

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00160976 CENSUS: 62 SAMPLE SIZE: 5 SURVEY DATE: 06/02/2023</p> <p>The facility is not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this Complaint survey.</p>	A 000		
A1243	<p>8:36-17.6(b) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(b) The temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed 120 degrees Fahrenheit.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #NJ00160976</p> <p>Based on observations, interviews, document and record review, the facility failed to consistently monitor and maintain hot water temperatures at or below 120 degrees Fahrenheit (F) in 8 (Rooms 167, 247, 249, 269, 280, 350, 351, 380) of 62 Assisted Living (AL) rooms checked for hot water temperatures.</p> <p>Findings included:</p>	A1243		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1243	<p>Continued From page 1</p> <p>Review of "Daily Rounds" documents from 02/20/2023 through 05/29/2023 revealed instances of water temperatures for AL resident rooms that measured above 120 degrees F. There were seven instances of water temperatures that measured at 121 degrees F, three instances of water temperatures that measured at 122 degrees F, and two instances of water temperatures that measured at 123 degrees F. Specifically:</p> <p>On 02/24/2023: Water temperature in Room 351 measured at 121 degrees F; On 02/25/2023: Water temperature in Room 249 measured at 121 degrees F; Room 269 measured at 122 degrees F; Room 280 measured at 121 degrees F; Room 380 measured at 121 degrees F; On 02/26/2023: Water temperature in Room 247 measured at 123 degrees F; Room 269 measured at 121 degrees F; Room 350 measured at 123 degrees F; On 02/28/2023: Water temperature in Room 249 measured at 121 degrees F; Room 280 measured at 121 degrees F; Room 380 measured at 122 degrees F; and On 03/08/2023: Water temperature in Room 167 measured at 122 degrees F.</p> <p>The documents lacked evidence of a response to the water temperatures that measured above 120 degrees F. The reviewed also revealed three Daily Rounds documents, dated 03/02/2023, 03/06/2023, and 03/22/2023, that lacked documentation of water temperatures.</p> <p>During an interview on 06/02/2023 at 10:32 AM, the Maintenance Director (MD) stated, in 01/2023 for approximately a week, the AL section was having problems getting hot water to the</p>	A1243		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1243	Continued From page 2 residents' rooms. He indicated he was not the MD at the time of the previous issue, but noted he was a maintenance technician at the facility at that time. He indicated the boilers did not have problems. The MD reported it was discovered the problem was a hot water spring valve that was stuck open and causing cold water to flow in the opposite direction of the hot water. He indicated he spent a lot of time in the AL's water valve station on the first floor to bleed the hot water line, which was able to purge all the cold water out of the mixing valve. He indicated it took a little longer for the hot water to get to the third floor of the AL, but the staff was asked to run the water faucet for about 15 minutes to get the water hot enough before giving showers in the morning. He reported the independent residents who were in the AL section were also advised to run the water faucet for 15 minutes to wait for the water to get hot. The MD also indicated it was frustrating for the residents and staff to wait for the water to get hot, but he did not recall any reports of water temperatures exceeding 120 degrees F because the valves had a problem with getting the water from cold to hot. The MD also indicated it took about a week to get the new spring valve, and once the new parts were installed, the residents voiced no further problems with hot water during the showers. He indicated he took over as the MD in 02/2023 and maintained a logbook of hot water temperatures throughout the facility. He indicated he was unable to find the logbook with the water temperatures for 01/2023, as he was not the MD at the time and did not maintain the log. He said the requirement for the AL section's water temperature was to maintain the temperature between 105 degrees F and 120 degrees F. The MD indicated that, in 01/2023, his job as maintenance technician was to maintain the hot water temperature between 105 degrees	A1243		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1243	<p>Continued From page 3</p> <p>F and 120 degrees F. He added he did not have any problems with water exceeding 120 degrees F. He also added that to have the water temperature exceed 120 degrees F was an extremely rare occurrence at the facility.</p> <p>Review of the MD's written statement, dated 06/02/2023, revealed that during the previous winter, the AL mixing station suffered problems with the hot water spring valve being stuck open. Per the statement, it was discovered that the hot water side of the mixing station was stuck open, "causing cold water to flow through the opposing direction of the hot water side, causing cold water to be sent up the mixing valve and throughout the entire Assisted Living side of the building." Per the statement, the facility was able to correct the problem by finding the problem with the spring and ordering and installing a new one. The MD's statement indicated it took "about a week" for the new part to come in. To address this problem, he noted maintenance had to bleed the hot water line through a faucet, purging all the cold water out of the mixing valve, which reportedly corrected the problem for the entire day. During the overnight hours, the lack of water use throughout the AL facility would cause the problem to happen again, meaning maintenance would have to begin the bleeding process all over again. Once the new spring valve arrived, they installed the part promptly, ensuring hot water was restored throughout the AL section.</p> <p>A tour of the facility was conducted on 06/02/2023 at 11:00 AM, and the water temperatures were as follows:</p> <p>First Floor -Room 25 - 117 degrees F -Room 16 - 118 degrees F</p>	A1243		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1243	<p>Continued From page 4</p> <p>-Room 35 - 117 degrees F</p> <p>Second Floor</p> <p>-Room 254 - 119 degrees F</p> <p>-Room 269 - 116 degrees F</p> <p>-Room 270 - 116 degrees F</p> <p>-Room 274 - 116 degrees F</p> <p>Third Floor</p> <p>-Room 362 - 118 degrees F</p> <p>-Room 369 - 117 degrees F</p> <p>-Room 370 - 117 degrees F</p> <p>-Room 373 - 116 degrees F</p> <p>-Room 380 - 118 degrees F</p> <p>Review of a document titled "***Monarch Level of Care - NJ - V2," with an effective date of [redacted] revealed Resident #1's "Initial Move In" was on [redacted] and the resident was assessed as [redacted].</p> <p>During an interview on 06/02/2023 at 11:30 AM, Resident #1 reported no concerns about the water temperature being too cold or hot.</p> <p>Review of a document titled "***Monarch Level of Care V3-AL and MC," with an effective date of [redacted] revealed Resident #2's "Initial Move In" was on [redacted] and the resident was assessed as [redacted].</p> <p>During an interview on 06/02/2023 at 11:40 AM, Resident #2 indicated the water temperature had always been good.</p> <p>Review of a document titled "***Monarch Level of Care - NJ - V2," with an effective date of [redacted] revealed Resident #3's "Initial Move In" was on [redacted] and the resident was assessed as [redacted].</p>	A1243		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1243	<p>Continued From page 5</p> <p>During an interview on 06/02/2023 at 11:45 AM, Resident #3 indicated the water temperature was fine, and the resident did not recall having any problems with water temperature in [redacted].</p> <p>Review of Resident #4's admission information document revealed their initial move-in date at the facility was [redacted].</p> <p>Review of a document titled "***Monarch Level of Care - NJ - V2," dated [redacted] revealed Resident #4 was assessed as [redacted]."</p> <p>During an interview on 06/02/2023 at 11:50 AM, Resident #4 reported they had not identified any problems with water temperature since they moved into their room at the facility.</p> <p>Review of a document titled "BIMS (Brief Interview for Mental Status)-NJ," dated [redacted] revealed Resident # 5 was admitted to the facility on [redacted] and was assessed as [redacted]."</p> <p>During an interview on 06/02/2023 at 11:50AM, Resident #5 reported that they had not identified any concerns with water temperature when taking showers.</p> <p>Review of a document titled "***Monarch Level of Care - NJ - V2," with an effective date of [redacted] revealed Resident #6's "Initial Move In" was on [redacted] and the resident was assessed as [redacted]."</p> <p>During an interview on 06/02/2023 at 1:05 PM, Resident #6 reported the resident was residing in their current room in [redacted] and did not have any concerns related to water getting too cold or</p>	A1243		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1243	<p>Continued From page 6</p> <p>too hot.</p> <p>During an interview on 06/02/2023 at 1:39 PM, Licensed Practical Nurse (LPN) #1 indicated that for "about one week" in 01/2023, the water in the shower rooms was too cold for the residents to take a shower, and it was taking a little longer to get hot. She reported the water was not getting hot fast enough, so they had to notify the MD. She indicated the water eventually got hot. She indicated that since the water temperature was fixed in 01/2023, they had not experienced any problems with water getting too cold or hot.</p> <p>During an interview on 06/02/2023 at 1:42 PM, Certified Nurse Aide (CNA) #2 indicated she recalled that for about a week, the water in the shower rooms was too cold to give showers, but she did not note that the water got too hot. She indicated they had to open the shower faucets and let them run for about 15-20 minutes, and then the hot water would come. She indicated the residents got their showers because the MD was available 24 hours a day to assist with the hot water concerns. CNA #2 indicated that since the water temperature was fixed in 01/2023, they had not experienced any problems with the water temperature being too hot or cold.</p> <p>During an interview on 06/02/2023 at 1:57 PM, LPN #3 reported the water was too cold for "about a week" in 01/2023 and they had to run the shower faucets for more than 15 minutes to get the water hot enough for the residents to get showers. She indicated they had not experienced any problems with the water being too hot or cold since 02/2023.</p> <p>During an interview on 06/02/2023 at 3:38 PM, Head Cook (HC) #4 reported he was employed at</p>	A1243		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1243	<p>Continued From page 7</p> <p>the facility in 01/2023. He indicated the water temperature in the kitchen was not cold, and the dishwasher did not have any problems with hot water.</p> <p>During an interview on 06/02/2023 at 3:49 PM, the Laundry Director (LD) reported she did not recall the laundry water temperature getting cold in 01/2023. She indicated the water temperatures had always been consistently hot when washing the linens and residents' laundry.</p> <p>During an interview on 06/02/2023 at 3:52 PM, the Wellness Director (WD) indicated she started working at the facility in 03/2023, and she did not recall having any concerns about water temperatures at the facility. She reported that if the water temperature was too cold or hot, the staff were to complete a work order and give it to the MD, who addressed the concerns immediately. The WD indicated they did not have a policy for water temperatures.</p> <p>During an interview on 06/02/2023 at 3:57 PM, the Executive Director (ED) indicated she started working at the facility in NJ Ex Order 26-41, and she did not recall any grievances related to water being hot or cold. She indicated the staff at the facility were aware they needed to complete a work order if they were experiencing concerns with water temperatures being too hot or cold.</p>	A1243		

Bella Terra

by MONARCH

7/20/23
OK. B.

A1243

1. Corrective action to consistently monitor and maintain hot water temperatures at or below 120 degrees Fahrenheit (F) will be accomplished by:

- For apartments 167, 247, 249, 269, 280, 350, 351, 380, the water temperature is checked once a week, for about 4 weeks or as needed, by MD or Assistant, and a record is kept on a "Daily Round Air and Water Temperature" log binder.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice?

The facility has a main mixing valve that controls the output temperature for each apartment individually. Making sure that the mixing valve stays at or below 120 degrees Fahrenheit ensures that all apartments connected to the mixing valve will never exceed the stipulated temperature. We continue to do weekly water temperature tests and keep records of it.

3. The measures that will be put into place to ensure deficient practice will not recur are:

- MD or Maintenance Assistant will make sure after making any adjustments in the system, to retake the water temperature and record, in the log binder, the new output.

4. The facility will monitor the corrective action by:

- The administrator will check/audit "Daily Round Air and Water Temperature log binder once a month or as needed.
- The administrator will educate the Maintenance Director on facility policy regarding the temperature of the hot water used for bathing and handwashing.
- The Maintenance Director will educate the staff on how to report any concerns about water temperatures and will keep a copy of the in-service that was conducted along with signatures.
- The Maintenance Director MD will educate all assistants on facility policy regarding the temperature of the hot water used for bathing and handwashing.
- The Administrator will inform residents on how (when) to notify/report any hot water issues.

Completion date: 7/21/2023

NJ Ex Order 26.4b1

NJ Ex Order 26.4b1

2 Kathleen Drive Jackson, NJ 08527
732-730-9500

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELLA TERRA BY MONARCH	STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00160976 CENSUS: 62 SAMPLE SIZE: 5 SURVEY DATE: 06/02/2023</p> <p>The facility is not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this Complaint survey.</p>	A 000		
A1243	<p>8:36-17.6(b) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(b) The temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed 120 degrees Fahrenheit.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #NJ00160976</p> <p>Based on observations, interviews, document and record review, the facility failed to consistently monitor and maintain hot water temperatures at or below 120 degrees Fahrenheit (F) in 8 (Rooms 167, 247, 249, 269, 280, 350, 351, 380) of 62 Assisted Living (AL) rooms checked for hot water temperatures.</p> <p>Findings included:</p>	A1243	<p>A1243</p> <p>1. Corrective action to consistently monitor and maintain hot water temperatures at or below 120 degrees Fahrenheit (F) will be accomplished by:</p> <ul style="list-style-type: none"> The water temperature of the mixing valve is checked, subsequently water temperature in some apartments is checked. This process is done once a week, by Maintenance Director (MD) or Assistant, and a record is kept on a "Daily Round Air and Water Temperature" log binder. 	6/30/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

NJ Ex Order 26.4b1

TITLE

Interim Executive Director 7/18/23

(X6) DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A008	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/25/2023
NAME OF FACILITY BELLA TERRA BY MONARCH		STREET ADDRESS, CITY, STATE, ZIP CODE 2 KATHLEEN DRIVE JACKSON, NJ 08527

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A1243	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-17.6(b)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/21/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/2/2023
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO