

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

PRINTED: 03/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315338		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06, 07 B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2021	
NAME OF PROVIDER OR SUPPLIER LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE				STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648			
(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
E 000	Initial Comments			E 000			
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/21/21 and 12/22/21, was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy</p> <p>The main facility is a 2-story building that was built in 90's, It is composed of Type II protected construction. The facility is divided into 9- smoke zones. The generator does approximately 40 % of the main building.</p> <p>The facility utilized 1135 waivers allowing for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.</p>			K 000			

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

TITLE

(X6) DATE

Electronically Signed

01/07/2022

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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K 000	Continued From page 1 The facility has 120 certified beds. At the time of the survey the census was 94. Each cottage is a 1-story building. They are composed of Type II unprotected construction. The cottages are divided into 3-smoke zones each. The 3 generators provide 2 cottages each with 100% emergency power. This includes: Building 2 - (#2 Meadows) Effective date: 02/02/2016 The cottage has 10 certified beds. At the time of survey the census was 9. Building 3 - (#4 Meadows) Effective date: 02/02/2016 The cottage has 10 certified beds. At the time of survey the census was 8. Building 4 - (#6 Meadows) Effective date: 09/01/2016 The cottage has 10 certified beds. At the time of survey the census was 10. Building 5 - (#8 Meadows) Effective date: 09/01/2016 The cottage has 10 certified beds. At the time of survey the census was 10. Building 6 - (#10 Meadows) Effective date: 09/01/2016 The cottage has 10 certified beds. At the time of survey the census was 10. Building 7 - (#12 Meadows) Effective date: 09/01/2016 The cottage has 10 certified beds. At the time of survey the census was 5.	K 000			
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101	K 291		1/7/22	

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K 291	<p>Continued From page 2</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/22/21, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following:</p> <p>At 09:10 AM, the Surveyor and Plant Operations Director, observed in the main electrical room of cottage #2 where the emergency generator transfer switches was located, that the room was not equipped with emergency lighting independent of the building's electrical system and emergency generator.</p> <p>This finding was verified by the Plant Operations Director at the time of observation.</p> <p>The Plant Operations Director was notified of the above findings at the Life Safety Code exit conference on 12/22/21.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p>	K 291	<p>Corrective action for residents affected by the deficient practice.</p> <p>The facility will install battery backup emergency lighting independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9 above the switchgear. The emergency lights will be tested monthly and tested yearly for 90 minutes. The results of the emergency lighting testing will be documented.</p> <p>Identification of other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by the deficiency practice.</p> <p>Measures put into place and systemic changes made to ensure the deficient practice will not recur. The maintenance department will create a log to record both the monthly and yearly testing of the battery backup emergency lights. The life safety policy will be revised to add the testing requirements of the battery backup emergency lights and maintenance staff will be educated on the policy.</p> <p>How Corrective actions will be monitored.</p>		

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K 291	Continued From page 3	K 291	The emergency battery backup log will be reviewed by the Director of facilities and the results of the emergency backup lighting log will be reported at the quarterly safety committee meeting.	1/7/22	
K 291 SS=D	<p>Emergency Lighting CFR(s): NFPA 101</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/22/21, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following:</p> <p>At 09:18 AM, the Surveyor and Plant Operations Director, observed in the main electrical room of cottage #4, where the emergency generator transfer switches was located, that the room was not equipped with emergency lighting independent of the building's electrical system and emergency generator.</p> <p>This finding was verified by the Plant Operations Director at the time of observation.</p> <p>The Plant Operations Director was notified of the above findings at the Life Safety Code exit conference on 12/22/21.</p>	K 291	<p>Corrective action for residents affected by the deficient practice.</p> <p>The facility will install battery backup emergency lighting independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9 above the switchgear. The emergency lights will be tested monthly and tested yearly for 90 minutes. The results of the emergency lighting testing will be documented.</p> <p>Identification of other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by the deficiency practice.</p> <p>Measures put into place and systemic changes made to ensure the deficient practice will not recur. The maintenance department will create a</p>		

