



State of California
Department of Health Care Services
Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Health Care Services hereby certifies:

RIVERSIDE – SAN BERNARDINO COUNTY INDIAN HEALTH, INC.

to operate and maintain an alcohol and/or other drug program using the following name and location:

**SAN MANUEL INDIAN HEALTH CLINIC
11980 MOUNT VERNON AVENUE
GRAND TERRACE, CALIFORNIA 92313**

This certification extends to the following level of alcohol and/or other drug program services:

OUTPATIENT SERVICES

**Certification Number:
360058AN**

**Effective Date: 05/01/2023
Expiration Date: 04/30/2025**



JANELLE ITO-ORILLE, Division Chief

Complaints regarding services provided in this facility should be directed to:
Complaint Coordinator, Complaints Section, MS 2601
Post Office Box 997413, Sacramento, California 95899-7413
PHONE: (877) 685-8333 / (916) 322-2911 – FAX: (916) 440-5094 – E-mail: SUDComplaints@dhcs.ca.gov

Post in a prominent location. This Certification is not transferable.