

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

PRINTED: 05/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2023
NAME OF PROVIDER OR SUPPLIER SPRING GROVE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 144 GALES DRIVE NEW PROVIDENCE, NJ 07974		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>Complaint # NJ00153396 NJ00157178 NJ00157203 NJ00159672 NJ00159845</p> <p>Census: 93</p> <p>Sample Size: 8</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG-TERM CARE FACILITIES, BASED ON THIS COMPLAINT SURVEY.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

01/19/2024

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.

New Jersey Department of Health

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S 000	Initial Comments Complaint # NJ00153396 NJ00157178 NJ00157203 NJ00159672 NJ00159845 Census: 93 Sample Size: 8 The facility was not in compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S1025	8:39-11.2(b) Mandatory Resident Assessment and Care Plans (b) Each physician or advanced practice nurse order shall be executed by the nursing, dietary, social work, activities, rehabilitation or pharmacy service, as appropriate in accordance with professional standards of practice. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00153396 NJ00159662 NJ00157178	S1025	1. Charts reviewed for residents #1, #2, #3, #4, #5, and #7. No negative outcomes identified from deficient practice. MD notified of medications that were not	1/19/24

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S1025	<p>Continued From page 1</p> <p>Based on observations, interviews, and record review, as well as a review of pertinent facility documents on 10/30/23, 10/31/23, and 11/1/23, it was determined that the facility failed to administer the medications in accordance with the acceptable standard of nursing practice and follow the facility policy on Medication Administration Schedule and Administering Medications for 5 of 8 sampled residents, (Residents #1, #2, #3, #4, #5, and #7). This deficient practice was evidenced by the following:</p> <p>On 10/30/23 at 10:30 am, the surveyor conducted a medication pass observation on the XX Unit with the Registered Nurse (RN #1), the surveyor observed a red color on the Electronic Medication Administration Record (EMAR) screen for Resident #1, #2, and #3. RN#1 explained that the red color on the screen meant that the Resident's medications were "late" which were due to be given at 9:00 am. The surveyor further observed that RN #1 prepared and administered Resident #1, #2, and #3.</p> <p>1. According to the "ADMISSION RECORD" (AR), Resident #1 was admitted with diagnoses including but not limited to <u>Ex Order 26. 4B1</u> [REDACTED].</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated <u>Ex Order 26. 4B1</u>, showed that Resident #1 had a <u>Ex Order 26. 4B1</u> [REDACTED] score of <u>Ex On</u>, indicating that Resident #1 had <u>Ex Order 26. 4B1</u> [REDACTED] and required extensive assistance with <u>Ex Order 26. 4B1</u> [REDACTED].</p> <p>A review of Resident #1's care plan (CP), dated</p>	S1025	<p>administered at the scheduled time per physician order and per policy no new orders received.</p> <p>Nurses responsible for administering later medication to residents #1, #2, #3, #4, #5, and #7 were counseled for failure to administer medications in accordance with the acceptable standard of nursing practice.</p> <p>2. All residents have the potential to be affected by deficient practice. An audit was conducted for all residents to ensure medication was administered in a timely manner per physician order and policy.</p> <p>3. Director of Nursing or designee re-educated all licensed nurses on medication administration policy including administering medication within the ordered time and notification to physician if medication not administered according to physician order and scheduled time due. Nursing Leadership will check EMAR portal prior to end of each medication pass on each shift to ensure all medications and treatments were given timely and signed. DON or designee will Medication Admin Audit Report in PCC daily in morning clinical for prior day for any late medications and variances will be addressed.</p> <p>4. DON and/or designee will conduct a medication pass observations 3x per week x 4 weeks and then monthly x 3 months to ensure compliance.</p>	

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S1025	<p>Continued From page 2</p> <p><u>Ex Order 26. 4B1</u>, indicated that Resident #1 had <u>Ex Order 26. 4B1</u>. The CP had intervention included but was not limited to give medication as ordered by the doctor.</p> <p>A review of Resident #1's "Order Summary Report" (OSR) revealed an order for the following. On <u>Ex Order 26. 4B1</u>, for <u>Ex Order 26. 4B1</u> by mouth two times a day. On <u>Ex Order 26. 4B1</u>, for <u>Ex Order 26. 4B1</u> give 1 capsule by mouth three times a day.</p> <p>A review of Resident #1's "Medication Administration Report" (MAR) for <u>Ex Order 26. 4B1</u> revealed the abovementioned medications were scheduled and administered at 9:00 a.m.</p> <p>A review of the form "Medication Admin Audit Report" (MAAR) indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows:</p> <p><u>Ex Order 26. 4B1</u>, on <u>Ex Order 26. 4B1</u> at 12:32 p.m., <u>Ex Order 26. 4B1</u> at 12:04 p.m., <u>Ex Order 26. 4B1</u> at 11:25 a.m., <u>Ex Order 26. 4B1</u> at 11:08 a.m., <u>Ex Order 26. 4B1</u> at 12:26 p.m., <u>Ex Order 26. 4B1</u> at 11:44 a.m., <u>Ex Order 26. 4B1</u> 11:36 a.m., and <u>Ex Order 26. 4B1</u> at 10:54 a.m.</p> <p>Dicyclomine, on <u>Ex Order 26. 4B1</u> at 12:32 p.m., <u>Ex Order 26. 4B1</u> at 12:05 p.m., <u>Ex Order 26. 4B1</u> at 11:25 a.m., <u>Ex Order 26. 4B1</u> at 11:08 a.m., <u>Ex Order 26. 4B1</u> at 12:26 p.m., <u>Ex Order 26. 4B1</u> at 11:45 a.m., <u>Ex Order 26. 4B1</u> at 11:36 a.m. and <u>Ex Order 26. 4B1</u> at 10:54 a.m.</p> <p>A review of Resident #2's progress notes (PN) from <u>Ex Order 26. 4B1</u>, there was no indication in the PN that the Resident's Primary Care</p>	S1025	<p>Pharmacy Consultant will conduct 2 medication Observations monthly for 3 months and then quarterly for 3 quarters to ensure compliance.</p> <p>The results will be submitted monthly to the Administrator for review at the monthly QAPI meeting and quarterly to the QA Committee for review and action, as appropriate.</p> <p>The QAPI Committee will make recommendations based upon the results of the audits.</p> <p>Upon attaining consistent compliance, the QAPI Committee will determine the continuation of the audits.</p>	

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S1025	<p>Continued From page 3</p> <p>Physician (PCP) was notified that the aforementioned medication was not administered according to the scheduled time for the aforementioned dates which was not according to the policy.</p> <p>2. According to the AR, Resident #2 was admitted with diagnoses including but not limited to <i>Ex Order 26. 4B1</i> [REDACTED].</p> <p>A review of the MDS dated <i>Ex Order 26. 4B1</i>, Resident #2 cognition was <i>Ex Order 26. 4B1</i> and required extensive assistance with <i>Ex Order 26. 4B1</i>.</p> <p>A review of Resident #2's CP, initiated on <i>Ex Order 26. 4B1</i> indicated Resident #2 was on <i>Ex Order 26. 4B1</i> medications. Interventions included but were not limited to administer medication.</p> <p>A review of Resident #2's OSR on <i>Ex Order 26. 4B1</i> revealed an order for the following:</p> <p>On <i>Ex Order 26. 4B1</i>, <i>Ex Order 26. 4B1</i> [REDACTED] with meals.</p> <p>On <i>Ex Order 26. 4B1</i>, <i>Ex Order 26. 4B1</i> [REDACTED] give 2 capsules by mouth with meals and <i>Ex Order 26. 4B1</i> [REDACTED], give 2 tablets by mouth three times a day.</p> <p>On <i>Ex Order 26. 4B1</i>, <i>Ex Order 26. 4B1</i> [REDACTED] by mouth two times a day was ordered on <i>Ex Order 26. 4B1</i>.</p> <p>A review of Resident #2's MAR for 10/2023 revealed the abovementioned medications were scheduled and administered as indicated as follows.</p>	S1025		

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S1025	<p>Continued From page 4</p> <p>Ex Order 26. 4B1 at 6:00 a.m., 12:00 p.m., and 5:00 p.m. Ex Order 26. 4B1 at 6:00 a.m., 12:00 p.m., and 5:00 p.m. Ex Order 26. 4B1 tablet at 9:00 a.m., 1:00 p.m. and 5:00 p.m. Ex Order 26. 4B1 tablet at 9:00 a.m. and 5:00 p.m.</p> <p>A review of the form MAAR indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows:</p> <p>Ex Order 26. 4B1 was scheduled to be given at 8:00 a.m. and was administered as follows: On Ex Order 26. 4B1 at 10:53 a.m., Ex Order 26. 4B1 at 10:38 a.m., Ex Order 26. 4B1 at 10:08 a.m., and Ex Order 26. 4B1 at 10:46 a.m.</p> <p>Ex Order 26. 4B1 was scheduled to be given at 8:00 a.m. and was administered as follows: Ex Order 26. 4B1 at 11:01 a.m., Ex Order 26. 4B1 at 1 p.m., Ex Order 26. 4B1 at 11:40 a.m., Ex Order 26. 4B1 at 11:17 a.m., Ex Order 26. 4B1 at 10:43 a.m., at Ex Order 26. 4B1 at 10:42 a.m., Ex Order 26. 4B1 at 10:15 a.m., and Ex Order 26. 4B1 at 10:29 a.m.</p> <p>Ex Order 26. 4B1 tablet scheduled to be given at 9:00 a.m. On Ex Order 26. 4B1 at 11:02 a.m., Ex Order 26. 4B1 at 1:01 p.m., Ex Order 26. 4B1 at 11:40 a.m., Ex Order 26. 4B1 at 11:17 a.m., and Ex Order 26. 4B1 at 10:34 a.m.</p> <p>Ex Order 26. 4B1 to be given at 9:00 a.m. on Ex Order 26. 4B1 at 11:40 a.m., Ex Order 26. 4B1 at 11:17 a.m., and Ex Order 26. 4B1 at 10:39 a.m.</p> <p>A review of Resident #2's PN from</p>	S1025		

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S1025	<p>Continued From page 5</p> <p><u>Ex Order 26. 4B1</u>, there was no indication in the PN that the Resident's PCP was notified that the aforementioned medication was not administered according to the scheduled time for the aforementioned dates which was not according to the policy.</p> <p>3. According to the AR, Resident #3 was admitted with diagnoses including but not limited to <u>Ex Order 26. 4B1</u>.</p> <p>A review of the MDS, an assessment tool dated <u>Ex Order 26. 4B1</u>, indicated that Resident #3's cognition was <u>Ex Order 26. 4B1</u> and needed help from staff with <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #3's CP, <u>Ex Order 26. 4B1</u>, indicated that Resident #3 had <u>Ex Order 26. 4B1</u>. The intervention included but was not limited to give medication as ordered.</p> <p>A review of Resident #2's OSR on <u>Ex Order 26. 4B1</u> revealed an order for the following:</p> <p>On <u>Ex Order 26. 4B1</u>, <u>Ex Order 26. 4B1</u>, 1 tablet by mouth before meals and at bedtime, <u>Ex Order 26. 4B1</u>, 1 tablet by mouth two times a day, and <u>Ex Order 26. 4B1</u>, to inject as per sliding scale <u>Ex Order 26. 4B1</u> before meals and at bedtime.</p> <p>A review of Resident #3's MAR for 10/2023 revealed the abovementioned medications were scheduled and administered as indicated as follows.</p> <p>A review of the form MAAR indicated that the abovementioned medications were not administered according to the scheduled time.</p>	S1025		

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S1025	<p>Continued From page 6</p> <p>The medications were administered as follows:</p> <p><u>Ex Order 26. 4B1</u> was scheduled to be given at 8:00 a.m. and administered as follows: On <u>Ex Order 26. 4B1</u> at 11:18 a.m., <u>Ex Order 26. 4B1</u> at 10:02 a.m., <u>Ex Order 26. 4B1</u> at 10:09 a.m., <u>Ex Order 26. 4B1</u> at 10:21 a.m., <u>Ex Order 26. 4B1</u> at 11:10 a.m., <u>Ex Order 26. 4B1</u> at 10:51 a.m.</p> <p><u>Ex Order 26. 4B1</u> was scheduled to be given at 9:00 a.m. and was administered as follows: On <u>Ex Order 26. 4B1</u> at 11:19 a.m. and <u>Ex Order 26. 4B1</u> at 11:11 a.m.</p> <p><u>Ex Order 26. 4B1</u> was scheduled to be given at 8:00 a.m. and was administered as follows: On <u>Ex Order 26. 4B1</u> at 10:25 a.m.</p> <p>A review of Resident #3's PN from <u>Ex Order 26. 4B1</u>, there was no indication in the PN that the Resident's PCP was notified that the aforementioned medication was not administered according to the scheduled time for the aforementioned dates which was not according to the policy.</p> <p>4. According to the AR, Resident #5 was admitted with diagnoses of <u>Ex Order 26. 4B1</u> [REDACTED]</p> <p>A review of Resident #5's MDS dated <u>Ex Order 26. 4B1</u>, indicated that Resident #5 had a <u>Ex Order 26. 4B1</u> score of <u>Ex Order 26. 4B1</u>, indicating that Resident #5's cognition was <u>Ex Order 26. 4B1</u> and required extensive assistance with <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #5's CP, initiated on <u>Ex Order 26. 4B1</u>, indicated that Resident #5 had <u>Ex Order 26. 4B1</u>. The CP included interventions not limited to give <u>Ex Order 26. 4B1</u> medications as</p>	S1025		

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S1025	<p>Continued From page 7</p> <p>ordered.</p> <p>A review of the form OSR from <u>Ex Order 26. 4B1</u> through <u>Ex Order 26. 4B1</u> revealed an order for the following:</p> <p>On <u>Ex Order 26. 4B1</u>, <u>Ex Order 26. 4B1</u>, 1 tablet by mouth three times a day for <u>Ex Order 26. 4B1</u>. Give 30 minutes prior to meal and give with apple sauce.</p> <p>A review of Resident #5's MAR for <u>NJ Ex Order 26.4(B)</u> revealed the aforementioned medication was scheduled and administered at 9:00 a.m.</p> <p>A review of the form MAAR indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows:</p> <p><u>Ex Order 26. 4B1</u>, on <u>Ex Order 26. 4B1</u> at 12:56 p.m. and on <u>Ex Order 26. 4B1</u> at 11:06 a.m.</p> <p>A review of Resident #5's PN from <u>Ex Order 26. 4B1</u>, there was no indication in the PN that the Resident's PCP was notified that the aforementioned medication was not administered according to the scheduled time for the aforementioned dates which was not according to the policy.</p> <p>5. According to the AR, Resident #7 was admitted on <u>Ex Order 26. 4B1</u> with diagnoses of <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #7's MDS dated <u>Ex Order 26. 4B1</u>, indicated that Resident #7 had a <u>Ex Order 26. 4B1</u> score of <u>Ex Order 26. 4B1</u>, indicating that Resident #7's cognition was <u>Ex Order 26. 4B1</u> and required extensive assistance with <u>Ex Order 26. 4B1</u>.</p>	S1025		

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S1025	<p>Continued From page 8</p> <p>A review of Resident #7's CP, initiated on <u>Ex Order 26. 4B1</u>, indicated that Resident #7 had altered in <u>Ex Order 26. 4B1</u>. The CP included interventions not limited to administering medications as ordered.</p> <p>A review of the form OSR from <u>Ex Order 26. 4B1</u> revealed an order for the following:</p> <p>On <u>Ex Order 26. 4B1</u>, <u>Ex Order 26. 4B1</u>, 1 tablet by mouth every 12 hours for <u>Ex Order 26. 4B1</u>, 1 tablet by mouth two times a day for <u>Ex Order 26. 4B1</u>.</p> <p>A review of Resident #7's MAR for <u>Ex Order 26. 4B1</u>, revealed the aforementioned medications were scheduled and administered at 9:00 a.m.</p> <p>A review of the form MAAR indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows:</p> <p><u>Ex Order 26. 4B1</u>, on <u>Ex Order 26. 4B1</u> at 11:31 p.m., <u>Ex Order 26. 4B1</u> at 12:20 p.m., and <u>Ex Order 26. 4B1</u> at 11:26 a.m. Hydralazine, on <u>Ex Order 26. 4B1</u> at 11:31 p.m., <u>Ex Order 26. 4B1</u> at 12:20 p.m., and <u>Ex Order 26. 4B1</u> at 11:27 a.m.</p> <p>A review of Resident #7's PN from <u>Ex Order 26. 4B1</u>, there was no indication in the PN that the Resident's PCP was notified that the aforementioned medication was not administered according to the scheduled time for the aforementioned dates which was not according to the policy.</p> <p>During an interview with Registered Nurses (RN #1 and RN #2) on 10/31/23 and 11/1/23, The RNs stated that all medications should be administered as scheduled; they further added</p>	S1025			

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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) COMPLETE DATE
S1025	<p>Continued From page 9</p> <p>that the nurses may administer the medications one hour before and one hour after the scheduled time according to their policy. The RNs also stated that if the medications were not administered according to the schedule, the nurse should call the PCP to notify that the medications were not administered according to the scheduled time and to document in the MR.</p> <p>During an interview with the Administrator, Director of Nursing (DON), and Regional Vice President of Operation (VPO) on 11/1/23 at 11:01 p.m., they stated the nurses were to administer the medications according to the schedule. They further stated that if the medications were not administered, the nurse were to call the PCP and document in the residents MR.</p> <p>A review of the facility's policy titled "Medication Administration Schedule," revised on 11/2020, under "Medications are administered according to an established routine schedule Policy Interpretation and Implementation 1. Medications are administered according to an established routine schedule...3. Scheduled medications are administered within one (1) hour of their prescribed time, unless otherwise specified ...7. The exact time of medication administration is documented in the MAR. If medication is administered early, late (beyond the allowable interval), or in omitted, the reason is also documented and the resident's attending physician is notified..."</p> <p>A review of the facility's policy titled "Administering Medications" revised on 4/2019, under Policy Statement Medications are administered in a safe and timely manner, and as prescribed...4. Medications are administered in accordance with prescriber orders, including any</p>	S1025			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/01/2023
NAME OF PROVIDER OR SUPPLIER SPRING GROVE REHABILITATION AND HEALT		STREET ADDRESS, CITY, STATE, ZIP CODE 144 GALES DRIVE NEW PROVIDENCE, NJ 07974		
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S1025	Continued From page 10 required time frame...7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). 8. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the residents attending position or the facilities medical director to discuss the concerns...21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for the drug and dose..." NJAC 8:39-11.2(b)	S1025		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 062008	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/7/2024
NAME OF FACILITY SPRING GROVE REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 144 GALES DRIVE NEW PROVIDENCE, NJ 07974	

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 S1025	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-11.2(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/19/2024	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/1/2023		<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			