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K 291	Continued From page 4 NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	log to record both the monthly and yearly testing of the battery backup emergency lights. The life safety policy will be revised to add the testing requirements of the battery backup emergency lights and maintenance staff will be educated on the policy. How Corrective actions will be monitored. The emergency battery backup log will be reviewed by the Director of facilities and the results of the emergency backup lighting log will be reported at the quarterly safety committee meeting.	1/7/22	
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/22/21, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following: At 09:29 AM, the Surveyor and Plant Operations Director, observed in the main electrical room of cottage #6, where the emergency generator transfer switches was located, that the room was not equipped with emergency lighting independent of the building's electrical system	K 291	Corrective action for residents affected by the deficient practice. The facility will install battery backup emergency lighting independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9 above the switchgear. The emergency lights will be tested monthly and tested yearly for 90 minutes. The results of the emergency lighting testing will be documented. Identification of other residents having the potential to be affected by the same		

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K 291	Continued From page 5 and emergency generator. The building was not observed due to possible Covid-19 case pending. The interview with the Plant Operations Director confirmed the finding above. The Plant Operations Director was notified of the above findings at the Life Safety Code exit conference on 12/22/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	deficient practice. All residents have the potential to be affected by the deficiency practice. Measures put into place and systemic changes made to ensure the deficient practice will not recur. The maintenance department will create a log to record both the monthly and yearly testing of the battery backup emergency lights. The life safety policy will be revised to add the testing requirements of the battery backup emergency lights and maintenance staff will be educated on the policy. How Corrective actions will be monitored. The emergency battery backup log will be reviewed by the Director of facilities and the results of the emergency backup lighting log will be reported at the quarterly safety committee meeting.		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/22/21, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with	K 291	Corrective action for residents affected by the deficient practice. The facility will install battery backup emergency lighting independent of the building's electrical system and	1/7/22	

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K 291	Continued From page 6 NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following: At 09:35 AM, the Surveyor and Plant Operations Director, observed in the main electrical room of cottage #8, where the emergency generator transfer switches was located, that the room was not equipped with emergency lighting independent of the building's electrical system and emergency generator. This finding was verified by the Plant Operations Director at the time of observation. The Plant Operations Director was notified of the above findings at the Life Safety Code exit conference on 12/22/21. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9	K 291	emergency generator in accordance with NFPA 101:2012 - 7.9 above the switchgear. The emergency lights will be tested monthly and tested yearly for 90 minutes. The results of the emergency lighting testing will be documented. Identification of other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by the deficiency practice. Measures put into place and systemic changes made to ensure the deficient practice will not recur. The maintenance department will create a log to record both the monthly and yearly testing of the battery backup emergency lights. The life safety policy will be revised to add the testing requirements of the battery backup emergency lights and maintenance staff will be educated on the policy. How Corrective actions will be monitored. The emergency battery backup log will be reviewed by the Director of facilities and the results of the emergency backup lighting log will be reported at the quarterly safety committee meeting.		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.	K 291		1/7/22	

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K 291	<p>Continued From page 7</p> <p>18.2.9.1, 19.2.9.1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 12/22/21, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following:</p> <p>At 09:48 AM, the Surveyor and Plant Operations Director, observed in the main electrical room of cottage #10, where the emergency generator transfer switches was located, that the room was not equipped with emergency lighting independent of the building's electrical system and emergency generator.</p> <p>This finding was verified by the Plant Operations Director at the time of observation.</p> <p>The Plant Operations Director was notified of the above findings at the Life Safety Code exit conference on 12/22/21.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p>	K 291	<p>Corrective action for residents affected by the deficient practice.</p> <p>The facility will install battery backup emergency lighting independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9 above the switchgear. The emergency lights will be tested monthly and tested yearly for 90 minutes. The results of the emergency lighting testing will be documented.</p> <p>Identification of other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by the deficiency practice.</p> <p>Measures put into place and systemic changes made to ensure the deficient practice will not recur.</p> <p>The maintenance department will create a log to record both the monthly and yearly testing of the battery backup emergency lights. The life safety policy will be revised to add the testing requirements of the battery backup emergency lights and maintenance staff will be educated on the policy.</p> <p>How Corrective actions will be monitored.</p> <p>The emergency battery backup log will be reviewed by the Director of facilities and the results of the emergency backup</p>		

