051023381

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
899 NE 4-6 mi 29699 Higher			SRHO20070146937 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	SANTA ANA	
	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:	19961009	
	Medicare/Medicaid:	1	
	Facility name:	LAGUNA MEDICAL LABORATORY	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19960913	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0919716	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	2750 S HARBOR BLVD, SUITE F	
	Phone num:	7149791756	
	Termination reason:	12	
	Term Date:	19970603	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92704	
	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:	SRHO20070146937	

EF900 ENE 4-6 mi 29703 Higher			SRHO20070150031 AHA Hospitals
	Hospital type:	01	
	Num of times COO:	00	
	Owner date:	Not Reported	
	City:	COSTA MESA	
	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:	COMPETENT CARE INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19971021
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0935115
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2900 BRISTOL STREET, D107
Phone num:	7145454818
Termination reason:	00
Term Date:	20071020
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070150031

EF901 SRHO20070146652
ENE AHA Hospitals
4-6 mi
29703
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	EDDIE J SCALES, MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930507
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0867975
Record Status:	A
Region code:	09
Is Partial Record:	Y

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

state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	2900 BRISTOL STREET #J1038
Phone num:	7149669366
Termination reason:	08
Term Date:	19960831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070146652

EK902			SRHO20070133475
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	02	
29728	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	20010216	
	Medicare/Medicaid:	1	
	Facility name:	BRISTOL PARK MEDICAL INC	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	19960601	
	Prior carrier:	Not Reported	
	Provider ID:	05D0581609	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11420 WARNER AVENUE	
	Phone num:	7145491300	
	Termination reason:	00	
	Term Date:	20080607	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92708	
	Fips state:	06	

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:	SRHO20070133475	

EK903			SRHO20070136941
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
29728	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19951108	
	Medicare/Medicaid:	1	
	Facility name:	SMITHKLINE BEECHAM CLINICAL LABS	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Partcipation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0643383	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	11420 WARNER AVENUE 2ND FLOOR	
	Phone num:	7144333152	
	Termination reason:	12	
	Term Date:	19980101	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	92708	
	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:	SRHO20070136941	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
EK904			SRCL20051000251
NNE	Unitid:	112385	Colleges
4-6 mi	Instnm:	COASTLINE COMMUNITY COLLEGE	
29829	Addr:	11460 WARNER AVE	
Higher	City:	FOUNTAIN VALLEY	
	Stabbr:	CA	
	Zip:	92708	
	Zip4:	2597	
	Unk:	Not Reported	
	Fips:	092708	
	Oberge:	8	
	Chfnm:	Ding-Jo Currie	
	Chftitle:	PRESIDENT	
	Gentele:	7145467600	
	Fintele:	7142416239	
	Admtele:	7142416176	
	Ein:	-2	
	Duns:	81815656	
	Opeid:	2063500	
	Opeflag:	1	
	Webaddr:	coastline.cccd.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:	3	
	Openpubl:	1	
	Act:	A	
	Newid:	-2	
	Deathyr:	-2	
	Closedat:	-2	
	Cyactive:	1	
	Postsec:	1	
	Pseflag:	1	
	Pset4flg:	1	
	Rptmth:	1	
	Fte:	2796	
	Enrtot:	7255	
	Edr id:	SRCL20051000251	

EK905			SRDCCA200707411
NNE	EDR ID:	SRDCCA200707411	Daycare
4-6 mi	Facility number:	304204109	
30008	Facility name:	"SHAKIBAI, TAHEREH "	
Higher	Facility eval. code:	3401	

Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 16945 MOUNT EDEN ST.
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Alt. address: 16945 MOUNT EDEN ST.
City: FOUNTAIN VALLEY
State: CA
Zip: 92708
Facility investor: "SHAKIBAI, TAHEREH "
Licensee type: A
License effective date: 970926
License expiration date: Not Reported
License issue date: 970926
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: 970630
Facility closed date: Not Reported
Mailing address: 16945 MOUNT EDEN ST.
Mailing city: FOUNTAIN VALLEY
Mailing state: CA
Mailing zip: 92708
Contact person: "SHAKIBAI, TAHEREH "
Facility capacity: 14
Type of clients served: 960
Facility phone: 7148391962

