

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

PRINTED: 03/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/18/2022
NAME OF PROVIDER OR SUPPLIER CORNELL HALL CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 234 CHESTNUT STREET UNION, NJ 07083		
(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 Survey date: 1/18/22 Census: 89 Sample: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was not found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880		2/22/22	

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

TITLE

(X6) DATE

Electronically Signed

01/28/2022

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.

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F 880	<p>Continued From page 1 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to 1) don (put on) Protective Equipment (PPE) when required, and 2) failed to wear PPE correctly. This was found on 2 of 2 cohorts units where residents with Covid-19 or suspected Covid-19 resided.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 1/18/22 at 9:42 AM, the surveyor spoke with the Unit Manager/Registered Nurse (UM/RN) of the [redacted] Unit. The UM/RN explained that on that unit there was a [redacted] residents or residents under observation [redacted] Executive Order 26, 4.b.), a [redacted] (an area where residents were under observation for signs and [redacted] Executive Order 26, 4.b. because they were [redacted] Executive Order 26, 4.b. or were exposed to [redacted] Executive Order 26, 4.b.), and a [redacted] (an area with [redacted] Executive Order 26, 4.b. residents who tested [redacted] Executive Order 26, 4.b. resided).</p> <p>The UM/RN showed the surveyor where each zone was located. Signage was placed to identify the zones. The UM/RN was at the nurses' station within the [redacted] Executive Order 26, 4.b. The UM/RN was wearing an N95 respirator and goggles. The straps of the N95 respirator were both around the top of her head. The surveyor asked the UM/RN about the straps being improperly placed. The UM/RN said</p>	F 880	<p>Element #1 (a) The Unit Manager was immediately re-educated on 01/18/2022 on how to properly place straps when wear an N95, signed and confirmed understanding. (b) C.N.A #1 was immediately re-educated on 01/18/2022 on proper donning of N95 mask and the doffing of face shield in adherence to the policy and procedure. The C.N.A was also able to sign/confirmed that she understood. (c) Maintenance Worker was immediately re-educated on 01/18/2022 on the proper donning and doffing of the face shield and the removal of the surgical mask upon exiting the [redacted] Executive Order 26, 4.b. Maintenance Worker signed and confirmed understanding. (d) C.N.A #2 was immediately re-educated on 01/18/2022 on the proper donning and doffing of PPE in adherence to the policy and procedure. C.N.A #2 was also re-educated on looking closely at the signage as it pertains to "Contact Precautions and Droplet Precaution sign listing necessary PPE to be put on before entering the room. C.N.A signed and confirmed understanding.</p> <p>All employees current and new will be educated on how to properly don and doff all PPE, including wearing N95 that are fit tested, face shields, and surgical mask.</p>	

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F 880	<p>Continued From page 3</p> <p>the head dress she was wearing interfered with the straps and the mask felt more secure with both straps on top of her head. She confirmed that was how she wore her N95 respirator on a regular basis and she did go in the [redacted] periodically. She then arranged the straps properly.</p> <p>2. On 1/18/22 at 10:15 AM, the surveyor observed the Certified Nursing Assistant (CNA #1) who was assigned to the [redacted] exiting the [redacted] via the zippered partition that separated the [redacted] from the [redacted]. CNA #1 unzipped the partition, placed a face shield in the bin inside the partition and exited. CNA #1 was wearing an N95 respirator with another mask under it. The straps of the N95 respirator were both on top of her head. The surveyor asked her what was under her N95 respirator. She said a surgical mask. She said she was wearing it for extra protection. She then left the area and when she returned, she no longer had the surgical mask under the N95 respirator, the straps were placed properly, and she was wearing a new face shield. The surveyor asked her what happened to the surgical mask that was under the N95 respirator. She said she removed it and threw it away.</p> <p>3. On 1/18/22 at 10:45 AM, the surveyor observed a Maintenance Worker (MW) standing outside the zippered partition that separated the [redacted] from the [redacted]. The MW was donning an isolation gown that he retrieved from the cart by the zippered partition. The MW was wearing an N95 respirator. He was holding a box with a telephone in it, and he said he was going to install the phone for one of the residents in the [redacted]. He then proceeded to unzipper the</p>	F 880	<p>Element #2 All residents/patients have the potential to be affected by the deficient practice.</p> <p>Element #3 Root Cause Analysis was conducted by the QAA Committee and it was determined that the alleged deficient practice occurred because there was no process in place for oversight and on-the-job audits to ensure compliance with Infection Control and Prevention guidelines relating to proper use of personal protective equipment and Transmission-Based Precautions protocols.</p> <p>Directed In-Service Training provided on the following topics: Nursing Home Infection Preventionist Training Course Module 1 Infection Prevention & Control Program provided to Topline Staff, infection preventionist and Front line staff CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID 19 Out! provided to Frontline Staff CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Closely Monitor Residents! provided to Frontline Staff CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 provided to Frontline Staff Nursing Home Infection Preventionist Training Course Module 4 Infection</p>	

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F 880	<p>Continued From page 4</p> <p>partition to enter the [redacted] Executive Order 26, 4.b. The surveyor asked him if he should be entering the [redacted] Executive Order 26, 4.b. without any eye protection. He said he had eyeglasses, then looked in the cart and pulled out a face shield. He did not know how to don the face shield. The UM/RN helped him don the face shield. He put a blue surgical mask over his N95 respirator and entered the [redacted] Executive Order 26, 4.b. At 10:52 AM the surveyor observed the MW exit the [redacted] Executive Order 26, 4.b. via the zippered partition. He no longer had the gown or face shield on. He had the N95 respirator on with the surgical mask on top as he walked past the nurses' station. The surveyor asked the UM/RN if he was supposed to be wearing that surgical mask after wearing it in the [redacted] Executive Order 26, 4.b. She said no and proceeded to instruct him to remove it. The MW removed the surgical mask, put it in the garbage, and performed hand hygiene.</p> <p>4. On 1/18/22 at 10:15 AM, the surveyor observed CNA #2 enter a resident's room in the [redacted] Executive Order 26, 4.b. on the [redacted] Executive Order 26, 4.b. Unit. The surveyor arrived at the resident's room and observed CNA #2 talking to the resident inside the room.</p> <p>CNA #2 walked out of the room and was stopped by the surveyor and was asked what do the signs on the wall and PPE bin that were outside the resident's room mean. CNA #2 looked closely at the signage which included a large STOP sign "check with nurse before entering," A Contact Precaution sign and a Droplet Precaution sign listing the necessary PPE to be put on before entering the room. CNA #2 stated that "they told me the resident was off precautions." The surveyor asked CNA #2 who told her and she replied "the nurse." However, CNA #2 couldn't identify the nurse who allegedly told her the</p>	F 880	<p>Surveillance provided to Topline Staff and infection preventionist Nursing Home Infection Preventionist Training Course Module 5 Outbreaks provided to Topline Staff and infection preventionist Nursing Home Infection Preventionist Training Course Module 6A - Principles of Standard Precautions provide to all staff including Topline Staff, infection preventionist and Front line staff Nursing Home Infection Preventionist Training Course Module 6B - Principles of Transmission-Based Precautions provide to all staff including Topline Staff, Infection preventionist and Front line staff Nursing Home Infection Preventionist Training Course Module 7 Hand Hygiene provided to Topline Staff, infection preventionist and Front line staff</p> <p>Infection Preventionist/designee will check daily on rounds that all staff are properly donning and doffing PPE, and all new admissions and re-admissions will be placed on Transmission-based precautions as per protocol. Daily checks will be conducted x 1 month, then weekly x 2 months and monthly x 3 months.</p> <p>All staff involved were immediately re-educated by DON/ADON 01/18/2022 on facility policy and procedure for "Use of Personal Protective Equipment (PPE) When Caring for Patients With Confirmed Or Suspected Covid-19, how to don and doff PPE correctly before entering the patient area, with PPE remaining in place</p>		

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F 880	<p>Continued From page 5</p> <p>resident was no longer on precautions.</p> <p>The surveyor asked CNA #2 what should she have done before going into the resident's room with the precaution signs and PPE drawer outside the resident's room. CNA #2 repeated that she was told the resident was "off precautions."</p> <p>The surveyor asked the Administrator and UM/RN to come to the unit and confirm that the signage on the wall outside the resident's room and PPE bin were appropriate and that the resident was still on precautions. At this time the Infection Preventionist (IP) joined the Administrator and UM/RN. Both the Administrator and the UM/RN confirmed that the resident was still on precautions and CNA #2 should have put on the proper PPE before entering the resident's room.</p> <p>On 1/18/22 at 12:40 PM the survey team met with the Director of Nursing, the Administrator, and the IP and made them aware of the concerns with the improper wearing and use of PPE. The surveyor asked the IP how the staff should have been wearing the N95 respirators. She said one strap on the top of the head and one strap on the bottom of the head. The IP confirmed that two straps on the top of the head was incorrect. The surveyor asked the IP about wearing a surgical mask under the N95 respirator. The IP confirmed that there should be nothing under the N95 respirator.</p> <p>On 1/18/22 at 1:30 PM the surveyor reviewed the facility's policy and procedure, last revised 11/2021, and titled "Use Personal Protective Equipment (PPE) When Caring For Patients With Confirmed Or Suspected Covid-19." Under "Policy" it read "It is the policy of this facility to</p>	F 880	<p>and worn correctly for the duration of work, and demonstrate competency in performing appropriate infection control practices and procedures.</p> <p>The DON/ADON or designee will perform donning and doffing of PPE competencies on a weekly audit for four (4) weeks and then for four (4) months to ensure adherence to donning and doffing of N95 mask/PPE standard procedure.</p> <p>Audit tools to be reviewed by DON/designee daily x weeks, weekly x 2 months, then monthly x 4 months.</p> <p>DON/Infection Preventionist/designee will identify compliance, trends and make recommendations based on audit results and report to QAA Committee.</p> <p>Element #4 Results of the audit will be presented to the QAA Committee meeting during monthly QAPI meetings.</p> <p>Identified negative findings will be immediately addressed and trends will be reported on the QAPI meeting.</p>		

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F 880	<p>Continued From page 6</p> <p>ensure that healthcare personnel (HCP) receive the necessary training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE before caring for patients with confirmed or suspected COVID-19. The facility also ensures that HCP demonstrates competency in performing appropriate infection control practices and procedures." Under "Policy Explanations and Compliance Guidelines" it read "1. HCP are educated and observed to ensure that : a. PPE must be donned correctly before entering the patient area (isolation room, unit if cohorting). b. PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas." Under "Donning (putting on gear)" number 4. read ">>Respirator: Respirator straps should be placed on crown of head (top strap) and the base of the neck (bottom strap)."</p> <p>On 1/18/22 at 1:40 PM the surveyor reviewed the facility's policy and procedure titled "Consideration for Cohorting Covid-19 Residents." Under "Policy Explanations and Compliance Guidelines" it read "a) RED ZONE This cohort consists of both symptomatic and asymptomatic patients/residents who test positive for Covid-19, including any new or re-admissions known to be positive and who have not met the criteria for discontinuation of Transmission-Based Precautions. b) YELLOW ZONE This cohort serves as an observation area where persons are observed and monitored for symptoms that may be compatible with Covid-19. This cohort consists of: a) All unvaccinated persons from the community or other healthcare facilities who are newly or re-admitted. These persons remain in the Yellow Zone for 14 days to monitor for</p>	F 880			

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F 880	Continued From page 7 symptoms that may be compatible with Covid-19. b) Individuals who have been exposed to a confirmed case of Covid-19 and are considered at high risk for contracting the disease. These persons remain in the Yellow Zone for 14 days to monitor for symptoms that may be compatible with Covid-19. c) Fully vaccinated persons from the community or other healthcare facilities who are newly admitted or readmitted. These persons remain in the Yellow Zone for 72 hours to monitor for symptoms that may be compatible with Covid-19. c) GREEN ZONE This cohort consists of a) Residents who have met the criteria for the discontinuation of Transmission Based Precautions b) Residents who have never tested positive for Covid-19 during their facility stay c) All other residents not requiring active quarantine or isolation from Covid-19." NJAC 8:39-19.4 (a)	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315104	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/14/2022	Y3
NAME OF FACILITY CORNELL HALL CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 234 CHESTNUT STREET UNION, NJ 07083		

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 F0880	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/22/2022	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
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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 1/18/2022		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		