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K 291	Continued From page 8	K 291	lighting log will be reported at the quarterly safety committee meeting.	1/7/22	
K 291 SS=D	<p>Emergency Lighting CFR(s): NFPA 101</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 12/22/21, it was determined that the facility failed to provide a battery backup emergency light above the emergency generator's transfer switch, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice was evidenced by the following:</p> <p>At 10:10 AM, the Surveyor and Plant Operations Director, observed in the main electrical room of cottage #12, where the emergency generator transfer switches was located, that the room was not equipped with emergency lighting independent of the building's electrical system and emergency generator.</p> <p>This finding was verified by the Plant Operations Director at the time of observation.</p> <p>The Plant Operations Director was notified of the above findings at the Life Safety Code exit conference on 12/22/21.</p> <p>NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.9.1, 7.9</p>	K 291	<p>Corrective action for residents affected by the deficient practice.</p> <p>The facility will install battery backup emergency lighting independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9 above the switchgear. The emergency lights will be tested monthly and tested yearly for 90 minutes. The results of the emergency lighting testing will be documented.</p> <p>Identification of other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by the deficiency practice.</p> <p>Measures put into place and systemic changes made to ensure the deficient practice will not recur. The maintenance department will create a log to record both the monthly and yearly testing of the battery backup emergency lights. The life safety policy will be revised</p>		

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K 291	Continued From page 9	K 291	to add the testing requirements of the battery backup emergency lights and maintenance staff will be educated on the policy.		
K 918 SS=E	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to</p>	K 918	<p>How Corrective actions will be monitored. The emergency battery backup log will be reviewed by the Director of facilities and the results of the emergency backup lighting log will be reported at the quarterly safety committee meeting.</p>	1/7/22	

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K 918	<p>Continued From page 10</p> <p>manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of facility documents on 12/21/21, in the presence of the Maintenance Director and Plant Operations Director, it was determined that the facility failed to certify the time needed by their generator to transfer power to the building was within the required 10-second time frame, in accordance with NFPA 99 for emergency electrical generator systems.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the generator records for the previous twelve months, did not reveal documented certification that the generator would start and transfer power to the building within ten seconds, when the load test was conducted on the following dates: 11/26/21, 10/22/21, 09/04/21, 08/27/21, 07/23/21, no June date, 05/28/21, 04/23/21, 03/26/21, 02/26/21, 01/22/21 and 12/25/21.</p> <p>An interview was conducted with the Maintenance Director at the time of the record review, who confirmed there was no transfer time data on 12 of 12 monthly load tests documented on his</p>	K 918	<p>Corrective action for residents affected by the deficient practice.</p> <p>The Plant Services dept. will observe the time delay from normal power to emergency power during the monthly load test and record it on the generator log sheet.</p> <p>Identification of other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by the deficiency practice.</p> <p>Measures put into place and systemic changes made to ensure the deficient practice will not recur.</p> <p>The generator testing policy will be revised to reflect the recording of the time delay from normal power to emergency power. The generator log will be revised to add the time delay on the log sheet.</p> <p>How Corrective actions will be monitored.</p> <p>The Generator log sheet will be reviewed</p>		

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

PRINTED: 03/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315338	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06, 07 B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2021
NAME OF PROVIDER OR SUPPLIER LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648		
(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	
K 918	Continued From page 11 report's. The Plant Operations Director and Administrator was informed of the deficiency at the Life Safety Code exit conference on 12/22/21. NJAC 8:39-31.2(e), 31.2(g) NFPA 99	K 918	by the Director of facilities and the results of the monthly load tests will be reported at the quarterly safety committee meeting.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315338	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 3/30/2022
NAME OF FACILITY LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648	

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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0918	01/07/2022	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
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 12/21/2021		<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			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315338	MULTIPLE CONSTRUCTION A. Building 03 - COTTAGE 2 AT 4 MORRIS HALL CIRCLE B. Wing	DATE OF REVISIT 3/30/2022
NAME OF FACILITY LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0291	01/07/2022	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
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 12/21/2021		<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			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315338	MULTIPLE CONSTRUCTION A. Building 04 - COTTAGE 3 AT 6 MORRIS HALL CIRCLE B. Wing	DATE OF REVISIT 3/30/2022
NAME OF FACILITY LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE LAWRENCEVILLE, NJ 08648	

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Reg. # NFPA 101	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC K0291	01/07/2022	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 _____
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 12/21/2021		<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			