EL906 SRDCCA200703121
NNW EDR ID: SRDCCA200703121 Daycare
4-6 mi Facility number: 300608175
30019 Facility name: "ASHMORE, SHARON "
Higher Facility eval. code: 3404
Facility office number: 06
Facility county number: 30
Facility type code: 810
Facility status code: 03
Address: 16252 KIM LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Alt. address: 16252 KIM LANE
City: HUNTINGTON BEACH
State: CA
Zip: 92647
Facility investor: "ASHMORE, SHARON "
Licensee type: A
License effective date: 940510
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:	16252 KIM LANE
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"ASHOMRE, SHARON "
Facility capacity:	12
Type of clients served:	960
Facility phone:	7148427544

EK907 SRPU20071013735
NNE Public Schools
4-6 mi
30040
Higher

Ncessch:	061488001867
Schname05:	MAMIE L. NORTHCUTT ELEMENTARY
Mstreet05:	11303 SANDSTONE ST.
Mcity05:	FOUNTAIN VALLEY
Mstate05:	CA
Mzip05:	92708
Mzip405:	3025
Member05:	573
Phone05:	(714) 663-6537
Locale05:	2
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	06
Edr id:	SRPU20071013735

EQ908 SRDCCA200720661
NNW Daycare
4-6 mi
30047
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 "

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

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

ER909 — SRDCCA200713323
North — Daycare
4-6 mi
30093
Higher

EDR ID:	SRDCCA200713323
Facility number:	304205539
Facility name:	"ISMAIL, SAEEDA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8581 ORWELL AVE.
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	8581 ORWELL AVE.
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"ISMAIL, SAEEDA "
Licensee type:	A
License effective date:	810
License expiration date:	Not Reported
License issue date:	000810
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:	000515
Facility closed date:	Not Reported
Mailing address:	8581 ORWELL AVE.
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"ISMAIL, SAEEDA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148414085

EQ910 — SRDCCA200748528
NNW — Daycare
4-6 mi
30123
Higher

EDR ID:	SRDCCA200748528
Facility number:	300600219
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

ES911 SRDCCA200748653
ENE Daycare
4-6 mi
30128
Higher

EDR ID:	SRDCCA200748653
Facility number:	300600796
Facility name:	PLAY MATES PAULARINO PRE SCHOOL
Facility eval. code:	1203
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	795 PAULARINO STREET
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	789 PAULARINO AVENUE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	JACK H AND JEAN PARK
Licensee type:	A
License effective date:	950412
License expiration date:	Not Reported
License issue date:	Not Reported
Program type:	AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE. MONDAY THROUGH FRIDAY. 6:30 AM TO 6:00 PM.
Original app. received date:	Not Reported
Facility closed date:	Not Reported

Mailing address:	789 PAULARINO AVE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"SANTAMARIA, PATRICIA "
Facility capacity:	105
Type of clients served:	950
Facility phone:	7145401919

EK912 SRDCCA200730097
NNE Daycare
4-6 mi
30154
Higher

EDR ID:	SRDCCA200730097
Facility number:	304310097
Facility name:	"RODRIGUEZ, IRMA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	16801 MT. OLSEN CIRCLE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	16801 MT. OLSEN CIRCLE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"RODRIGUEZ, IRMA "
Licensee type:	A
License effective date:	50505
License expiration date:	Not Reported
License issue date:	050505
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:	050311
Facility closed date:	Not Reported
Mailing address:	16801 MT. OLSEN CIRCLE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"RODRIGUEZ, IRMA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147757330

ER913 SRDCCA200732263
North Daycare
4-6 mi
30173
Higher

EDR ID:	SRDCCA200732263
Facility number:	304310207
Facility name:	"PHAM, VAN LOAN "
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03

Address:	16161 JENNER STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	16161 JENNER STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"PHAM, VAN LOAN "
Licensee type:	A
License effective date:	50811
License expiration date:	Not Reported
License issue date:	050811
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:	050707
Facility closed date:	Not Reported
Mailing address:	16161 JENNER STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"PHAM, VAN LOAM "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148418237

EP914 SRDCCA200700267
ENE Daycare
4-6 mi
30187
Higher

EDR ID:	SRDCCA200700267
Facility number:	300607208
Facility name:	SOUTH COAST CHILDRENS SOCIETY - DAHLIA
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03
Address:	921 DAHLIA AVE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	3100 SOUTH HARBOR BLVD.
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"SOUTH COAST CHILDREN'S SOCIETY, INC. "
Licensee type:	D
License effective date:	930911
License expiration date:	Not Reported
License issue date:	890911
Program type:	"PROGRAM DESIGNED FOR CHILDREN AGES 10-17, GIRLS, LEVEL 14, DUO DIAGNOSED. AMBULATORY ONLY. "
Original app. received date:	890601
Facility closed date:	Not Reported
Mailing address:	3100 SOUTH HARBOR BLVD.

Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	BETH CRUNELLE
Facility capacity:	6
Type of clients served:	970
Facility phone:	7146412059

EL915 SRDCCA200718078
North Daycare
4-6 mi
30317
Higher

EDR ID:	SRDCCA200718078
Facility number:	304206680
Facility name:	"BARDOUKAH, GHADA "
Facility eval. code:	3404
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	7562 AMAZON DRIVE # 1
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	7562 AMAZON DRIVE # 1
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Facility investor:	"BARDOUKAH, GHADA "
Licensee type:	A
License effective date:	20626
License expiration date:	Not Reported
License issue date:	020626
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:	020523
Facility closed date:	Not Reported
Mailing address:	7562 AMAZON DRIVE # 1
Mailing city:	HUNTINGTON BEACH
Mailing state:	CA
Mailing zip:	92647
Contact person:	"BARDOUKAH, GHADA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7148417544

EN916 SRDCCA200700891
North Daycare
4-6 mi
30376
Higher

EDR ID:	SRDCCA200700891
Facility number:	306001333
Facility name:	SOUTH COAST CHILDRENS SOCIETY-CALADIUM
Facility eval. code:	0307
Facility office number:	22
Facility county number:	30
Facility type code:	730
Facility status code:	03

Address:	9091 CALADIUM AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	3100 SOUTH HARBOR BLVD STE 200
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"SOUTH COAST CHILDREN'S SOCIETY, INC "
Licensee type:	C
License effective date:	10510
License expiration date:	Not Reported
License issue date:	010510
Program type:	PROGRAM IS DESIGNED FOR 6(SIX) AMBULATORY DUO-DIAGNOSED CLIENTS. AGES 13 THROUGH 17.
Original app. received date:	010330
Facility closed date:	Not Reported
Mailing address:	3100 SOUTH HARBOR BLVD STE 200
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	BETH CRUNELLE
Facility capacity:	6
Type of clients served:	950
Facility phone:	7149668650

ET917 SRDCCA200703850
North Daycare
4-6 mi
30388
Higher

EDR ID:	SRDCCA200703850
Facility number:	300615240
Facility name:	"SALERNO, CHRISTY "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	8851 BROOKE AVE.
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	8851 BROOKE AVE.
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"SALERNO, CHRISTY "
Licensee type:	A
License effective date:	951001
License expiration date:	Not Reported
License issue date:	921001
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:	920911
Facility closed date:	Not Reported
Mailing address:	8851 BROOKE AVE.
Mailing city:	WESTMINSTER

Mailing state:	CA
Mailing zip:	92683
Contact person:	"SALERNO, CHRISTY "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7148425660

EU918 — SRHO20070108170
NNE — AHA Hospitals
4-6 mi
30398
Higher

Hospital type:	03
Num of times COO:	00
Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	20061026
Medicare/Medicaid:	1
Facility name:	MANORCARE HEALTH SERVICES
Intermediary/Carrier:	52280
Medicaid number:	Not Reported
Partcipation date:	19890130
Prior COO date:	Not Reported
Prior carrier:	00332
Provider ID:	555328
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	11680 WARNER AVENUE
Phone num:	7142419800
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	2
Provider control:	03
Zip:	92708
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:	0151
Num cert beds:	0151
Source:	US_HOSPITAL_POSOTHER
Edr id:	SRHO20070108170

EU919 — SRHO20070133618
NNE — AHA Hospitals
4-6 mi
30398
Higher

Hospital type:	01
Num of times COO:	00

Owner date:	Not Reported
City:	FOUNTAIN VALLEY
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:	MANOR CARE NURSING CTR OF FOUNTAIN VLY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930422
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0581663
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	11680 WARNER AVE
Phone num:	7142419800
Termination reason:	00
Term Date:	20080831
Purpose of action:	Not Reported
Provider control:	04
Zip:	92708
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:	SRHO20070133618

EU920 SRNH20060914005
NNE Nursing Homes
4-6 mi
30398
Higher

Provnum:	555328
Nursinghomename:	MANORCARE HEALTH SERVICES
Street:	11680 WARNER AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zipcode:	92708
Phonenumber:	7142419800
Dateoflastinspection:	20050801
Certifiednumberofbeds:	151
Totalnumberofresidents:	123
Percofoccupiedbeds:	81
Categorydescription:	Participating in Medicare and Medicaid
Typeofownership:	For profit - Corporation

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Locatedwithinahospital:	NO	
	Multinursinghomeownership:	YES	
	Residentandfamilycouncils:	RESIDENT	
	Edr id:	SRNH20060914005	
EU921			SRHO20070010040
NNE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30452	Owner date:	Not Reported	
Higher	City:	FOUNTAIN VALLEY	
	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:	19860717	
	Medicare/Medicaid:	1	
	Facility name:	FOUNTAIN VALLEY HOME HLTH SERV INC	
	Intermediary/Carrier:	00040	
	Medicaid number:	Not Reported	
	Partcipation date:	19860717	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	057750	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	SA	
	street address:	11770 WARNER AVE	
	Phone num:	7149790414	
	Termination reason:	04	
	Term Date:	19870228	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92728	
	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:	SRHO20070010040	
ES922			SRHO20070130909
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30469	Owner date:	Not Reported	
Higher	City:	COSTA MESA	

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:	19980529
Medicare/Medicaid:	1
Facility name:	BRISTOL PARK MEDICAL INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0576087
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	722 BAKER STREET
Phone num:	7145576300
Termination reason:	00
Term Date:	20071223
Purpose of action:	2
Provider control:	04
Zip:	92626
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:	SRHO20070130909

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923 SRPU20071009696
NNW Public Schools
4-6 mi
30548
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

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
ES924 ENE 4-6 mi 30576 Higher			SRDCCA200738730 Daycare
	EDR ID:	SRDCCA200738730	
	Facility number:	304310629	
	Facility name:	"NAYLOR, KATIE "	
	Facility eval. code:	3403	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	783 ALLEGHENY	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Alt. address:	783 ALLEGHENY	
	City:	COSTA MESA	
	State:	CA	
	Zip:	92626	
	Facility investor:	"NAYLOR, KATIE "	
	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. MAX. 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:	060920	
	Facility closed date:	Not Reported	
	Mailing address:	783 ALLEGHENY	
	Mailing city:	COSTA MESA	
	Mailing state:	CA	
	Mailing zip:	92626	
	Contact person:	"NAYLOR, KATIE "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	9492059687	
EV925 East 4-6 mi 30605 Higher			SRDCCA200750184 Daycare
	EDR ID:	SRDCCA200750184	
	Facility number:	300610699	
	Facility name:	"CHILDTIME CHILDRENS CENTER, INC. "	
	Facility eval. code:	1206	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	2601 VISTA DEL ORO	
	City:	"NEWPORT BEACH, "	
	State:	CA	
	Zip:	92660	
	Alt. address:	151 CANYON CREST DRIVE	
	City:	ANAHEIM HILLS	
	State:	CA	
	Zip:	92808	
	Facility investor:	"CHILDTIME CHILDCARE, INC. "	

Licensee type: D
License effective date: 940610
License expiration date: Not Reported
License issue date: 910610
Program type: "CHILDREN AGES 2 YEARS - 6 YEARS OLD.
ROOM 1 TODDLER OPTION (18 MONTHS - 30 MONTHS)
HOURS: MONDAY THRU FRIDAY, 7:00A.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: "RAUER, KAREN L. "
Facility capacity: 59
Type of clients served: 950
Facility phone: 9496440232

EV926 SRDCCA200742114
East Daycare
4-6 mi
30605
Higher

EDR ID: SRDCCA200742114
Facility number: 300610700
Facility name: "CHILDTIME CHILDRENS CENTER, INC. "
Facility eval. code: 1206
Facility office number: 06
Facility county number: 30
Facility type code: 830
Facility status code: 03
Address: 2601 VISTA DEL ORO
City: NEWPORT BEACH
State: CA
Zip: 92660
Alt. address: 151 CANYON CREST DRIVE
City: ANAHEIM HILLS
State: CA
Zip: 92808
Facility investor: "CHILDTIME CHILDCARE, INC. "
Licensee type: D
License effective date: 940610
License expiration date: Not Reported
License issue date: 910610
Program type: MONDAY THRU FRIDAY AGES: 6 WEEKS-2 YEARS. 7:00A.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: "REYES, HEATHER "
Facility capacity: 16
Type of clients served: 955
Facility phone: 9496440232

EW927 SRDCCA200721529
NE Daycare
4-6 mi
30691
Higher

EDR ID:	SRDCCA200721529
Facility number:	304300264
Facility name:	"GONZALEZ, ANGELICA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3101 SO. FAIRVIEW ST. SP. #123
City:	SANTA ANA
State:	CA
Zip:	92704
Alt. address:	3101 SO. FAIRVIEW ST. SP. #123
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"GONZALEZ, ANGELICA "
Licensee type:	A
License effective date:	30930
License expiration date:	Not Reported
License issue date:	030930
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:	3101 SO. FAIRVIEW ST. SP. #123
Mailing city:	SANTA ANA
Mailing state:	CA
Mailing zip:	92704
Contact person:	"GONZALEZ, ANGELICA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7145567016

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928 SRDCCA200753162
North Daycare
4-6 mi
30714
Higher

EDR ID:	SRDCCA200753162
Facility number:	304370073
Facility name:	MONTESSORI SCHOOL OF HUNTINGTON BEACH
Facility eval. code:	1207
Facility office number:	06
Facility county number:	30
Facility type code:	850
Facility status code:	03
Address:	7945 ALDRICH
City:	HUNTINGTON BEACH
State:	CA
Zip:	92647
Alt. address:	13601 TAHOE STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"RODRIGO, ANTHONY & SHIRANEE "

Licensee type:	A
License effective date:	40310
License expiration date:	Not Reported
License issue date:	040310
Program type:	52 AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM.
Original app. received date:	031107
Facility closed date:	Not Reported
Mailing address:	13601 TAHOE STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	SHIRANI RODRIGO
Facility capacity:	52
Type of clients served:	950
Facility phone:	7148412585

929 SRPR20051021892
East Private Schools
4-6 mi
30746
Higher

Pss school id:	00075382
Pss inst:	OUR LADY QUEEN OF ANGELS SCHOO
Lograde:	PK
Higrade:	8
Pss address:	750 DOMINGO DRIVE
Pss city:	NEWPORT BEACH
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	92660
Pss phone:	9496441166
Pss sch days:	180
Pss stu day hrs:	6.83
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	35
Pss enroll k:	35
Pss enroll 1:	35
Pss enroll 2:	35
Pss enroll 3:	34
Pss enroll 4:	35
Pss enroll 5:	35
Pss enroll 6:	35
Pss enroll 7:	33
Pss enroll 8:	34
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	346
Pss enroll tk12:	311
Pss race ai:	0
Pss race as:	9
Pss race h:	23
Pss race b:	1
Pss race w:	278

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Pss fte teach:	16	
	Pss locale:	2	
	Pss coed:	1	
	Pss type:	1	
	Pss level:	1	
	Pss relig:	1	
	Pss comm type:	1	
	Pss indian pct:	0	
	Pss asian pct:	2.89	
	Pss hisp pct:	7.4	
	Pss black pct:	0.32	
	Pss white pct:	89.39	
	Pss stdtch rt:	19.44	
	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:	SRPR20051021892	
EX930 ENE 4-6 mi 30754 Higher	Ncessch:	069102407578	SRPU20071007915 Public Schools
	Schname05:	OCCS:CHEP/PCHS	
	Mstreet05:	2910 REDHILL AVE., STE. 200	
	Mcity05:	COSTA MESA	
	Mstate05:	CA	
	Mzip05:	92626	
	Mzip405:	Not Reported	
	Member05:	1569	
	Phone05:	(714) 327-1000	
	Locale05:	2	
	Type05:	1	
	Level05:	4	
	Gslo05:	KG	
	Gshi05:	12	
	Edr id:	SRPU20071007915	
EY931 North 4-6 mi 30846 Higher	Ncessch:	061488001823	SRPU20071013700 Public Schools
	Schname05:	ETHAN B. ALLEN ELEMENTARY	
	Mstreet05:	16200 BUSHARD ST.	
	Mcity05:	FOUNTAIN VALLEY	
	Mstate05:	CA	
	Mzip05:	92708	
	Mzip405:	1505	
	Member05:	571	
	Phone05:	(714) 663-6228	
	Locale05:	2	
	Type05:	1	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071013700	
ES932			SRHO20070155514
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30875	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	PAULARINO BIRTH CENTER A MED CORP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20011224	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0994520	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	720 PAULARINO AVENUE SUITE 100	
	Phone num:	7146621515	
	Termination reason:	08	
	Term Date:	20031223	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92626	
	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:	SRHO20070155514	
ES933			SRHO20070005431
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30875	Owner date:	Not Reported	
Higher	City:	COSTA MESA	

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:	20020718
Medicare/Medicaid:	1
Facility name:	PAULARINO SURGERY CENTER
Intermediary/Carrier:	00542
Medicaid number:	Not Reported
Partcipation date:	20020802
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05C0001555
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	ORG
street address:	720 PAULARINO AVENUE, SUITE 110
Phone num:	7146621515
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	01
Zip:	92626
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:	SRHO20070005431

ES934 SRHO20070157427
ENE AHA Hospitals
4-6 mi
30875
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	ADOBE MEDICAL GROUP INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20040720

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

Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1028127
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	720 PAULARINO AVE #240
Phone num:	7143271211
Termination reason:	08
Term Date:	20060719
Purpose of action:	Not Reported
Provider control:	04
Zip:	92626
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:	SRHO20070157427

ES935			SRHO20070150968
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30875	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	ADVANCED OB/GYN INFERTILITY MEDICAL GROUP INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	19980723	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0948998	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	720 PAULARINO AVENUE, SUITE #230	
	Phone num:	7146621515	

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

Termination reason:	00
Term Date:	20070220
Purpose of action:	Not Reported
Provider control:	02
Zip:	92626
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:	SRHO20070150968

ES936			SRHO20070155504
ENE	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
30875	Owner date:	Not Reported	
Higher	City:	COSTA MESA	
	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:	PAULARINO SURGERY CENTER A MED CORP	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20011113	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0993342	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	720 PAULARINO, SUITE 110	
	Phone num:	7146621515	
	Termination reason:	08	
	Term Date:	20031112	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92626	
	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:	SRHO20070155504

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937 SRDCCA200705679
NE Daycare
4-6 mi
30902
Higher

EDR ID:	SRDCCA200705679
Facility number:	304200992
Facility name:	"SIEFERT, CELINE "
Facility eval. code:	3403
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	939 AZALEA DRIVE
City:	COSTA MESA
State:	CA
Zip:	92626
Alt. address:	939 AZALEA DRIVE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"SIEFERT, CELINE "
Licensee type:	A
License effective date:	950623
License expiration date:	Not Reported
License issue date:	950623
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:	950426
Facility closed date:	Not Reported
Mailing address:	939 AZALEA DRIVE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"SIEFERT, CELINE "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7145461897

ES938 SRDCCA200733705
ENE Daycare
4-6 mi
30986
Higher

EDR ID:	SRDCCA200733705
Facility number:	304310373
Facility name:	"RAMIREZ DE HERNANDEZ,YADHIRA "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	3136 TRINITY DRIVE
City:	COSTA MESA
State:	CA

Zip:	92626
Alt. address:	3136 TRINITY DRIVE
City:	COSTA MESA
State:	CA
Zip:	92626
Facility investor:	"RAMIREZDEHERNANDEZ,YADHIRA "
Licensee type:	A
License effective date:	51212
License expiration date:	Not Reported
License issue date:	051212
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:	051201
Facility closed date:	Not Reported
Mailing address:	3136 TRINITY DRIVE
Mailing city:	COSTA MESA
Mailing state:	CA
Mailing zip:	92626
Contact person:	"RAMIREZDEHERNANDEZ,YADHIRA"
Facility capacity:	14
Type of clients served:	960
Facility phone:	7144360995

EZ939 SRHO20070136000
North AHA Hospitals
4-6 mi
31090
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:	HAU DUC VUONG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930624
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0672511
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9091 EDINGER AVE SUITE A
Phone num:	7148971666
Termination reason:	00
Term Date:	20071222
Purpose of action:	Not Reported
Provider control:	04

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

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:	SRHO20070136000

EZ940 — SRHO20070157214
North — AHA Hospitals
4-6 mi
31090
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:	NHUAN NGUYEN TONG MD
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20001012
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0979060
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9091 EDINGER ST STE D
Phone num:	7148975673
Termination reason:	00
Term Date:	20081011
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: SRHO20070157214

EW941 SRDCCA200738289
NE Daycare
4-6 mi
31138
Higher

EDR ID:	SRDCCA200738289
Facility number:	304310654
Facility name:	"GARDEZI, SHAMIM "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	2851 S. FAIRVIEW #B
City:	SANTA ANA
State:	CA
Zip:	92704
Alt. address:	2851 SOUTH FAIRVIEW #B
City:	SANTA ANA
State:	CA
Zip:	92704
Facility investor:	"GARDEZI, SHAMIM "
Licensee type:	A
License effective date:	70102
License expiration date:	Not Reported
License issue date:	070102
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:	061018
Facility closed date:	Not Reported
Mailing address:	2851 SOUTH FAIRVIEW #B
Mailing city:	"SANTA ANA, CA. "
Mailing state:	CA
Mailing zip:	92704
Contact person:	"GARDEZI, SHAMIM "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7147546770

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942 SRHO20070108680
NW AHA Hospitals
4-6 mi
31172
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:	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

EV943 SRHO20070158552
East AHA Hospitals
4-6 mi
31226
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	NEWPORT 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 #9540
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20041020
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1032327
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	2521 EASTBLUFF DR
Phone num:	9497176642

Termination reason:	08
Term Date:	20050426
Purpose of action:	Not Reported
Provider control:	04
Zip:	92660
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:	SRHO20070158552

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944 — SRPU20071010326
NE — Public Schools
4-6 mi
31237
Higher

Ncessch:	063531008248
Schname05:	JIM THORPE FUNDAMENTAL
Mstreet05:	2450 WEST ALTON
Mcity05:	SANTA ANA
Mstate05:	CA
Mzip05:	92704
Mzip405:	Not Reported
Member05:	809
Phone05:	(714) 430-5800
Locale05:	1
Type05:	1
Level05:	1
Gslo05:	KG
Gshi05:	05
Edr id:	SRPU20071010326

EY945 — SRHO20070143572
North — AHA Hospitals
4-6 mi
31278
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:	UNITECH CLINICAL LABORATORY
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	19930308
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0863402
Record Status:	A

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

Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9421 EDINGER AVENUE
Phone num:	7148397683
Termination reason:	17
Term Date:	19940831
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:	SRHO20070143572

EY946 — SRHO20070156383
North — AHA Hospitals
4-6 mi
31286
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:	LA VANG MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Partcipation date:	20021003
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1004715
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	9431 EDINGER AVENUE
Phone num:	7148398400
Termination reason:	00
Term Date:	20081002
Purpose of action:	Not Reported
Provider control:	02

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070156383	
FA947			SRPU20071010292
NE	Ncessch:	063531005987	Public Schools
4-6 mi	Schname05:	GREENVILLE FUNDAMENTAL	
31292	Mstreet05:	3600 SOUTH RAITT ST.	
Higher	Mcity05:	SANTA ANA	
	Mstate05:	CA	
	Mzip05:	92704	
	Mzip405:	7531	
	Member05:	946	
	Phone05:	(714) 241-6494	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071010292	
FA948			SRPU20071010338
NE	Ncessch:	063531010990	Public Schools
4-6 mi	Schname05:	SEGERSTROM HIGH	
31366	Mstreet05:	2301 WEST MACARTHUR BLVD.	
Higher	Mcity05:	SANTA ANA	
	Mstate05:	CA	
	Mzip05:	92704	
	Mzip405:	Not Reported	
	Member05:	1182	
	Phone05:	(714) 241-5000	
	Locale05:	1	
	Type05:	1	
	Level05:	4	
	Gslo05:	09	
	Gshi05:	10	
	Edr id:	SRPU20071010338	
ET949			SRDCCA200714260
North	EDR ID:	SRDCCA200714260	Daycare
4-6 mi	Facility number:	304206097	
31387	Facility name:	"BADROS, LAILA "	
Higher	Facility eval. code:	3406	
	Facility office number:	06	

Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15931 PLUMWOOD STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	15931 PLUMWOOD STREET
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"BADROS, LAILA "
Licensee type:	A
License effective date:	10620
License expiration date:	Not Reported
License issue date:	010620
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:	010530
Facility closed date:	Not Reported
Mailing address:	15931 PLUMWOOD STREET
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"BADROS, LAILA "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149032246

EX950 SRHO20070147178
ENE AHA Hospitals
4-6 mi
31422
Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	COSTA MESA
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:	19930811
Medicare/Medicaid:	1
Facility name:	COONAN CLINICAL LABORATORIES
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Partcipation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0868087
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	state region cd:	M1	
	street address:	380 CLINTON	
	Phone num:	7147556990	
	Termination reason:	08	
	Term Date:	19940831	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92626	
	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:	SRHO20070147178	
951 North 4-6 mi 31431 Higher			SRHO20070161333 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 #9514	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20050715	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1043100	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	7542 EDINGER AVE	
	Phone num:	7148471848	
	Termination reason:	00	
	Term Date:	20070714	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	92647	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	

Map ID Direction Distance Distance (ft.) Elevation	Site		EDR ID Database
	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:	SRHO20070161333	
952			SRHO20070155556
East	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
31502	Owner date:	Not Reported	
Higher	City:	NEWPORT 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:	20030929	
	Medicare/Medicaid:	1	
	Facility name:	NEIL M BARTH MD INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Partcipation date:	20021205	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D1007014	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	20162 SW BIRCH STREET SUITE 200	
	Phone num:	9495533330	
	Termination reason:	00	
	Term Date:	20071005	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92660	
	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:	SRHO20070155556	

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

953 — SRDCCA200713357
North — Daycare
4-6 mi
31558
Higher

EDR ID:	SRDCCA200713357
Facility number:	304205542
Facility name:	"ISRAEL, SOHEIR "
Facility eval. code:	3406
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	15931 MONROE
City:	WESTMINSTER
State:	CA
Zip:	92683
Alt. address:	15931 MONROE
City:	WESTMINSTER
State:	CA
Zip:	92683
Facility investor:	"ISRAEL, SOHEIR "
Licensee type:	A
License effective date:	605
License expiration date:	Not Reported
License issue date:	000605
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:	000515
Facility closed date:	Not Reported
Mailing address:	15931 MONROE
Mailing city:	WESTMINSTER
Mailing state:	CA
Mailing zip:	92683
Contact person:	"ISRAEL, SOHEIR "
Facility capacity:	8
Type of clients served:	960
Facility phone:	7149035410

EY954 — SRDCCA200703316
North — Daycare
4-6 mi
31582
Higher

EDR ID:	SRDCCA200703316
Facility number:	300608947
Facility name:	"MONTANO, LAURA "
Facility eval. code:	3401
Facility office number:	06
Facility county number:	30
Facility type code:	810
Facility status code:	03
Address:	9606 MOSSGLENN AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Alt. address:	9606 MOSSGLENN AVENUE
City:	FOUNTAIN VALLEY
State:	CA
Zip:	92708
Facility investor:	"MONTANO, LAURA "

Licensee type:	A
License effective date:	930519
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:	9606 MOSSGLENN AVENUE
Mailing city:	FOUNTAIN VALLEY
Mailing state:	CA
Mailing zip:	92708
Contact person:	"MONTANO, LAURA "
Facility capacity:	6
Type of clients served:	960
Facility phone:	7145310386

NA
NNW
6-8 mi
36215
NA

CUSA143790
FED_LAND

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

NA
NW
6-8 mi
40229
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

NA
NW
8-10 mi
42418
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

NA
NW
8-10 mi
43222
NA

CUSA143863
FED_LAND

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

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

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