PRINTED: 03/20/2024 FORM APPROVED OMB NO. 0938-0391

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		315229	B. WING		10/25/2023	
	ROVIDER OR SUPPLIER CENTER FOR REHAB	ILITATION AND PEDIATRICS	HASKELL, NJ 07420			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION	
K 000	INITIAL COMMENT	rs .	K 00	0		
K 321 SS=E	New Jersey Departing Survey and Field Op 10/18/2023 and 10/16 found to be in noncontequirements for particles and Medicare/Medicaid Safety from Fire, and National Fire Protect Life Safety Code (Life Safety Code (Life Safety Code) Phonex Center is a built in the 1980's. It protected construction 17 smoke zones. The facility has a smand a 300 KW Diese Hazardous Areas - CFR(s): NFPA 101 Hazardous Areas - Hazardous Areas are having 1-hour fire refire rated doors) or a system in accordant When the approved system option is use separated from othe partitions and doors Doors shall be self-and permitted to har protective plates the from the bottom of the Describe the floor and to the partition of the partition of the partition of the Describe the floor and the protective plates the floor and the protective plates the floor and the protective the floor a	rticipation in at 42 CFR 483.90(a), Life d the 2012 Edition of the stion Association (NFPA) 101, SC), Chapter 19 EXISTING ancy four-story building that was t is composed of Type II on. The facility is divided into mall Natural Gas generator el generator. Enclosure Enclosure Enclosure The protected by a fire barrier esistance rating (with 3/4 hour an automatic fire extinguishing ce with 8.7.1 or 19.3.5.9. The automatic fire extinguishing ed, the areas shall be er spaces by smoke resisting in accordance with 8.4. Closing or automatic-closing we nonrated or field-applied at do not exceed 48 inches	K 32	1	12/8/23	
ADODATODY	DIRECTOR'S OR RROVINE	R/SLIPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u>	TITI F	(X6) DATE	

Electronically Signed 11/08/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		315229	B. WING			10/25/2023	
	ROVIDER OR SUPPLIER CENTER FOR REHABIL	ITATION AND PEDIATRICS	·	STREET ADDRESS, CITY, STATE, Z 1433 RINGWOOD AVE HASKELL, NJ 07420	ZIP CODE	10/20/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED			
K 321	Continued From pag		K	321			
	e. Trash Collection R (exceeding 64 gallon f. Combustible Storag (over 50 square feet) g. Laboratories (if cla Hazard - see K322) This REQUIREMENT by: Based on observation provided documental presence of facility m determined that the f fire-rated doors to ha separated by smoke accordance with NFF 19.3.2.1, 19.3.2.1.3, 19.3.6.4, 8.3, 8.3.5.1 This deficient practical following: During the survey en AM a request was ma Maintenance (DOM) facility lay-out which and smoke compartin A review of the facility there are two (2) built together, the Long Te Pediatric building.	red Heater Rooms han 100 square feet) ce, and Paint Shops ns (exceeding 64 gallons) cooms s) ge Rooms/Spaces resistified as Severe resisting partitions in PA 101, 2012 Edition, Section 19.3.2.1.5, 19.3.6.3.5, 19.4.8.5.6.2 and 8.7. red was evidenced by the resisting partitions in red 101/17/2023 at 9:31 and to the Director of to provide a copy of the identifies the various rooms		IMMEDIATE ACTION On 10/17/2023, Mainter enclosure to the corrido and floor treat ensure the door self-clo IDENTIFY OTHERS: On 10/26/2023 Director Maintenance/designee hazardous area to ensus self-enclosure. No negative in the self-enclosure in the self-closes into its frame QAPI: Director of Maintenance perform monthly audits hazardous areas has a self-closes into its frame and self-closes into its frame in the self-closes in	or door in room to be sees into its frame of reviewed all ure all doors had ative findings. To of initiated in servito ensure all door that e. e/designee will to ensure all door that	1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG 01		(X3) DATE SURVEY COMPLETED	
		315229	B. WING _		10	0/25/2023	
	ROVIDER OR SUPPLIER	BILITATION AND PEDIATRICS		STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE CICIENCY)	(X5) COMPLETION DATE	
