

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/18/2025
NAME OF PROVIDER OR SUPPLIER ALLENDALE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401		
(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	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00189111, NJ00189181, and NJ00189279 CENSUS: 114 SAMPLE SIZE: 5 SURVEY DATE: 11/17/2025 - 11/18/2025</p> <p>The facility is not in substantial compliance with all 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, based on this Complaint Survey.</p> <p>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.</p>	A 000		
A 577	<p>8:36-5.11(a)(2) General Requirements</p> <p>(a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public:</p> <p>2. A copy of the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months;</p> <p>This REQUIREMENT is not met as evidenced</p>	A 577		

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

TITLE

(X6) DATE

01/06/26

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/18/2025
NAME OF PROVIDER OR SUPPLIER ALLENDALE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401		
(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 577	<p>Continued From page 1</p> <p>by: Complaint #NJ00189181</p> <p>Based on observation, interview, and facility document and policy review, the facility failed to ensure results for two complaint surveys (08/25/2025 and 10/02/2025) were available upon request by 1 (Resident #1) of 5 sampled residents. This deficient practice had the potential to affect all 114 residents that resided in the facility.</p> <p>Findings included:</p> <p>A facility policy titled, "Posting of Required Notices," adopted 08/2021, revealed, "The facility will conspicuously post information available [to] residents and the public, as required. 1. The facility will conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public: b. A copy of the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months."</p> <p>A facility policy titled, "Examination of Survey Results," adopted 08/2021, revealed, "Survey reports and plans of correction are readily accessible to residents, family members, resident representatives and to the public. 1. Residents may examine the results of survey inspections and complaint investigations conducted by State surveyors. 2. A copy of the most recent annual licensure inspection survey report and the list of deficiencies from any valid complaint investigations during the past twelve (12) months are conspicuously posted in an area accessible to residents and the public. 3. Survey reports, certifications, complaint investigations and plans</p>	A 577		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/18/2025
NAME OF PROVIDER OR SUPPLIER ALLENDALE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401			
(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 577	Continued From page 2 of correction for the preceding years are available for any individual to review upon request." During an interview on 11/17/2025 at 11:40 AM, Resident #1 stated that they were waiting for the results from a survey completed in 08/2025. A letter from the State of New Jersey Department of Health (DOH) to the facility, dated 10/03/2025, revealed the DOH completed a complaint survey on 08/25/2025, and a Statement of Deficiencies (SOD) was issued to the facility. A letter from the State of New Jersey DOH to the facility, dated 10/30/2025, revealed a complaint survey was conducted at the facility on 10/02/2025 and an SOD was issued. An observation of the facility's survey results binder, located at the front desk on 11/17/2025 at 4:55 PM, revealed the survey results from the complaint surveys on 08/25/2025 and 10/02/2025 were not in the binder. During an interview on 11/17/2025 at 4:55 PM, the Executive Director (ED) stated that the 08/25/2025 and 10/02/2025 survey results were not available in the binder because the results had not been published for the public. He stated that once the results were published, the survey reports were placed in the binder.	A 577			
A 603	8:36-5.14(a) General Requirements (a) Written notification by the administrator shall be provided to a resident and/or his or her family, guardian, or designated responsible person, of a decision to involuntarily discharge the resident from the facility or program. Such involuntary	A 603			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/18/2025
NAME OF PROVIDER OR SUPPLIER ALLENDALE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401		
(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 603	<p>Continued From page 3</p> <p>discharge shall only be upon grounds contained in the facility's or program's policies and procedures and shall occur only if the resident has been notified and informed of such policies in advance. The notice of discharge shall be given at least 30 days in advance and shall include the reason for discharge and the resident's right to appeal. This 30 day advance notice shall not apply if the discharge is for reasons in accordance with the criteria specified at N.J.A.C. 8:36-5.1(d). A copy of the notice shall be entered in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #NJ00189279 and NJ00189181</p> <p>Based on interview, record review, and facility policy review, the facility failed to provide accurate <small>NJ Exec Order 26.4</small> information in a <small>NJ Exec Order 26.4b1</small> to 1 (Resident #1) of 1 resident reviewed for an involuntary discharge.</p> <p>Findings included:</p> <p>A facility policy titled, "Involuntary Discharge," adopted 08/2021, revealed, "The Administrator will provide a resident and/or the resident's family, guardian, or designated responsible person, with a thirty (30)-day written notice of a decision to involuntarily discharge the resident." The policy also indicated, "2. The notice of discharge will be given at least 30 days in advance and will include the reason for discharge and the resident's right to appeal."</p> <p>A facility policy titled, "Resident Rights," adopted 08/2021, revealed, "3. Each resident of the assisted living facility is entitled to the following</p>	A 603			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/18/2025
NAME OF PROVIDER OR SUPPLIER ALLENDALE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401		
(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 603	<p>Continued From page 4</p> <p>rights: j. The right to appeal an involuntary discharge."</p> <p>An "Admission Record" revealed the facility admitted Resident #1 or [REDACTED] NJ Exec Order 26.4b1. According to the Admission Record, the resident had a medical history that included diagnoses of [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>A "Brief Interview for Mental Status" (BIMS) form, effective [REDACTED] NJ Exec Order 26.4b1, revealed Resident #1 had a BIMS of [REDACTED] NJ Exec Order 26.4b1 which indicated the resident had [REDACTED] cognition.</p> <p>During an interview on 11/17/2025 at 11:40 AM, Resident #1 stated that the resident was being [REDACTED] NJ Exec Order 26.4b1 from the facility.</p> <p>A letter addressed to Resident #1 dated [REDACTED] NJ Exec Order 26.4b1, regarding a "Notice of Intent to [REDACTED] NJ Exec Order 26.4b1 revealed, "This letter serves as official notice of the [REDACTED] NJ Exec Order 26.4b1 of [Resident #1] from our assisted living community by [REDACTED] NJ Exec Order 26.4b1 due to [REDACTED] NJ Exec Order 26.4b1." The letter revealed, "By federal regulation, you have the right to appeal this decision to the State. If you wish to appeal, the name, address and phone number is as follows: Division of Medical Assistance and Health Services, Fair Hearing Unit."</p> <p>During an interview on 11/17/2025 at 1:24 PM, the Long-Term Care Ombudsman (OMB) stated that when discharging a resident from an assisted living or comprehensive personal care home, the resident had the right to a third-party appeal process. She stated Resident #1's facility [REDACTED] NJ Exec Order 26.4b1, which was copied to the</p>	A 603		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05C001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/18/2025
NAME OF PROVIDER OR SUPPLIER ALLENDALE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401		
(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 603	<p>Continued From page 5</p> <p>Ombudsman's office, contained information about appeals to the Fair Hearing Unit, which was for nursing home appeals, not assisted living or personal care home residents. The OMB stated that Resident #1's letter did not have information about a third-party NJ Exec Order 26.4b1 appeal process.</p> <p>During a phone interview on 11/17/2025 at 1:28 PM, the Chief of Investigations (COI) with the Ombudsman Office stated that the appeals information in Resident #1's NJ Exec Order 26.4b1 was not accurate. She stated the Fair Hearing Unit only heard nursing home appeals and would not take any cases for assisted living/personal care home facility residents. According to the COI, there was a Medicaid community-based services setting rule, which stated that residents had rights comparable to landlord tenant law; subsequently, the facility had to provide appeal information in a discharge notice about tenant landlord court.</p> <p>During an interview on 11/18/2025 at 6:38 PM, the Executive Director (ED) revealed the appeals information in Resident #1's NJ Exec Order 26.4b1 was for a skilled nursing facility. The ED revealed when the letter was issued to Resident #1, he was not aware the letter should include appeal information for an impartial third-party mediator.</p>	A 603		



Plan of Correction

Regulation: 8:36-5.11(a)(2) – General Requirements

Deficiency: Failure to ensure the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months were available to residents and the public upon request.

1. How the Deficient Practice Will Be Corrected for the Resident(s) Affected

On 11/17/2025, immediately upon identification of the deficient practice, the facility took corrective action to ensure compliance.

- The Statements of Deficiencies (SODs) for the complaint surveys conducted on 08/25/2025 and 10/02/2025 were obtained from the New Jersey Department of Health electronic survey correspondence already received by the facility.
- Both SODs were immediately printed, dated, and placed in the facility's Survey Results Binder located at the front desk, accessible to residents and the public during normal business hours.
- Resident #1 was personally informed by the Executive Director that the survey results were now available and was offered the opportunity to review them. Assistance was offered if clarification was needed.

2. How the Facility Will Identify Other Residents Who May Have Been Affected

- The facility recognizes that this deficiency had the potential to affect all 114 residents.
- A facility-wide audit was conducted on 11/18/2025 by BOM and ED to ensure:
 - All complaint survey SODs from the past 12 months were present.
 - The most recent annual licensure survey was included.
- No additional missing survey documents were identified during this audit.

3. Measures the Facility Will Take to Ensure the Deficient Practice Does Not Recur

The facility has implemented the following systemic corrective actions:

- Current practice was reviewed and corrected on November 17, 2025 to include the following:
 - Survey results and SODs must be made available upon receipt from DOH, regardless of whether they are posted on the CMS Nursing Home Compare website.



- o Public availability is not dependent on CMS publication status.

B. Designation of Responsibility

- The Executive Director is responsible for:
 - o Ensuring receipt of all survey correspondence from DOH.
- The Administrator or designee (Business Office Manager as backup) is responsible for:
 - o Placing all SODs in the Survey Results Binder within 24 hours of receipt.

C. Staff Education

- Education was provided on 11/21/2025 by VP of Operations, to:
 - o Executive Director
 - o Business Office Manager
 - o Reception/Front Desk Staff
- Education included:
 - o Regulatory requirements
 - o Location of survey materials
 - o Procedure for responding to resident or public requests
- All education was documented with sign-in sheets.

4. How the Facility Will Monitor Its Performance to Ensure Sustained Compliance

To ensure ongoing compliance, the facility implemented the following monitoring process:

- The Administrator or designee will conduct a monthly audit of the Survey Results Binder for six (6) months to verify:
 - o Presence of the most recent annual licensure survey
 - o Inclusion of all complaint survey SODs from the prior 12 months
- Audit findings will be documented on a Survey Availability Audit Tool.
- Results will be reviewed during the Quality Assurance and Performance Improvement (QAPI) meeting.
- Any identified issues will result in immediate corrective action and retraining as necessary.



Allendale
Senior Living

5. Date of Compliance

The facility achieved compliance on:

November 30, 2025

NJ Exec Order 26.401

approved
1/14/20



Plan of Correction

Regulation: N.J.A.C. 8:36-5.1(a) – Written Notification of Involuntary Discharge

Deficiency: Failure to provide accurate appeal rights information in an involuntary discharge notice.

1. How the Deficient Practice Was Corrected for the Resident Affected

Immediately upon identification of the deficient practice on 11/17/2025, the facility took corrective action for Resident #1:

- The incorrect **NJ Exec Order 26.4b1** dated **NJ Exec Order 26.4b1** was formally **NJ Exec Order 26.4b1**
- A corrected **NJ Exec Order 26.4b1** will not be reissued until an arbitrator or mediator can be provided.

2. How the Facility Will Identify Other Residents Who May Have Been Affected

- All residents have the potential to be affected by this deficient practice.
- The facility conducted a retrospective audit on 11/18/2025 of:
 - All involuntary discharge notices issued in the previous 12 months
- The audit confirmed that Resident #1 was the only resident who received a **NJ Exec Order 26.4b1** during that period.
- No additional residents were identified as having received incorrect appeal information.

3. Measures Implemented to Ensure the Deficient Practice Does Not Recur

A. Policy Review and Revision

- The facility policies titled:
 - “Involuntary Discharge”
 - “Resident Rights”
- Were reviewed on 11/20/2025 to:
 - Clearly distinguish assisted living/personal care home discharge requirements from skilled nursing facility requirements
 - Specify that appeal rights for assisted living residents must include:



- Third-party appeal mechanisms
- Ombudsman involvement
- Prohibit the use of SNF-specific appeal language (e.g., Fair Hearing Unit) for non-SNF residents

B. Standardized Discharge Notice Template

- A new standardized involuntary discharge template was implemented and approved by Administration and Legal/Compliance review on November 27, 2025.
- The template includes:
 - Mandatory fields for:
 - Reason for discharge
 - Effective date
 - Resident rights
 - Correct appeal authority

C. Education and Training

- On 11/21/2025, targeted education was provided by VP of Operations to:
 - Executive Director
- Education included:
 - Differences between SNF and assisted living discharge appeal rights
 - Regulatory requirements under NJAC 8:36 and CMS expectations
 - Role of the Long-Term Care Ombudsman
- Attendance and competency validation were documented.

4. Monitoring to Ensure Ongoing Compliance

The facility established the following monitoring process:

- The Administrator or designee will review 100% of involuntary discharge notices prior to issuance for:
 - Accuracy of appeal rights
 - Correct regulatory references
 - Proper documentation in the medical record

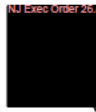


Allendale
Senior Living

- A quarterly audit will be conducted for six (6) months to ensure:
 - Compliance with notice content requirements
 - Proper timelines and documentation
- Audit results will be reviewed during QAPI meetings, and corrective action will be taken immediately if deficiencies are identified.

5. Date of Compliance

November 30, 2025



*approved
1/14/26*

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05C001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/14/2026
NAME OF FACILITY ALLENDALE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401	

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 A0577	Correction	ID Prefix A0603	Correction	ID Prefix	Correction
Reg. # 8:36-5.11(a)(2)	Completed	Reg. # 8:36-5.14(a)	Completed	Reg. #	Completed
LSC	11/30/2025	LSC	11/30/2025	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
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	TITLE
FOLLOWUP TO SURVEY COMPLETED ON 11/18/2025		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 05C001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/14/2026
NAME OF FACILITY ALLENDALE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 85 HARRETON ROAD ALLENDALE, NJ 07401	

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 A0577	Correction	ID Prefix A0603	Correction	ID Prefix	Correction
Reg. # 8:36-5.11(a)(2)	Completed	Reg. # 8:36-5.14(a)	Completed	Reg. #	Completed
LSC	11/30/2025	LSC	11/30/2025	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	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/18/2025		<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			