

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST MARY'S CENTER FOR REHABILITATION &amp; HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>220 ST MARY'S DRIVE CHERRY HILL, NJ 08003</b>		
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F 000	INITIAL COMMENTS  Complaint #: NJ146384, NJ146387, NJ146530 and NJ147774 Census: 144 Sample Size: 10  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Complaint Intake NJ146384  Based on interviews, record reviews and facility policy reviews, it was determined that the facility failed to keep residents free from abuse for one (Resident #1) of three residents reviewed for abuse. Specifically, the facility failed to ensure Resident #1 was not slapped by a nursing	F 600	Plan of Correction  F 600, Level D Completion Date: 11/4/2021  Corrective Action: • TNA was immediately removed from	11/4/21	

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

TITLE

(X6) DATE

Electronically Signed

11/01/2021

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 600	<p>Continued From page 1</p> <p>assistant. This had the potential to affect all residents in the facility.</p> <p>Findings included:</p> <p>1. The facility admitted Resident #1 on [redacted] and discharged the resident to the community on [redacted]. Diagnoses included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted]</p> <p>[redacted] A review of the quarterly Minimum Data Set (MDS) assessment, dated [redacted] 1, revealed the resident had [redacted] with a Brief Interview for Mental Status (BIMS) score of [redacted]. The resident had physical behaviors directed towards others that occurred 1 to 3 days during the 7-day assessment period and wandered 4 to 6 days during the assessment period. The resident required limited assistance of one staff for bed mobility and transfers. The resident required extensive assistance of one staff for dressing, toileting, and personal hygiene and was totally dependent on staff for bathing.</p> <p>A review of the care plan, dated 05/11/2021, revealed the resident was [redacted] and non-compliant with care, had [redacted] and [redacted], and could be [redacted]. Interventions included to give choices and allow for flexibility in the resident's routine to accommodate mood, preferences, and customary routine, elicit family input for best approaches, approach slowly and slightly to the side, talk in a low pitch, calm voice to decrease or eliminate undesired behaviors, be aware of the resident's personal space, provide one-to-one supervision, snacks and hydration when the</p>	F 600	<p>facility and terminated.</p> <ul style="list-style-type: none"> <li>Resident #1 no longer in facility</li> </ul> <p>ID Other Residents:</p> <ul style="list-style-type: none"> <li>Residents who have interaction with staff members</li> </ul> <p>Systemic Change:</p> <ul style="list-style-type: none"> <li>Review of "Abuse and Neglect" Policy and Procedures</li> <li>Abuse and Neglect In-service to all departments given by Nursing Management</li> </ul> <p>Monitoring:</p> <ul style="list-style-type: none"> <li>"Abuse" Audit completed monthly x's 1 month then quarterly x's 1 quarter by Nursing Management.</li> <li>Results will be brought to Q.A./QAPI on a quarterly basis.</li> </ul>	

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

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F 600	<p>Continued From page 2 resident was anxious.</p> <p>A review of the facility reported event (FRE) investigation, dated 06/30/2021, revealed the facility reported an allegation of abuse to the New Jersey Department of Health (NJDOH). According to the report, on 06/29/2021 at approximately 9:00 PM, the charge nurse was walking past Resident #1's room and witnessed Temporary Nurse Aide (TNA) #1 slap Resident #1 on the <span style="background-color: black; color: red;">[REDACTED]</span> arm. The charge nurse immediately removed the TNA from the room and notified the in-house supervisor and Director of Nursing (DON). The TNA stated she was defending herself when the resident was trying to poke her in the eye. The TNA was removed from the facility and terminated. The facility completed a body check on Resident #1 and found no abnormalities. The physician, power of attorney (POA), and ombudsman were notified.</p> <p>A review of TNA #1's personnel file revealed the facility performed a background screening on TNA #1 prior to hire with no reportable records found, and the TNA's drug screen was negative. The TNA completed new employee orientation on 03/23/2021 that included training on abuse and restraint. The TNA received a Temporary Nurse Aide certificate on 03/29/2021. TNA #1 did not have any previous disciplinary actions against her.</p> <p>A review of the facility's investigation revealed a complete investigation was done on 06/30/2021, including resident and staff interviews, and confirmation of reporting the incident to the state on 06/30/2021.</p>	F 600			

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F 600	<p>Continued From page 3</p> <p>A review of a body check assessment done on 06/29/2021 revealed no concerns.</p> <p>An interview with the local ombudsman on 09/28/2021 at 3:05 PM revealed the facility notified her of the alleged abuse incident between Resident #1 and a staff member. She said she was told the staff member was terminated.</p> <p>An interview with LPN #2 on 09/28/2021 at 4:15 PM revealed she was the nurse that witnessed the event with Resident #1 and TNA #1. She said she was walking past Resident #1's room and witnessed TNA #1 slapping Resident #1 violently on the arm continuously. She said she stopped the TNA, removed her from the room, and informed the nursing supervisor. She said the facility provided education to all staff after that incident. She said they received education on abuse several times a year.</p> <p>An interview with the Director of Nursing (DON), the DON in-training, the Regional Compliance Officer (RCO), and the Nursing Home Administrator (NHA) on 09/28/2021 at 5:43 PM revealed the facility took any allegations of abuse very seriously, would implement an investigation immediately, and notify all parties in a timely manner. The DON said she was notified of the incident with Resident #1 immediately after it happened, and she felt the facility staff had acted appropriately. She said she had to interview the TNA on the phone because she refused to come back into the facility. She said the TNA admitted to slapping the resident, claiming it was self-defense because the resident was trying to poke her in the [REDACTED] and was very aggressive.</p>	F 600			

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F 600	Continued From page 4 She said she told the TNA that slapping a resident under any circumstances was not acceptable, and that was why they terminated her. The RCO said annual education on abuse had been done at the facility in March 2021, but they re-educated all facility staff again after the incident in July.  A review of the facility's policy titled, "Abuse/Neglect," undated, revealed to prevent abuse, before hiring any employee, the facility will conduct a thorough background check on each applicant. Upon being hired, and while an employee of the facility, each staff member will be educated on resident rights, sensitivity techniques, quality of life issues and the importance of treating residents with dignity and respect. In addition, in order that employees can recognize abuse and respond immediately, they will receive ongoing education on the issues related to abuse prohibition practices such as: dealing with aggressive residents, what constitutes abuse and how to recognize signs of abuse.	F 600			
F 685 SS=D	New Jersey Administrative Code 8.39-4.1(a)5 Treatment/Devices to Maintain Hearing/Vision CFR(s): 483.25(a)(1)(2)  §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident-  §483.25(a)(1) In making appointments, and  §483.25(a)(2) By arranging for transportation to	F 685		11/4/21	

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F 685	<p>Continued From page 5</p> <p>and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ146530</p> <p>Based on observations, record reviews, and interviews, it was determined that the facility failed to provide treatment and services to maintain the vision for one (Resident #3) out of three residents reviewed for physician services. Specifically, the facility failed to follow up on recommendations for the resident to be seen by an [REDACTED] surgeon. This had the potential to affect residents requiring vision services.</p> <p>Findings included:</p> <p>1. The facility admitted Resident #3 on NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] on [REDACTED], and readmitted the resident on [REDACTED]. Diagnoses included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED]</p> <p>A review of the readmission/5-day Minimum Data Set (MDS) assessment, dated [REDACTED] revealed the resident had no [REDACTED], with a Brief Interview for Mental Status (BIMS) score of [REDACTED]. The resident required limited assistance of one staff for activities of daily living (ADLs). The resident had impaired vision.</p> <p>A review of an [REDACTED]</p>	F 685	<p>Plan of Correction</p> <p>F 685, Level D Completion Date: 11/4/2021</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> <li>Appointment made with vision services for resident #3</li> </ul> <p>ID Other Residents:</p> <ul style="list-style-type: none"> <li>Residents who need hearing and/or vision services</li> </ul> <p>Systemic Change:</p> <ul style="list-style-type: none"> <li>In-service to nursing staff on 24 hour chart check by Nursing Administration</li> <li>In-service on Resident Rights by Social Services</li> <li>Consults from vision/hearing/dental services to be given to Nursing Administration for review</li> </ul> <p>Monitoring:</p> <ul style="list-style-type: none"> <li>"Ancillary Services" Audit (3) monthly x's 3 months by Nursing Administration.</li> <li>"24 Hour Chart Check" Audit (3) monthly x's 3 months by Nursing Administration.</li> <li>Results will be brought to Q.A./QAPI on a quarterly basis.</li> </ul>	

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F 685	<p>Continued From page 6</p> <p>consult from [REDACTED] revealed Resident #3 needed to be seen by an [REDACTED] surgeon within the next two months for [REDACTED]. There was no documentation this referral to the [REDACTED] occurred.</p> <p>A review of a 07/21/2021 interdisciplinary care team (IDCT) note revealed that during a care conference that day, Resident #3's family had concerns and wanted the resident to see an [REDACTED] doctor and to see a [REDACTED] to get new [REDACTED].</p> <p>A review of a 08/10/2021 nurses' progress note revealed Resident #3's family was concerned about the resident's [REDACTED], and the resident complained of having difficulty reading small print. The note indicated the resident had an upcoming [REDACTED] 08/20/2021. However, artificial tears were ordered for comfort. A review of an 08/13/2021 physician's progress note revealed Resident #3 was being seen for difficulty with the resident's vision. It indicated the resident had an appointment with the [REDACTED] in the next week.</p> <p>A review of an 08/24/2021 nurses' progress note revealed an [REDACTED] appointment was made for [REDACTED].</p> <p>A review of a 09/01/2021 nurses' progress note revealed Resident #3 was seen by the [REDACTED] who recommended the resident see an eyelid surgeon due to the resident having [REDACTED] to [REDACTED] causing dryness. The note indicated the resident needed to have their [REDACTED] repaired for [REDACTED].</p>	F 685	<p>St. Mary's Center</p> <p>Ancillary Services Audit</p> <p>Resident Name: _____ Date: _____</p> <p>1. Does the resident have a signed consent for ancillary services? Yes _____ No _____</p> <p>2. If "No", does the resident wish to have ancillary services provided at the facility? Yes _____ No _____</p>	

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F 685	<p>Continued From page 7</p> <p>permanent relief. Two more [REDACTED] medications were ordered for the resident with instructions for the [REDACTED] to be covered to provide relief from dryness until the resident could see a surgeon.</p> <p>An interview with Resident #3 on 09/28/2021 at 1:29 PM revealed the resident had been having trouble with [REDACTED] causing their vision to get worse. The resident said an appointment was finally made with an [REDACTED] doctor, but now they had to wait for the insurance to approve the resident to see a surgeon to get the [REDACTED]. The resident's right lower [REDACTED]. The resident said the [REDACTED] drops helped, but it was still bothersome.</p> <p>An interview with the Social Worker (SW) on 09/28/2021 at 2:19 PM revealed she was the SW for the [REDACTED]. The facility had another SW to work the [REDACTED], but that SW had quit during the summer so she was trying to handle the whole building until a new SW could be hired. She said she was not familiar with Resident #3's needs until recently. She said since Resident #3 had a BIMS score of [REDACTED], the resident would be able to sign their own consents to have ancillary services provided. She said when Resident #3 returned from the hospital in July 2021, the consent for the resident to see the [REDACTED] doctor was obtained. She said she was not aware of the April consult from the [REDACTED] doctor and did not know why the previous SW did not follow through with getting the resident's consents signed and the resident seen by the [REDACTED].</p> <p> An interview with the local ombudsman on 09/28/2021 at 3:05 PM revealed she had spoken</p>	F 685	<p>If "Yes", was a consent signed:</p> <p>_____</p> <p>_____</p> <p>If any issues/concerns while completing this audit, please contact the ADON/DON.</p> <p>_____</p> <p>Auditor Name _____ Date _____</p> <p>St. Mary's Center 24 Hour Chart Check Audit</p> <p>Resident Name: _____ Date: _____</p> <p>1. Was a 24 hour chart check completed?</p>		



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F 685	Continued From page 8 with the facility on 08/03/2021 and recommended the facility schedule Resident #3's ancillary services as soon as possible, since the resident had been waiting so long already.  An interview with the Director of Nursing (DON), the Nursing Home Administrator (NHA), and the Regional Clinical Officer (RCO) on 09/28/2021 at 5:43 PM revealed they were not aware Resident #3 had orders for a referral to see an [REDACTED] surgeon back in April 2021. The NHA said the SW that was assigned to Resident #3 had resigned from the facility sometime during the summer. They said they were not aware the social worker had not followed through with getting consents signed for ancillary services and getting the resident seen by the [REDACTED] surgeon. The DON said she knew the [REDACTED] surgeon the resident's family wanted the resident to see would not take the resident's insurance, so the family was looking into finding an eye surgeon that would. The DON also said that it was possible the appointments were not made because of COVID-19 restrictions at the physicians' offices. The NHA said ancillary services were put on hold from April 2020 until July 2020 during COVID-19 with guidance from the Department of Health, but the services had restarted in September 2020.  A policy on vision services or ancillary services was requested from the facility and not provided.	F 685	Yes _____ No _____  2. If "No", were orders missed?  Yes _____ No _____  If "Yes", please report to nursing supervisor: _____ _____  If any issues/concerns while completing this audit, please contact the ADON/DON.  _____ _____  Auditor Name Date		
F 790 SS=D	New Jersey Administrative Code § 8:39-27.1(a) Routine/Emergency Dental Srvcs in SNFs CFR(s): 483.55(a)(1)-(5)  §483.55 Dental services.	F 790		11/4/21	

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F 790	<p>Continued From page 9</p> <p>The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(a) Skilled Nursing Facilities A facility-</p> <p>§483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident;</p> <p>§483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services;</p> <p>§483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;</p> <p>§483.55(a)(4) Must if necessary or if requested, assist the resident; (i) In making appointments; and (ii) By arranging for transportation to and from the dental services location; and</p> <p>§483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay. This REQUIREMENT is not met as evidenced</p>	F 790			

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(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 790	<p>Continued From page 10 by: Complaint Intake NJ146530</p> <p>Based on record reviews and interviews, it was determined that the facility failed to provide routine dental services for one (Resident #3) of three residents reviewed for physician services. Specifically, the facility failed to ensure Resident #3 was seen by a [redacted] routinely. This had the potential to affect any resident needing dental services.</p> <p>Findings included:</p> <p>1. The facility admitted Resident #3 on [redacted] discharged the resident to the [redacted] on [redacted] and readmitted the resident on [redacted]. Diagnoses included <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [redacted]</p> <p>A review of the readmission/5-day Minimum Data Set (MDS) dated [redacted] revealed the resident had no [redacted], with a Brief Interview for Mental Status (BIMS) score of [redacted]. The resident required limited assistance of one staff for activities of daily living (ADLs). No dental issues were documented.</p> <p>A review of a 10/15/2020 social service progress note revealed the family stated Resident #3 was able to sign their own consents for treatment, and that the resident did not have a power of attorney (POA).</p> <p>A review of a 03/21/2021 social service progress note revealed the facility was made aware by the</p>	F 790	<p>Plan of Correction</p> <p>F 790, Level D Completion Date: 11/4/2021</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> <li>• Consent for treatment initiated and appointment scheduled for resident #3</li> </ul> <p>ID Other Residents:</p> <ul style="list-style-type: none"> <li>• Residents who require or may require dental services</li> </ul> <p>Systemic Change:</p> <ul style="list-style-type: none"> <li>• In-service on Ancillary Services by Nursing Administration</li> <li>• In-service on Resident Rights by Nursing Administration</li> <li>• Consults from vision/hearing/dental services to be given to Nursing Administration for review</li> </ul> <p>Monitoring:</p> <ul style="list-style-type: none"> <li>• "Ancillary Services" Audit (3) monthly x's 3 months by Nursing Administration.</li> <li>• Results will be brought to Q.A./QAPI on a quarterly basis.</li> </ul>	

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F 790	<p>Continued From page 11</p> <p>dental company that came to the facility that Resident #3 was not currently signed up for dental services. The note indicated a consent was mailed to the family. There was no documentation that a follow-up occurred.</p> <p>A review of a 06/17/2021 social service progress note revealed the dental company that came to the facility made the social worker aware that Resident #3 was not signed up for services. A consent was sent to the family for dental services. There was no documentation that a follow-up occurred.</p> <p>A review of a 07/21/2021 interdisciplinary care team (IDCT) note revealed during the care conference that day, Resident #3's family had concerns and wanted the resident to see a [redacted] to get new [redacted]</p> <p>An interview with Resident #3 on 09/28/2021 at 1:29 PM revealed the resident had been waiting for months to be seen by the [redacted] to get new [redacted] because their current [redacted] were loose and made it hard to eat. The resident said they finally saw the [redacted] the week before and had impressions taken so they could get new [redacted]</p> <p>An interview with the Social Worker (SW) on 09/28/2021 at 2:19 PM revealed she was the SW for the [redacted]. The facility had another SW to work the [redacted], but that SW had quit during the summer so she was trying to handle the whole building until a new SW could be hired. She said she was not familiar with Resident #3's needs until recently. She said since Resident #3 had a BIMS score of [redacted] the resident</p>	F 790	<p>St. Mary's Center</p> <p>Ancillary Services Audit</p> <p>Resident Name: _____ Date: _____</p> <p>1. Does the resident have a signed consent for ancillary services? Yes _____ No _____</p> <p>2. If "No", does the resident wish to have ancillary services provided at the facility? Yes _____ No _____</p> <p>If "Yes", was a consent signed: _____</p> <p>If any issues/concerns while completing this audit, please contact the ADON/DON.</p>	

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 790	<p>Continued From page 12</p> <p>would be able to sign their own consents to have ancillary services provided. She said when Resident #3 returned from the hospital in July 2021, the consents for the [REDACTED] were obtained, and the resident was seen by the dental company starting in August. Then she said she did not know why the previous SW did not follow through with getting the resident's consents signed and the resident seen by the [REDACTED]</p> <p>An interview with the local ombudsman on 09/28/2021 at 3:05 PM revealed she had spoken with the facility on 08/03/2021 and recommended the facility schedule Resident #3's ancillary services as soon as possible, since the resident had been waiting so long already.</p> <p>An interview with the Director of Nursing (DON), the Nursing Home Administrator (NHA), and the Regional Clinical Officer (RCO) on 09/28/2021 at 5:43 PM revealed the SW that was assigned to Resident #3 had resigned from the facility sometime during the summer. They said they were not aware the SW had not followed through with getting consents signed for ancillary services and getting the resident seen by the [REDACTED]. The DON also said that it was possible that the appointments were not made because of COVID-19 restrictions at the physicians' offices. The NHA said ancillary services were put on hold from April 2020 until July 2020 during COVID-19 with guidance from the New Jersey Department of Health (NJDOH), but the services had restarted in September 2020.</p> <p>New Jersey Administrative Code 8:39-16.1(b)</p>	F 790	<p>_____</p> <p>Auditor Name _____</p> <p>Date _____</p>		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315060	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/8/2021	Y3
NAME OF FACILITY ST MARY'S CENTER FOR REHABILITATION & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 220 ST MARY'S DRIVE CHERRY HILL, NJ 08003		

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 F0600	Correction	ID Prefix F0685	Correction	ID Prefix F0790	Correction
Reg. # 483.12(a)(1)	Completed	Reg. # 483.25(a)(1)(2)	Completed	Reg. # 483.55(a)(1)-(5)	Completed
LSC	11/04/2021	LSC	11/04/2021	LSC	11/04/2021
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 9/28/2021		<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		