K 321	conducted. During the buildin the following haza smoke resisting d On 10/17/2023: 1) At approximatinside the was performed. Toom was utilized room. The survey over 50 Banker si Medical records a combustible Medical form the surveyor means to self-close left an approximation. The surveyor means to self-close left an approximation of the surveyor means to self-close left an approximation of the surveyor means to self-close left an approximation of the surveyor means to self-close left an approximation of the surveyor desired the surveyor observed. The surveyor observed in the surveyor observed	g tour the surveyor observed ardous area that failed to have oors, ely 11:34 AM, an inspection floor Resident room floor Resident room floor Resident room results as a Medical Records storage for observed inside the room results be not a six shelf racks filled with cal Records. This tely 38 inch opening to the room results as inch opening to the room results from the results of the room results from the results of the room results of the roo	K	months then quarterly negative findings will I corrective actions take Maintenance and report Administrator. All finding the presented during the presented during the Maintenance and will percent compliant attack.	have immediate en by Director of orted to the ings of the audits will he QAPI meetings Director of be ongoing until 100		

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED	
		315229	B. WING _		10/	25/2023
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K 321	corridor. The surveyor measur The room was 9 feet feet. With this corridor doo all the way, this would poisonous gases to p corridor in the event of A review of an emerg posted in the area ide room #324 and Treate and/ or secondary eg fire. The DOM confirmed to observations.	etely 36 inch opening to the ed and recorded the room. by 6 feet which is 54 square r not closing into its frame d allow fire, smoke and ass into the exit access of a fire. ency evacuation diagram entified to pass the Resident ment room is the primary ress route in the event of a the findings at the time of	К 3.	21		
	the Administrator of the NJAC 8:39-31.2 (e) Life Safety Code 101 Portable Fire Extinguit CFR(s): NFPA 101 Portable Fire Extinguit Portable fire extinguis inspected, and maintate NFPA 10, Standard for Extinguishers. 18.3.5.12, 19.3.5.12, This REQUIREMENT by: Based on observation	AM, the surveyor informed ne deficiency. ishers ishers shers are selected, installed, ained in accordance with or Portable Fire NFPA 10 is not met as evidenced in and review of facility	K 3	IMMEDIATE ACTION	th o	12/8/23
	documentation on 10	0/17/2023, 10/18/2023 and		On 10/17/2023, Maintenance replaced	the	

CLIVILIN	3 FOR MEDICARE &	WEDICAID SERVICES				CIVID IVC	7. 0930 - 0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		315229	B. WING _			10/	25/2023
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
_				14	433 RINGWOOD AVE		
PHOENIX	CENTER FOR REHABIL	ITATION AND PEDIATRICS		Н	ASKELL, NJ 07420		
040.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 355	failed to: 1) Perform a monthly portable fire extinguis 2) Replace 1 of 38 powhen discharged, as required by Nation Association as required Edition, Section 19.3. Fire Protection Association, Sections 6.1, N.J.A.C. 5:70. Reference #1 NFPA for portable fire exting 4-3 Inspection Ma-4-3.1 Frequency, inspected when initial thereafter at approxime extinguishers shall be intervals when circum-4-3.3 Corrective A of any fire extinguishers conditions listed in 4-immediate corrective 4-3.4 At least month was performed and the performing the inspection label attached 5-7.3.1.1.1 Fire extinguishers maintenance at into maintenance at into the section of	determined that the facility determ	K3	355	fire extinguisher on the day room. On 10/18/2023, Maintenand performed monthly inspection and documented on the two fire extinguisher in the maintenance shop. IDENTIFY OTHERS: On 10/26/2023 Director of Maintenance/designee reviewed all fire extinguishers to ensure all were inspect and documented. Any negative finding were corrected. INSERVICES: On 10/26/2023 Director of Maintenance/designee initiated in serv to all maintenance staff to ensure all fire extinguishers in the facility including maintenance shop will have monthly inspection performed and documented. QAPI: Director of Maintenance/designee will perform monthly audits to ensure all fire extinguishers in the facility are inspected and documented for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Maintenand and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarter by the Director of Maintenance and will ongoing until 100 percent compliant attained.	e e ers e e e e e e e e e e e e e e e e	
	The findings include t	he following,					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER CENTER FOR REHABII	LITATION AND PEDIATRICS		STREET ADDRESS, CITY, STATE, ZIP C 1433 RINGWOOD AVE HASKELL, NJ 07420	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
K 355	On 10/17/2023 durin approximately 09:21 the Director of Main copy of the facility la various rooms and s A review of the facilit there are two (2) bui together, the Long Topediatric building. Starting at approximation 10/17/2023 and continuous rooms and s A review of the facility there are two (2) builtogether, the Long Topediatric building. Starting at approximation 10/17/2023 and continuous was conducted and inspected and inspected and inspected and inspected and inspected insulation in the survey observed One (1) "A inside the floor of pressure indicating replace this fire extinuous facility had a spare for replace this fire extinuous facility had a spare for replace this fire extinuous facility had a spare for replace this fire extinuous for 10/18/2023: On 10/18/2023: On 10/18/2023: At approximately observed two (2) AB inside the floor Main floor M	g the survey entrance at AM, a request was made to tenance (DOM) to provide a sy-out which identifies the moke compartments. Sy provided lay-out identified laings that are connected term Care building and the lately 09:59 AM on sinued on 10/18, 19/2023 in facility's DOM a tour of the ted. So and the lately ay tour the surveyor sted thirty-eight (38) fire bus locations that were last larch 2023 with the following ntified: 12:01 PM, the surveyor BC-Type" fire extinguisher Residents leedle was in the RED	K	355			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
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	ITATION AND PEDIATRICS		STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE	
spare fire extinguished. The surveyor observed the extinguishers were Maintenance Shop with March 2023. There was no evider examination performed August and Septembour The DOM confirmed observations. On 10/19/2023 during approximately 11:47 of the Administrator of the NFPA 10 number of the Administrator of the Administrator of the NFPA 10 number of Subdivision of Building CFR(s): NFPA 101 number of Subdivision of Building Construction 2012 EXISTING number of Smoke barriers shall fire resistance rating be permitted to terminal Smoke dampers are penetrations in fully dan approved sprinkle smoke compartments barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanin REMARKS. This REQUIREMENT by: Based on observation	er. The DOM said, yes. and on the tags attached to be last annually inspected as last annually inspected as last annually inspected ace of monthly visual and and documented for are 2023. The finding at the time of g the survey exit at AM, the surveyor informed and deficiency. 31.2 (e). and Spaces - Smoke Barrier be constructed to a 1/2-hour and per 8.5. Smoke barriers shall and at an atrium wall. and required in duct acted HVAC systems where are system is installed for and adjacent to the smoke and smoke control system is not met as evidenced and review of facility		IMMEDIATE ACTION	ad the	12/8/23	
provided documental	ion, it was determined that		Un 10/19/2020, Maintenance Seat	ou lile		
	SUMMARY ST (EACH DEFICIENC REGULATORY OR I Continued From page spare fire extinguisher The surveyor observe the extinguishers wer Maintenance Shop w March 2023. There was no evider examination performe August and Septemb The DOM confirmed observations. On 10/19/2023 during approximately 11:47 at the Administrator of th NFPA 10 NJAC 8:39 -31.1 (c), Subdivision of Buildin CFR(s): NFPA 101 Subdivision of Buildin Construction 2012 EXISTING Smoke barriers shall fire resistance rating be permitted to termin Smoke dampers are penetrations in fully d an approved sprinkle smoke compartments barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechar in REMARKS. This REQUIREMENT by: Based on observation	ROVIDER OR SUPPLIER CENTER FOR REHABILITATION AND PEDIATRICS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 spare fire extinguisher. The DOM said, yes. The surveyor observed on the tags attached to the extinguishers were last annually inspected Maintenance Shop was last annually inspected March 2023. There was no evidence of monthly visual examination performed and documented for August and September 2023. The DOM confirmed the finding at the time of observations. On 10/19/2023 during the survey exit at approximately 11:47 AM, the surveyor informed the Administrator of the deficiency. NFPA 10 NJAC 8:39 -31.1 (c), 31.2 (e). Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced	ROVIDER OR SUPPLIER CENTER FOR REHABILITATION AND PEDIATRICS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 spare fire extinguisher. The DOM said, yes. The surveyor observed on the tags attached to the extinguishers were last annually inspected Maintenance Shop was last annually inspected March 2023. There was no evidence of monthly visual examination performed and documented for August and September 2023. The DOM confirmed the finding at the time of observations. On 10/19/2023 during the survey exit at approximately 11:47 AM, the surveyor informed the Administrator of the deficiency. NFPA 10 NJAC 8:39 -31.1 (c), 31.2 (e). Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations and review of facility	CORRECTION IDENTIFICATION NUMBER: 315229 STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 6 spare fire extinguisher. The DOM said, yes. The extinguishers were last annually inspected Maintenance Shop was last annu	SITECT ADDRESS. CITY. STATE. ZIP CODE 31529 B. WING STREET ADDRESS. CITY. STATE. ZIP CODE 100 SIMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCE) SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCE) (EACH DEPICE NEW ADDRESS. CITY. STATE. ZIP CODE (EACH DEPICIENCE) (EACH DEPICIENCE) (EACH DEPICIENCE) (EACH DEPICIENCE) (EACH DEPICIENCE) (EACH DEPICE NEW ADDRESS. CITY. STATE. ZIP CODE (EACH DEPICIENCE) (EACH DEPICIENCE) (EACH DEPICE NEW ADDRESS. CITY. STATE. ZIP CODE (EACH DEPICE NEW ADDRESS. CITY. STATE. ZIP CODE (EACH DEPICE NEW ADDRESS. CITY. STATE. ZIP CODE (EACH DEPICIENCE) (EACH DEPICE NEW ADDRESS. CITY. STATE. ZIP CODE (EACH DEPICE NEW ADDRESS. CITY. STATE. ZIP	

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1, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		315229	B. WING			10/	25/2023	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				1 1	433 RINGWOOD AVE			
PHOENIX	CENTER FOR REHABIL	ITATION AND PEDIATRICS						
				П	ASKELL, NJ 07420			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE	
TAG	REGULATURY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	AIE	57.1.2	
			-					
K 372	Continued From page		K	372				
	the facility failed to m	aintain the integrity of smoke			hole that was found above the ceiling t	iles		
	barrier partitions for t	wo (2) of eleven (11) smoke			of the corridor double smoke doors nex	ct		
	barrier walls as evide	enced by the following:			to resident room and #			
	During the survey en	trance on 10/17/2023 at 9:31			IDENTIFY OTHERS:			
	AM a request was ma				On 10/26/2023, Director of			
	, ,	to provide a copy of the			Maintenance/designee reviewed all			
		identifies the various rooms			smoke barrier partitions for all smoke			
	and smoke compartm				barrier walls to ensure no other areas			
		y provided lay-out identified			failed to maintain the 1/2 hour fire rated	1		
		dings that are connected			construction as required by code. No			
		erm Care building and the			negative findings.			
	Pediatric building.							
) smoke barrier walls and			INSERVICES:			
	, ,	rated wall in the facility.		On 10/26/2023 Director of				
		23 and continued on 10/18			Maintenance/designee initiated in serv			
	-	resence of the facility's DOM			to all maintenance staff to ensure facili	ty		
		the corridor ceiling tiles of 9			maintain the integrity of smoke barrier			
	fire/ smoke barrier wa				partitions in all areas and will be ongoin	ng		
		ed the following smoke			until all staff are educated.			
		maintain the 1/2 hour fire						
		required by code in the			QAPI:			
	following locations,				Director of Maintenance/designee will			
	4 0 40/40/2025				perform monthly audits to ensure all			
		approximately 9:40 AM, in			fire/smoke barrier walls have no openir	•		
	the Pediatric building				above the ceiling tiles for first 3 months			
		d above the ceiling tiles of			then quarterly thereafter. Any negative			
	the corridor double si	. ,			findings will have immediate corrective			
		2-1/2" , one approximately 2"			actions taken by Director of Maintenan	ce		
		s and 1 BX electrical cable			and reported to the Administrator. All			
		ly 3" by 6" hole with one			findings of the audits will be presented			
	_	white wires running through			during the QAPI meetings held quarter	-		
	the smoke barrier wa	II.			by the Director of Maintenance and wil	be		
	This penetration was	observed on both sides			ongoing until 100 percent compliant			
	through the smoke ba	arrier wall, indicating that it			attained.			
	was not sealed close	d to prevent smoke, fumes						
		through to the other smoke						
	compartment.	-						
	ı -		1		I			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE	SURVEY PLETED
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	ROVIDER OR SUPPLIER CENTER FOR REHABIL	ITATION AND PEDIATRICS		STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 374 SS=D	2. On 10/19/2023 at the Pediatric building the surveyor observe the corridor double sr approximately 1/2", withrough the smoke base through the smoke base was not sealed close and fire from passing compartment. The DOM confirmed observations. On 10/19/2023 during approximately 11:47 at the Administrator of the Fire Safety Hazard. NJAC 8:39-31.2(e). Subdivision of Buildin CFR(s): NFPA 101 Subdivision of Buildin Doors 2012 EXISTING Doors in smoke barrie bonded wood-core do resists fire for 20 min plates of unlimited he are permitted to have assemblies per 8.5. Dautomatic-closing, do are not required to swegress travel. Door of	approximately 9:51 AM, in near Resident room dabove the ceiling tiles of moke doors, two (2) with 3 blue wires running arrier wall. observed on both sides arrier wall, indicating that it do to prevent smoke, fumes through to the other smoke the findings at the time of the survey exit at AM, the surveyor informed he deficiency. In Spaces - Smoke Barrier In Spaces - Sm	K 3			12/8/23

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER CENTER FOR REHABIL	ITATION AND PEDIATRICS	·	14	TREET ADDRESS, CITY, STATE, ZIP CODE 133 RINGWOOD AVE ASKELL, NJ 07420		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 374	by: Based on observation provided documentated 10/18/2023 and 10/19 that the facility failed doors to resist the tracompletely closed for deficient practice was corridor smoke barried evidenced by the following for the facility for the fac	ris not met as evidenced ns and review of facility ion on 10/17/2023, 29/2023, it was determined to maintain smoke barrier nsfer of smoke when if fire protection. This is identified for 2 of 11 sets of ir doors tested and was owing: , 2012 Edition, noke barriers shall close the the minimum clearance operation, and shall be ils. The clearance under the ishall be a maximum of 3/4 trance on 10/17/2023 at 9:31 ade to the Director of to provide a copy of the dentifies the various rooms nents. / provided lay-out identified dings that are connected care building and the) smoke barrier walls and rated wall in the facility. 23 and continued on 10/18 resence of the facility's DOM pection of the building was	K	374	IMMEDIATE ACTION On 10/23/2023, Maintenance ordered door sweeps to add to the bottom of the smoke barrier doors on the double smodoors by resident room and and smoke doors by resident room and to ensure there will be no mothan ¿ of an inch gap from the bottom the door to the floor. IDENTIFY OTHERS: On 10/26/2023, Director of Maintenance/designee reviewed all smoke barrier doors to ensure the door can resist the transfer of smoke by ensuring there is ¿ of an inch gap from the bottom of the door to the floor. No negative findings. INSERVICES: On 10/26/2023 Director of Maintenance/designee initiated in servito all maintenance staff to ensure the doors can resist the transfer of smoke ensuring there is ¿ of an inch gap from the bottom of the door to the floor and be ongoing until all staff are educated. QAPI: Director of Maintenance/designee will perform monthly audits to ensure the doors can resist the transfer of smoke ensuring doors shall be a maximum of inch from the floor for first 3 months the quarterly thereafter. Any negative findin will have immediate corrective actions taken by Director of Maintenance and	oke ore of ces by will by	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		315229	B. WING _			10	0/25/2023
	ROVIDER OR SUPPLIER CENTER FOR REHABIL	ITATION AND PEDIATRICS		STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420		•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 374	barrier sets of double corridors with the foll On 10/17/2023: 1) At approximately test of the double sm next to Resident roor doors were release fi device and allowed to the surveyor observe gap along the bottom. This test was repeate the same results. This would allow the poisonous gasses to compartment to anot. 2) At approximately test of the double sm next to Resident roor doors were release fi device and allowed to the surveyor observe gap along the bottom. This test was repeate the same results. This would allow the poisonous gasses to compartment to anot. This would allow the poisonous gasses to compartment to anot. The DOM confirmed observations. On 10/19/2023 during	e smoke doors in the owing results, 10:38 AM, during a closure oke doors on the source and swhen the rom the magnetic hold open to self close into their frame, d and measure a 1-1/8 inch to edge of the doors. The doors and shall be determined and measure a 1-1/8 inch to edge of the doors. 10:50 AM, during a closure oke doors on the 4th. floor and shall be doors on the 4th. floor and shall be doors. The day of the doors and shall be doors. The doors and shall be doors. The doors and shall be doors and shall be doors. The doors and shall be doors and shall be doors. The doors and shall be doors and the doors. The doors and shall be doors and the doors. The doors and shall be doors and the doors and the doors. The doors and the doors. The doors and the doors. The doors and the	K	374	reported to the Administrator. All finding of the audits will be presented during to QAPI meetings held quarterly by the Director of Maintenance and will be ongoing until 100 percent compliant attained.		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		315229	B. WING		10/25/2023
	ROVIDER OR SUPPLIER CENTER FOR REHABIL	TATION AND PEDIATRICS		STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420	
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K 521 SS=E	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, a comply with 9.2 and s accordance with the r specifications. 18.5.2.1, 19.5.2.1, 9.2	nanufacturer's	K 52	1	12/8/23
	by: Based on observation facility provided docu 10/18/2023 and 10/18 facility management, facility failed to: 1) Ensure that the fact were being properly in bathroom exhaust systems: 2) Provide an exhaust Resident Shower bath as per the National Fic (NFPA) 90A. This deficient practice following: On 10/17/2023 (day of survey entrance at appreciate the management of the survey of all systems and the survey of all systems as sleeping rooms are in the survey of all so as sleeping rooms are in the survey and the survey of all systems are in the survey of all systems and the survey of all systems are in the survey of all sy	stems. Set system for 2 of 20 Arrooms, The Protection Association The was evidenced by the The one of survey) during the Exproximately 09:21 AM, a The Director of The original of the dentifies the various rooms The original of the original of the dentifies the various rooms The original of the origi		IMMEDIATE ACTION On 10/17/2023, Maintenance repaired exhaust systems in the 5 bathroom locations (NJ EX Order. 264b1) Staff bathroom) and 2 resident shower bathrooms on the 3rd floor and 2nd flood The two roof exhaust motors were repaired by maintenance on 10/18/202 IDENTIFY OTHERS: On 10/26/2023, Director of Maintenance/designee reviewed all exhaust system at the facility to ensure ventilation. Any negative findings were corrected. INSERVICES: On 10/26/2023 Director of Maintenance/designee initiated in serv to all maintenance staff to ensure all exhaust system is properly maintained be ongoing until all staff are educated. QAPI: Director of Maintenance/designee will	ices will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		315229	B. WING _			10/	25/2023
NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS			STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 521	there are two (2) build together, the Long Te Pediatric building. The Long Term Care - There are 31 Reside common areas and a the floor. There are 31 Reside common areas and a the floor. There are 31 Reside common areas and a the floor. There are 31 Reside common areas and a the floor. There are 31 Reside common areas and a the floor. There are 37 Reside floor. The Pediatric building - There are 37 Reside floor. There are 37 Reside floor. Starting on 10/17/202 and 19/2023 in the profacility's DOM a tour conducted. During the Three (3) of surveyor inspected in sleeping rooms and the bathrooms. This inspection identifies that the profacility is profacility in the profacility in the profacility is profacility in the p	provided lay-out identified lings that are connected rm Care building and the building has, lent sleeping rooms, Resident shower room on lent sleeping rooms, Resident shower room on lent sleeping rooms, Resident shower room on areas, Kitchen, Physical rooms and Offices on the has, lent sleeping rooms (4 c renovation).	K	521	perform monthly audits to ensure all exhaust system are working properly for first 3 months then quarterly thereafter. Any negative findings will have immedi corrective actions taken by Director of Maintenance and reported to the Administrator. All findings of the audits be presented during the QAPI meeting held quarterly by the Director of Maintenance and will be ongoing until percent compliant attained.	ate will s	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			E SURVEY PLETED
		315229	B. WING			10)/25/2023
	ROVIDER OR SUPPLIER CENTER FOR REHA	BILITATION AND PEDIATRICS	•	STREET ADDR 1433 RINGWO HASKELL, I			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	,	PROVIDER'S PLAN OF CORRECTI EACH CORRECTIVE ACTION SHOUI ROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 521	On 10/17/2023: 1. At approximate observed no evide inside the flood At this time the suse an exhaust sy the third (3rd.) floot the surveyor obsesystem. At this time the suse an exhaust sy The DOM looked and said, no. The re-connected the other shower room. On 10/18/2023: 2. At approximate observed no evide inside the flood At this time the suse an exhaust sy second (2nd.) flood The DOM said, no. On 10/19/2023 in 3. At approximate room bath system did not fur This bathroom has would open. This mechanical ventilate.	haust system in 2 Resident is in the following locations: ely 11:46 AM, the surveyor ence of an exhaust system or Resident shower bathroom. Inveyor asked the DOM, Do you estem in the bathroom. Inveyor asked the DOM, "Do you estem in the bathroom." Inveyor asked the DOM, "Do you estem in the bathroom." Inveyor asked the DOM, "Do you estem in the bathroom." Inveyor asked the bathroom contractor must have not exhaust when they renovated ely 10:29 AM, the surveyor ence of an exhaust system for Resident shower bathroom. Inveyor asked the DOM, Do you estem in the bathroom inside the for Residents shower bathroom. In the Pediatric building: I	K	521			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NITIMBED:		PLE CONSTRUCTION G 01		(X3) DATE SURVEY COMPLETED	
		315229	B. WING		,	10/25/2023	
PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS			STREET ADDRESS, CITY, STATE, ZIP CO 1433 RINGWOOD AVE HASKELL, NJ 07420				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
K 521	would open. This bat mechanical ventilation. 5. At approximately bathroom, when tested not function properly. This bathroom had not would open. This bat mechanical ventilation. 6. At approximately room. Bathroom bathroom bathroom had not would open. This bathroom had not would open. This bathroom	o window with an area that hroom would rely on in. 10:02 AM, inside Staff ed the exhaust system did in o window with an area that hroom would rely on in. 10:09 AM, inside Resident on properly. The inside window with an area that hroom would rely on in. 10:17 AM, inside Resident on, when tested the exhaust on properly.	K 52	21			
K 915	of the Mechanics on two (2) exhaust moto The DOM confirmed observations. On 10/19/2023 during approximately 11:47 the Administrator of t NFPA 90A. NJAC 8:39- 31.2 (e).	OM told the surveyor that one the roof reported to him that ors are not working. The finding at the time of the survey exit at AM, the surveyor informed	K 9 ⁻	15		6/30/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG 01		E SURVEY IPLETED
		315229	B. WING _		10	0/25/2023
	ROVIDER OR SUPPLIER CENTER FOR REHA	BILITATION AND PEDIATRICS	•	STREET ADDRESS, CITY, STATE, 2 1433 RINGWOOD AVE HASKELL, NJ 07420	•	
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K 915	Categories *Critical care roon electrical system f injury or death of p where electric life are served by a Ty *General care roo electrical system f injury to patients (Type 1 or Type 2 l *Basic care rooms system failure is in patients and room are not required to EES life safety bra power that will be 3.3.138, 6.3.2.2.1 99), TIA 12-3 This REQUIREME by: The facility has a approved by Cent Services (CMS) I expire June 30, 20 The facility has m 03/01/2023, 06/01 Based on observa review on 8/30/22 Maintenance Dire facility failed to pre Electrical System	as - Essential Electric System as (Category 1) in which callure is likely to cause major coatients, including all rooms support equipment is required, ype 1 EES. ms (Category 2) in which callure is likely to cause minor Category 2) are served by a EES. s (Category 3) in which electrical ot likely to cause injury to s other than patient care rooms to be served by an EES. Type 3 anch has an alternate source of effective for 1-1/2 hours. To, 6.6.2.2.2, 6.6.3.1.1 (NFPA ENT is not met as evidenced Time Limited Waiver which was er for Medicare and Medicaid December 21, 2022 that will	KS	IMMEDIATE ACTION Limited waiver is in place 9, 2022, Phoenix applie waiver as to K -915 Ele the appropriate design a infrastructure. On Dec CMS send the facility a its request is approved recommendation of Nev Department of Health, Its Survey and Field Opera letter also said that the until June 30, 2024. T continuing to work on th installation of the infrast to the existing waiver.	ed for a time limited ctrical Systems for and installation of the cember 21, 2023, letter stating that based on the way Jersey Health Facility ations. The CMS waiver is in place the Facility is the design and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER CENTER FOR REHABIL	ITATION AND PEDIATRICS	·	14	REET ADDRESS, CITY, STATE, ZIP CODE 33 RINGWOOD AVE ASKELL, NJ 07420			
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K 915	At approximately 11:0 observed all document for record review. The inspection dated: 04/2 information on "Esser Design Standards". To Ventilator (vent) unit to (NFPA Essential Electorype) system. At approximately 12:1 interviewed the Maint indicated that he was electrical system for to ESS (NFPA Essential Classification Type) so the At approximately 01:1 facility, the surveyor, Director could not lock branch panels that are surveyor and the Life Safety Code started to the Carbon Safety Code started to the Carb	nts provided by the facility provided electrical annual 25/22 did not provide any intial Electrical System the facility currently has a chat requires a TYPE 1 ESS trical System Classification and Electrical System Classification to sure if the current the vent unit was a TYPE 1 Electrical System system. If PM, while touring the interim Maintenance ate the required three e divided as follows: Life Safety critical Equipment arequired to have at least sinformed of the finding at exit conference on 8/31/22. Category 1) in which are is likely to cause major ents, including all rooms opport equipment is required,	K	915	INTERIM STEPS WHILE REPAIR COMPLETED: Director of Maintenance/designee is assigned on call 24/7 and present onsit to oversee generator performance durin any loss of main power related to the electrical system for the facility. INSERVICES On 10/26/2023, Director of Maintenance/designee initiated RE-services to all pediatric staff to ensithat in the event of power loss on the pediatric unit, staff must disconnect all non-essential electrical item from electrical outlets leaving only critical patient care electrical equipment in place to reduce load on electrical system and generator. In-services will be ongoing until all staff are educated. QAPI: Director of Maintenance/designee will perform monthly audits to ensure all sta are aware of the protocol for power loss the pediatric unit until electrical system updated for first 3 months then quarter thereafter. Any negative findings will ha immediate corrective actions taken by Director of Maintenance and reported to the Administrator. All findings of the aux will be presented during the QAPI meetings held quarterly by the Director Maintenance and will be ongoing until a percent compliant attained.	ng ure ce l aff s in is y ave o dits of		

STATEMENT OF DEFICIENCIES (X1) PROVIDE AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER CENTER FOR REHABIL	ITATION AND PEDIATRICS		STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420	•		
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K 915	Continued From page NFPA 99- 6.7.5.1.1 6.7.5.1.3* Critical Bra 6.7.5.1.4 Equipment 6.7.5.1.2 Life Safety I	nch Branch	К9	15			

POST-CERTIFICATION REVISIT REPORT

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PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01		DATE OF REVISIT	Г					
315229 _{Y1}	A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	12/8/2023	Y3					
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE							
PHOENIX CENTER FOR REHAB	LITATION AND PEDIATRICS	1433 RINGWOOD AVE							
		HASKELL, NJ 07420							
This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).									

ITE	M	DATE	ITEM			DATE	ITEM		DATE
Y4		Y5	Y4			Y5	Y4		Y5
ID Prefix Reg. # LSC	NFPA 101 K0321	Correction Completed 12/08/2023	Reg. #	NFPA 101 K0355		Correction Completed 12/08/2023	ID Prefix Reg. # LSC	NFPA 101 K0372	Correction Completed 12/08/2023
ID Prefix Reg. # LSC	NFPA 101 K0374	Correction Completed 12/08/2023	Reg. #	NFPA 101 K0521		Correction Completed 12/08/2023	ID Prefix Reg. # LSC	NFPA 101 K0915	Correction Completed 12/08/2023
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AC REVIEWE CMS RO	SENCY	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)	DATE	TIT	GNATURE OF SU			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/25/2023		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES				ES NO			