

LICENSE NUMBER: 050000081
LICENSE EFFECTIVE DATE: 07/01/96
LICENSE EXPIRATION DATE: 06/30/97
TOTAL LICENSED CAPACITY: 1,562

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations, the Department of Health Services, hereby issues

this **LICENSE** to

STATE OF CALIFORNIA DEPARTMENT OF DEVELOPMENT SERVICES

to operate and maintain the following GENERAL ACUTE CARE HOSPITAL
CAMARILLO STATE HOSPITAL AND DEVELOPMENTAL CENTER
1878 LEWIS ROAD, CAMARILLO, CA 93010

BED CLASSIFICATIONS/SERVICES

34 General Acute Care
97 Skilled Nursing (D/P)
350 Acute Psychiatric (D/P)
596 Intermediate Care/DD (D/P)
485 Intermediate Care (D/P)

OTHER APPROVED SERVICES

Occupational Therapy
Pediatric Services
Speech Pathology
Audiology
Chemical Dependency Referral Services
Physical Therapy
Outpatient Services
Social Services
Dental Services

at UNIT 25,
CAMARILLO

This LICENSE is non-transferable and is granted solely upon the following conditions, limitations and comments:

Approved Outpatient Chemical Dependency Referral Services located in Unit 25.

S. KIMBERLY BELSHE'
DIRECTOR OF HEALTH SERVICES

William Jennings
AUTHORIZED REPRESENTATIVE

Refer complaints regarding these facilities to
The California Department of Health Services,
Licensing and Certification, Ventura District
Office, 6401 Telephone, Suite 200, Ventura, CA
93003, (805)654-4800

State of California-Department of Health Services
NOTICE OF EXPIRATION/APPLICATION FOR FACILITY LICENSE RENEWAL

DATE OF NOTICE: 07/19/96
INVOICE NUMBER: 05003072

LICENSE NUMBER 050000081 EXPIRES 06/30/96

FACILITY NAME: CAMARILLO STATE HOSPITAL AND DEVELOPMENTAL CENTER
LOCATION: 1878 LEWIS ROAD, CAMARILLO, CA 93010
TYPE OF FACILITY: GENERAL ACUTE CARE HOSPITAL

LICENSEE: STATE OF CA DEPT. OF DEVELOPMENT SERVICES
P O BOX 6022
CAMARILLO, CA 93011-6022

TYPE: OTHER PUBLIC AGENCY
TOTAL LICENSED CAPACITY: 1562

FACILITY INFORMATION

ADMINISTRATOR: DAVID FREEHAUF

TELEPHONE: (805) 484-3661

BED CLASSIFICATION SERVICES

General Acute Care (TOTAL)	34	Skilled Nursing D/P (TOTAL)	97
Acute Psychiatric D/P (TOTAL)	350	Intermediate Care/DD D/P (TOTAL)	596
Intermediate Care D/P (TOTAL)	485		

APPROVED SERVICES

Occupational Therapy	Podiatric Services
Speech Pathology	Audiology
Chem Dependency Rec. Svs at UNIT 25, CAMARILLO	Physical Therapy
Social Services	Outpatient Services
	Dental Service

LIMITATIONS/CONDITIONS/COMMENTS

Approved Outpatient Chemical Dependency Recovery Services located in Unit 25.

LICENSE CHANGES

Please explain fully on a separate sheet of paper if:

- a) the pre-printed FACILITY INFORMATION on this notice is incorrect: or
- b) any change in program, licensed capacity, or ownership is desired.

RENEWAL FEE INFORMATION

FOR PERIOD 07/01/96 TO 06/30/97 TOTAL FEES DUE: EXEMPT

SUBMIT ONE (1) COPY OF THIS NOTICE (SIGNED) TO:

The Department of Health Services, Licensing and Certification, Ventura
District Office, 6401 Telephone Road, Suite 200, Ventura, CA 93001

QUESTIONS: CONTACT THE LICENSING DISTRICT OFFICE AT (805) 654-4800

-----For Departmental Accounting Use-----

TC |__| FY |__| ITEM |__|__|__| CAT |__|__| IND: 7665 RV: 12570005 PCA: 85228

LICENSEE ACKNOWLEDGEMENT

I/we accept responsibility to (a) comply with local ordinances concerning zoning, sanitation, building, and other appropriate ordinances; (b) comply with the labor code on employment practice concerning wages, hours, non-discrimination, liability insurance, and working conditions; (c) comply with health and safety codes and regulations concerning licensing and fire safety. I/we declare under penalty of perjury that the statements on this notice and any accompanying attachments are correct to my/our best knowledge.

David E. Freehauf

TITLE *Executive Director*

DATE *7-31-96*

MR-ACL653-R001

JUL 25 1996