STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315183	A. BUILDING _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #:166308 Census: 100 Sample Size: 6 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Complaint# NJ166308	F 812	Tag 0804 Element One Corrective Actions	2/8/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/01/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315183	A. BUILDING _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

(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) COMPLETION DATE
F 812	Continued From page 1 Based on observation, interview, and review of facility documentation on 1/5/24, it was determined that the facility failed to consistently serve hot foods at acceptable temperatures to the residents. This deficient practice was observed for 2 of 2 test trays on two different units (Nelson 5 and Nelson 6) and evidenced by the following: On 1/5/24 at 11:57 AM, the surveyor, in the presence of the Dietary Director (DD), observed the server at the steam table calibrate the digital thermometer before taking the temperatures of the prepared foods. The surveyor recorded the temperatures of the prepared foods on the steam table prior to service at 12:00 PM and the temperatures were as follows: Cheesesteak - 200 degrees Peppers/onions - 201 degrees French fries - 165 degrees Ground meat - 193 degrees Pureed vegetables - 188 degrees Mashed potatoes - 176 degrees Pureed French fries - 165 degrees Ground vegetables - 195 degrees Ground hash browns - 189 degrees On 1/5/24 at 12:20 PM, the surveyor, in the presence of the DD, followed the cart to the Nelson 6 unit. The cart left the kitchen at 12:20 PM and arrived on the unit at 12:25 PM. The surveyor observed the Certified Nursing Assistants (CNA) and other facility staff, pass out the prepared food trays immediately to resident rooms on the lower end of the unit. The DD, in the presence of the surveyor, took the temperatures of the last test tray in the cart with a calibrated thermometer and they were as follows:	F 812	The dietary staff were immediately counseled and re-educated about proper hot and cold food temperature. The facility administrator immediately counseled and re-educated the Dietician in regards to halting passing trays as it could result in having the food and or drinks fall outside of safe parameters. Element Two Identification of at Risk Residents All Residents that are at risk for receiving meals have the potential to be affected by this practice. Element Three Systemic Change The facility "Food Temperature" policy was reviewed which addresses proper hot and cold food temperatures and transporting food as quickly as possible to maintain temperatures for delivery. Dietary staff were re-educated regarding these policies. The dietary staff was educated on a new meal temperature log that was introduced to dietary in which food temperatures must be documented prior to leaving the kitchen and on the floor for every meal to assure proper temperatures throughout the facility. Element Four Quality Assurance The Dietary Director or Designee will conduct daily audits of the food temperature logs every morning and test trays for one meal per day too assure 100 percent compliance for one week and then weekly for three months to assure proper food temperatures. Results will be provided to the Licensed Nursing Home	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315183	A. BUILDING _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

(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) COMPLETION DATE
F 812	Continued From page 2 Cheesesteak: 120 degrees Peppers/onions: 124 degrees French fries: 130 degrees During an interview with the surveyor on 1/5/24 at 12:38 PM, the DD stated he would expect the prepared food temperatures to be at least 140 degrees before being served to the residents. The DD stated if prepared food temperatures were found to be below 140 degrees, he would document it. The DD also stated he would not serve the food to the residents and provide another prepared food tray that was at the proper temperature. The DD further stated it is important to serve the prepared foods at the right temperature because the food would be in the "danger zone", which meant bacteria could build up and the residents could get sick. On 1/5/24 at 12:45 PM, the surveyor, in the presence of the DD, followed a second food cart to the Nelson 5 unit. The food cart arrived on the Nelson 5 unit at 12:49 PM. The surveyor observed the CNAs, and other facility staff, pass out the prepared food trays to the resident rooms. The CNAs and the dietician started to serve the prepared food trays when they ran out of coffee cups at 1:00 PM. The dietician stated she couldn't serve the remaining eight prepared food trays to the residents until all items were on the trays, which included the coffee cups. At 1:10 PM the coffee cups arrived on the unit and tray service was resumed. The DD, in the presence of the surveyor, took the temperatures of the last test tray in the cart with a calibrated thermometer and they were as follows: Cheesesteak - 118 degrees French fries - 124 degrees Peppers/onions - 113 degrees	F 812	Administrator (LNHA) who will review the findings and provide direction as appropriate. The Licensed Nursing Home Administrator (LNHA) will report the findings in aggregate at the monthly QAPI meeting for further action as required. Facility Educator will be responsible for maintaining education for staff on proper food temperatures and the Licensed Nursing Home Administrator (LNHA) for the correction of deficiency The facility will be in compliance with regard to this deficiency, and the corrective actions and competencies mentioned above by 02/08/2023 to ensure the deficient Tag 0804 will not reoccur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315183	A. BUILDING _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	**2150 ROUTE 38 CHERRY HILL, NJ 08002**

(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) COMPLETION DATE
F 812	Continued From page 3 During an interview with the surveyor on 1/5/24 at 1:23 PM, the Licensed Nursing Home Administrator (LNHA) stated issues with proper food temperatures were identified in the resident council meetings. The LNHA stated there were food temperature complaints from the residents about hot food being served cold. This happened sometimes during the breakfast meal and lunch meal. When this occurred, the food trays were removed and discarded. The LNHA further stated proper food temperatures were important because of safety concerns and the food would not be appetizing, to the residents. Review the facility policy titled; "Food Temperatures" under the "Policy" section, revealed "Foods will be cooked, cooled, held, reheated, and stored at the proper temperature to minimize the growth of pathogenic bacteria that may result in foodborne illness. Temperatures of food will be monitored to ensure safety." Under the "Procedure" section, revealed under "4. All hot food items must be cooked to appropriate internal temperatures and held at a temperature of a least 135 degrees Fahrenheit; and 6. Temperatures should be taken periodically to assure hot foods stay above 135 degrees Fahrenheit and cold foods stay below 41 degrees Fahrenheit during the holding and serving process." NJAC 8:39-17.4 (a)2	F 812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060409	A. BUILDING: _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

(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
S 000	Initial Comments Complaint#: NJ#166308 CENSUS: 100 SAMPLE SIZE: 6 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint # NJ#166308 Based on interview and review of pertinent facility documentation on 1/5/24, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 11 out of 28 day shifts reviewed. Findings include:	S 560	Tag 0560 Element One Corrective Actions A staffing analysis was completed to identify by shift the minimum amount of direct care staff and licensed nursing staff required by regulatory requirements to meet the care needs of the residents based on the daily census. The staffing schedule was reviewed by the DON with the staffing coordinator to identify by shift the required numbers of staff. Immediately	2/8/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/01/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060409	A. BUILDING: _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

(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
S 560	Continued From page 1 Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The surveyor requested staffing for the weeks of 12/03/23 to 12/09/23, 12/10/23 to 12/16/23, 12/17/23 to 12/23/23, and 12/24/23 to 12/30/23. As per the "Nurse Staffing Report," completed by the facility for the weeks of 12/03/23 to 12/30/23, the facility was deficient in CNA staffing for residents on 11 of 28 day shifts as follows: The facility was deficient in CNA staffing for residents on 11 of 28 day shifts as follows: -12/03/23 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.	S 560	when facility noted that staffing requirements where not met on 12/03/23, 12/09/23, 12/10/23, 12/16/23, 12/17/23 to 12/23/23 and 12/24/23 to 12/30/23. The facility reached out to agencies to fill vacant direct care positions. Facility staff were offered bonuses for picking up extra shifts. Agencies are contacted to fill vacant direct care certified nurse aide and licensed nurse positions while the facility advertised for new staff. Facility nursing staff are offered bonuses for picking up extra shifts when needed. The Facility continues to run Online Ads, offers sign on bonus and generous referral bonuses to attract new staff. Interviews are being conducted daily as applicants apply both scheduled or walk-ins. The staffing coordinator reviews the daily, weekly, and monthly staff schedules with the DON to assure staffing levels meet regulatory requirements and to offer extra shifts to cover vacation and days off in advance. Element Two Identification of at Risk Residents All residents have the potential to be affected by this practice. Element Three Systemic Change DON/ADON review staffing daily and weekly to ensure all resources have been used to staff the facility as per state mandates on an ongoing basis. Agencies are sent all staffing needs in advance and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060409	A. BUILDING: _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

(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
S 560	Continued From page 2 -12/04/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/10/23 had 11 CNAs for 99 residents on the day shift, required at least 12 CNAs. -12/12/23 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -12/16/23 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs. -12/21/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/23/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/26/23 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -12/27/23 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. -12/29/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/30/23 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs.	S 560	additional staff requested to cover in the event of callouts. The Facility continues to work with a recruiter and use digital and social media to staff the facility in compliance with regulations. Administration has formed a staffing committee and has conducted salary analyses and implemented creative strategies for attracting new employees to minimize the use of agency personnel. The staffing committee includes frontline staff and managers to identify ways the facility can improve the work environment to retain and attract new employees. The committee recommendations are shared with regional and corporate staff for review and implementation. Bonuses and incentive programs have been implemented to attract and to retain current staff. The facility is utilizing all types of digital media as well as headhunters to identify and hire new staff. Element Four Quality Assurance Daily staffing levels are reported to administrator and if there are any shortages additional incentives are provided to employees to work an extra shift. The success of bonuses and incentives is being analyzed by the facility Administrator and DON who make recommendations to the ownership regarding what incentives or bonuses are working. Staffing is discussed at daily	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060409	A. BUILDING: _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

(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
S 560	Continued From page 3	S 560	morning operations meetings and recommendations solicited from the management team about ways to attract new hires to fill vacant positions. HR and staffing coordinator/designee will track efforts and success of initiatives above and report findings to the administrator weekly for four months or until minimum staffing levels have been met on a consistent basis. The administrator will communicate findings to corporate staff for assistance and further direction as appropriate. Days and shifts where facility did not meet staffing requirement along with incentives used to attract staff for the days and shifts will be brought to QAPI on a monthly basis by DON x3 months. Also, recruitment efforts for the month x3 months will be submitted to the Administrator to evaluate progress of recruitment and retention efforts. Findings will be reported to the QAPI committee monthly and recommendations will be made based upon outcomes. The HR Director tracks monthly hiring and retention efforts which are reviewed at the monthly QAPI meeting and shared with Executive Director.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315183	A. Building B. Wing	2/14/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 02/08/2024	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	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

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
1/5/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
060409		2/14/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER CADBURY OF CHERRY HILL	2150 ROUTE 38 CHERRY HILL, NJ 08002

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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 02/08/2024	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	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

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
1/5/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO