STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A116	A. BUILDING: _____ B. WING _____	C 07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LIVING OF BRICK	466 JACK MARTIN BOULEVARD BRICK, NJ 08724

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00175329 CENSUS: 62 SAMPLE SIZE: 3 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/29/24

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
COMPLAINT #: NJ00175329

Based on interview and record review, it was determined that the facility failed to implement and enforce the facility's policy and procedure titled, "ABUSE REPORTING AND INVESTIGATION" for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:

On 7/2/24 at 1:51 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) form, a document used by healthcare facilities to report incidents to NJDOH. The report included a "date of event: NJ ex order 26.4b1 and a time of event: 4:45 p.m.". The report revealed Resident #2 and Resident #3 NJ ex order 26.4b1 Resident #2's NJ ex order 26.4b1 Resident #2's NJ ex order 26.4b1 facility's Resident Care Aide (RA). The FRE also revealed that the facility's RA observed that Resident #2's NJ ex order 26.4b1 and that Resident #2 NJ ex order 26.4b1 Resident #3's NJ ex order 26.4b1 .

On 7/8/24 at 9:33 a.m., during the entrance conference, the surveyor requested the FRE dated NJ ex order 26.4 from the facility's Assistant Director of Health and Wellness (ADHW).

At 11:47 a.m., during surveyor interview, the ADHW stated that she was notified on NJ ex order 26.4 of the incident that took place on NJ ex order 26.4. During continued interview, the ADHW stated that she

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A 310	Continued From page 2	A 310		

did not notify the facility's Executive Director (ED) until Monday NJ ex order 26.4b1.

1. At 12:00 p.m., the surveyor reviewed Resident #2's Medical Record (MR) which included a document titled, NJ ex order 26.4b1 and indicated Resident #2 had a diagnosis of NJ ex order 26.4b1 and a Move in Date of NJ ex ord. The MR also NJ ex order 26.4b1 NJ ex ord dated NJ ex order 26 which indicated Resident #2 NJ ex order 26.4b1. Continued review of Resident #2's MR revealed a document titled, "Charting Notes (CNs)" which revealed a nursing note dated NJ ex order 26.4b at 12:00 a.m., that revealed the writer reported that Resident #2 NJ ex order 26.4b1 at 4:45 p.m. Continued review of Resident #2's chart did not reveal a note that indicated the facility's ED NJ ex order 26.4b1 of the incident until NJ ex order 26.

2. At 12:15 p.m., the surveyor reviewed the MR for Resident #3, which included a document titled, EIFS, which revealed Resident #3 had a Move In Date of NJ ex ord and a diagnosis of NJ ex order 26.4b1. During continued review of the MR, Resident #3's CNs dated NJ ex order 26.4b at 4:04 p.m. written by the ADHW revealed that on NJ ex order 26.4b, the care giver informed her that at approximately 3p.m., Resident #3 NJ ex ord NJ ex order 26.4b1 and the ADHW NJ ex order 26.4b1 Review of an additional CN written by the ADHW, dated NJ ex order 26 at 5:53 p.m. revealed she notified the power of attorney (POA), the Regional Registered Nurse (RN), the RN, the Advanced Practice Nurse (APN) and the ED about the NJ ex order 26.4b1.

The surveyor reviewed the September 2007 facility policy and procedure titled, "ABUSE

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A 310	Continued From page 3 REPORTING AND INVESTIGATION" revealed, "POLICY: ... 2. All reports of suspected abuse must be reported to the ED within 24 hours, as well as to the resident's family. State specific requirements for reporting such incidents must be followed..."	A 310		
A 355	8:36-4.1(a)(1) Resident Rights comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, 1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan; This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00175329 Based on record review, and interview it was determined that the facility failed to implement a resident's General Service Plan (GSP) to ensure frequent checks for a resident who [NJ Ex Order 26.4(b)(1] were made to ensure the resident's safety, for 1 of 3 residents reviewed, Resident #3. The deficient practice was evidenced by the following: On [NJ ex order 2] at 1:51 p.m., the New Jersey	A 355		

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A 355	Continued From page 4 Department of Health (NJDOH) received a Facility Reportable Event (FRE) form, a document used by healthcare facilities to report incidents to NJDOH. The report included a "date of event: NJ ex order 26.4b1 and a time of event: 4:45 p.m.". The report revealed Resident #2 and Resident #3 NJ ex order 26.4b1 Resident #2's NJ ex order 26.4b1 Resident #2's NJ ex order, by the facility's Resident Care Aide (RA). The FRE also revealed that the facility's RA observed that Resident #2's NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 Resident #3's NJ ex order 26.4b1 . At 10:19 a.m., the surveyor interviewed the facility's Alternate Executive Director (ED) who stated that Resident #3 NJ ex order 26.4b1 Resident #2's NJ ex order 26.4b1 At 10:41 a.m., the surveyor interviewed the Assistant Director of Health and Wellness (ADHW) who stated that Resident #3 NJ ex order 2 At 10:47 a.m., the surveyor interviewed the facility's Resident Service Caregivers (RSC), RSC #1 and RSC #2 who both stated that hourly rounds were made on each facility resident to ensure resident safety. During continued surveyor interview, RSC #2 stated that Resident #3 NJ ex order 26.4b1 At 11:02 a.m., the surveyor interviewed RSC #3, who stated that hourly rounds are made on all facility residents and was not aware of more frequent rounds. At 11:10 a.m., during surveyor interview, the facility's Licensed Practical Nurse (LPN) stated	A 355		

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A 355	Continued From page 5 that Resident #3 NJ ex order 26.4b1 [redacted] The LPN also stated that all facility residents receive hourly rounds. At 12:15 p.m., the surveyor reviewed the Medical Record (MR) for Resident #3, which included a document titled, "Emergency Information/Face Sheet", which revealed Resident #3 NJ ex order 26.4b1 In Date of [redacted] and a diagnosis that included NJ ex order 26.4b1. Continued a review of Resident #3's MR revealed a document titled, "Charting Notes (CNs)" which revealed a nursing note dated [redacted] at 5:53 p.m., written by the facility's ADHW that revealed on [redacted] she was made aware that Resident #3 NJ ex order 26.4b1 [redacted] Continued review of Resident #3's MR revealed a document titled, "Assessment - V2 - Legacy", which revealed Resident #3 [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1 [redacted]. At 1:49 p.m., the surveyor interviewed the facility's Alternate ED and ADHW. During the surveyor interview, the ADHW stated that the "Assessment - V2 - Legacy" is the facility's GSP. During continued surveyor interview, the ADHW stated that although Resident #3's GSP instructed the facility's staff to complete frequent checks on Resident #3 to prevent him/her NJ ex order 26.4b1 [redacted] Resident #3 NJ ex order 26.4b1 [redacted]	A 355		

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A 357	Continued From page 6	A 357		
A 357	8:36-4.1(a)(2) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 2. The right to receive a level of care and services that addresses the resident's changing physical and psychosocial status; This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00175329 Based on interview and record review, it was determined that the facility failed to send a resident to a community hospital for evaluation in a timely manner following being involved in an incident of an [redacted] for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 7/2/24 at 1:51 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) form, a document used by healthcare facilities to report incidents to NJDOH. The report included a "date of event: [redacted] and a time of event: 4:45 p.m.". The report revealed Resident #2 and Resident #3 [redacted] Resident #2's [redacted] Resident #2's [redacted] by the facility's Resident Care Aide (RA). The FRE also	A 357		

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A 357	Continued From page 7 revealed that the facility's RA observed that Resident #2's NJ ex order 26.4b1 and that Resident #2 NJ ex order 26.4b1 Resident #3's NJ ex order 26.4b1 . On 7/8/24 at 12:15 p.m., the surveyor reviewed the Medical Record (MR) for Resident #3, which included a document titled, NJ ex order 26.4b1 which revealed Resident #3 NJ ex order 26.4b1 and a diagnosis that NJ ex order 26.4b1. During continued review of the MR, Resident #3's "Charting Notes (CNs)" dated NJ ex order 26.4b at 4:04 p.m. written by the ADHW revealed on NJ ex order 26.4b, at approximately 3p.m., the care giver informed her that Resident #2 NJ ex order 26.4b1 of NJ ex order 26.4b1 with another resident and the ADHW would follow up on NJ ex o. Review of an additional CN written by the ADHW, dated NJ ex order 26 at 5:53 p.m. revealed that Resident #3 NJ ex order 26.4b1 At 11:50 a.m., during surveyor interview, the facility's ADHW stated that Resident #3 NJ ex order 26.4b1 She continued to say, Resident #3 NJ ex order 26	A 357		
A 615	8:36-5.15(b) General Requirements (b) Notification of any occurrence noted in (a) above shall be documented in the resident's record. The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification.	A 615		

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A 615	Continued From page 8 This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00175329 Based on interview and record review, it was determined that the facility failed to provide documented evidence of prompt notification to a family member/responsible party, Physician and Registered Nurse (RN) at the time of incidents for 2 of 3 residents, Residents: #2 and #3. This deficient practice was evidenced by the following: On 7/2/24 at 1:51 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) form, a document used by healthcare facilities to report incidents to NJDOH. The report included a "date of event: NJ ex order 26.4b1 and a time of event: 4:45 p.m.". The report revealed Resident #2 and Resident #3 NJ ex order 26.4b1 Resident #2's NJ ex order 26.4b1 Resident #2's NJ ex order, by the facility's Resident Care Aide (RA). The FRE also revealed that the facility's RA observed that Resident #2's NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 Resident #3's NJ ex order 26.4b1. 1.On 7/8/24 at 12:00 p.m., the surveyor reviewed Resident #2's Medical Record (MR) which included a document titled, "Emergency Information/Face Sheet (EIFS)", which indicated Resident #2 had NJ ex order 26.4b1 and a Move in Date of NJ ex order The MR also included a NJ ex order 26.4b1 which indicated Resident #2 NJ ex order 26.4b1. Continued review of Resident #2's MR revealed a document titled, "Charting Notes (CNs)" which	A 615		

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A 615	Continued From page 9	A 615		

revealed a nursing note dated NJ ex order 26.4b at 12:00 a.m., that revealed the writer reported that Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1 at 4:45 p.m. Continued review of Resident #2's chart did not reveal a note that indicates the facility's ED NJ ex order 26.4b1

Further review of the CNs written by the facility's Assistant Director of Health and Wellness (ADHW) revealed on NJ ex order 26.4b at 6:03 p.m., at approximately 3p.m., the care giver informed her that Resident #2 was involved in an incident on NJ ex order 26.4b of NJ ex order 26.4b1 resident and the ADHW NJ ex order 26.4b1. During continued review of CNs, on at 4:17 p.m., revealed the resident's responsible party was aware of the NJ ex order 26.4b1, but there was NJ ex order 26.4b1

2. At 12:15 p.m., the surveyor reviewed the MR for Resident #3, which included a document titled, EIFS, which revealed Resident #3 had a NJ ex order 26.4b and a NJ ex order 26.4b1. During continued review of the MR, Resident #3's CNs dated NJ ex order 26.4b at 4:04 p.m. written by the ADHW revealed on NJ ex order 26.4b, the care giver informed her that at approximately 3p.m., Resident #3 NJ ex order 26. and the ADHW would follow up on NJ ex o. Review of an additional CN written by the ADHW, dated NJ ex order 26 at 5:53 p.m. revealed she notified the responsible party, the RN, the Advanced Practice Nurse (APN) and the ED about the NJ ex order 26.4b1.

At 11:50 a.m., during surveyor interview, the facility's ADHW stated, she notified Resident #2's and Resident #3's NJ ex order 26.4b1 ,

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A 615	Continued From page 10 and RN on 7/1/24.	A 615		
A 735	8:36-7.2(e)(1-5) Resident Assessments and Care Plans (e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following: 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to treatment will be reviewed; and 5. The measures to be used to assess the effects of treatment. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00175329 Based on interview and recorded review, it was determined that the facility failed to develop and implement a written Health Service Plan (HSP) for a resident who exhibited NJ Ex Order 26.4(b)(1) [redacted] for 1 of 3 residents reviewed, Resident	A 735		

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A 735	Continued From page 11	A 735		

#2 for which an NJ Ex Order 26.4(b)(1)) was identified. The deficient practice was evidenced by the following:

On 7/2/24 at 1:51 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) form, a document used by healthcare facilities to report incidents to NJDOH. The report included a "date of event: NJ ex order 26.4b1 and a time of event: 4:45 p.m.". The report revealed Resident #2 and Resident #3 NJ ex order 26.4b1 Resident #2's NJ Ex Order 26.4(b)(1) Resident #2's NJ Ex Order by the facility's Resident Care Aide (RA). The FRE also revealed that the facility's RA observed that Resident #2's NJ ex order 26.4b1 and that Resident #2 NJ ex order 26.4b1 Resident #3's NJ ex order 26.4b1. The ID was reported to the facility's Alternate Executive Director and the facility's Assistant Director of Health and Wellness on NJ ex order 26.4 at 1:49 p.m. The facility's Alternate Executive Director and the facility's Assistant Director of Health and Wellness (ADHW) was presented with the ID template that included information about the above issue.

On 7/8/24 at 12:00 p.m., the surveyor reviewed Resident #2's Medical Record (MR) which included a document titled, "Emergency Information/Face Sheet (EIFS)", and indicated Resident #2 had a diagnosis of NJ ex order 26.4b1 and a NJ ex order 26.4b1. The MR also included a NJ Ex Order 26.4(b)(1) progress note dated NJ ex order 26 which indicated Resident #2 had additional NJ ex order 26.4b1

Continued review of Resident #2's MR revealed a document titled, "Charting Notes (CNs)" which revealed a nursing note dated NJ ex order 26.4 at 6:03 p.m. revealed Resident #2 was involved in an NJ ex order 26.4b1 on NJ ex order 26.4. The

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A 735	Continued From page 12 CNs also revealed Resident #2 had 19 occurrences of NJ Ex Order 26.4(b)(1) NJ ex order 26.4b1 since his/her admission to the facility, with the first incident occurring on NJ ex order 26.4b1 when the resident NJ ex order 26.4b1 The CNs also revealed that there were no effective interventions put in place to prevent the NJ ex order 26.4b1 until NJ ex order 26 when the facility placed Resident #2 on NJ Ex Orde from 7 am to 7 pm. At 11:37 a.m., during surveyor interview, the ADHW stated that Resident #2 did not have a HSP with interventions in place to prevent Resident #2's NJ ex order 26.4b1 . On survey, the surveyor confirmed that the ID was removed through staff interviews. On NJ ex order 26, the facility removed the immediacy by placing Resident #2 NJ ex order 26.4b1	A 735		
A 765	8:36-7.4(c)(1) Resident Assessments and Care Plans (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as needed basis, including and upon the resident's return to the facility from the hospital;	A 765		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A116	A. BUILDING: _____ B. WING _____	C 07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LIVING OF BRICK	466 JACK MARTIN BOULEVARD BRICK, NJ 08724

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 765	Continued From page 13	A 765		

This REQUIREMENT is not met as evidenced by:
COMPLAINT#: NJ00175329

Based on interview and record review it was determined that the facility failed to have a Registered Nurse (RN) reassess a resident upon return from a NJ Ex Order 26.4(b)(1) in order to determine the resident's needs for 1 out of 3 residents reviewed, Resident #3. The deficient practice was evidenced by the following:

On [redacted] at 1:51 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) form, a document used by healthcare facilities to report incidents to NJDOH. The report included a "date of event: [redacted] and a time of event: 4:45 p.m.". The report revealed Resident #2 and Resident #3 [redacted] Resident #2's [redacted] Resident #2's [redacted] by the facility's Resident Care Aide (RA). The FRE also revealed that the facility's RA observed that Resident #2's [redacted] and that Resident #2 [redacted] Resident #3's [redacted]

On 7/8/24 at 12:15 p.m., the surveyor reviewed the Medical Record (MR) for Resident #3, which included a document titled, "[redacted], which revealed Resident #3 had a Move In Date of [redacted] and a [redacted]. During continued review of the MR, Resident #3's "Charting Notes (CNs)" dated [redacted] at 4:04 p.m. written by the ADHW revealed on [redacted], at approximately 3 p.m., the care giver informed her that Resident #2 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15A116	A. BUILDING: _____ B. WING _____	C 07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LIVING OF BRICK	466 JACK MARTIN BOULEVARD BRICK, NJ 08724

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 765	Continued From page 14 involved in an incident on NJ ex order 26.4b of NJ ex order 26.4b1 and the ADHW NJ ex order 26.4b1 Review of an additional CN written by the ADHW, dated NJ ex order 26.4 at 5:53 p.m. revealed that Resident #3 NJ ex order 26.4b1 . Further review of the CNs revealed a nursing note dated NJ ex order 26 at 9:27 p.m., which revealed Resident #3 NJ ex order 26.4b1 nursing note did not reveal that the resident was assessed by a Registered Nurse (RN) after his/her return from the NJ ex order 26.4b1 At 1:49 p.m., during survyeor interview, the facility's ADHW who is also a Licensed Practical Nurse, stated that following Resident #3's NJ ex order 2 from the NJ Ex Order 26.4(b)(1), the resident was assessed by her and the facility's Advanced Practice Nurse. There was no documentation provided that a RN assessment was done.	A 765		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
15A116 Y1	A. Building B. Wing Y2	10/23/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LIVING OF BRICK	466 JACK MARTIN BOULEVARD BRICK, NJ 08724

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 A0310	Correction	ID Prefix A0355	Correction	ID Prefix A0357	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(1)	Completed	Reg. # 8:36-4.1(a)(2)	Completed
LSC	08/15/2024	LSC	08/08/2024	LSC	08/15/2024
ID Prefix A0615	Correction	ID Prefix A0735	Correction	ID Prefix A0765	Correction
Reg. # 8:36-5.15(b)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-7.4(c)(1)	Completed
LSC	08/15/2024	LSC	08/13/2024	LSC	07/10/2024
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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/8/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO