

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>082462</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIRA VIE AT FORSGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>319 FORSGATE DRIVE</b> <b>JAMESBURG, NJ 08831</b>		
(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 # : NJ00178721, NJ00180129  CENSUS: 96  SAMPLE SIZE: 5  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

02/03/25

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00178721</p> <p>Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the facility policy on Service Plans, regarding Health Service Plans (HSP), for 3 of 5 residents reviewed, Resident #1, #2 and #4. This deficient practice was evidenced by the following:</p> <p>On 10/17/2024 at 2:40 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by health care facilities to report incidents to the NJDOH. The report included a "date of event" of [NJ Ex Order 26.4b], and a "time of event" of 12:30 p.m. The report revealed that on [NJ Ex Order 26.4b] at approximately 12:30 p.m., Resident #2's, [NJ Ex Order 26.4b] was observed by a staff member to be [NJ Ex Order 26.4b], and Resident #2 stated that he/she had [NJ Ex Order 26.4b] the night before and [NJ Ex Order 26.4b] by him/herself. An [NJ Ex Order 26.4b] was completed on [NJ Ex Order 26.4b], which revealed a [NJ Ex Order 26.4b] of the [NJ Ex Order 26.4b] on the [NJ Ex Order 26.4b]. The FRE further indicated that Resident #2 was transferred to the hospital for further evaluation.</p> <p>On 1/7/25 at 10:51 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) to obtain clarity on the facility General Service Plan (GSP) and HSP; including the titles and locations of the GSP and HSP in the medical record (MR). The DHW stated that the residents general service care needs provided by the care partners</p>	A 310		



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A 310	<p>Continued From page 2</p> <p>were documented in the Electronic Medical Record (EMR) under the title, "Service Plan." Additionally, the DHW stated that the HSPs were also located in the EMR under the title, "Care Plan."</p> <p>1.) On 1/7/25 at 12:57 p.m., the surveyor reviewed Resident #1's Medical Record (MR), which revealed a move-in date of [NJ Ex Order 26.4b1], and a diagnosis of [NJ Ex Order 26.4B1]. The surveyor reviewed the MR Progress Notes (PN) which revealed Resident #1 had [NJ Ex Order 26.4b1] on [NJ Ex Order 26.4b1] at 8:10 p.m., with [NJ Ex Order 26.4b1] documented. The PN additionally indicated that on [NJ Ex Order 26.4b1] at 2:28 p.m., Resident #1 was sent to the hospital via 911 for complaint of [NJ Ex Order 26.4b1] to [NJ Ex Order 26.4B1].</p> <p>The surveyor reviewed an assessment dated 7/22/24, signed by the DHW on [NJ Ex Order 26.4B1], which indicated that Resident #1 was hospitalized for a [NJ Ex Order 26.4b1] of the [NJ Ex Order 26.4b1] and [NJ Ex Order 26.4b1] to repair the [NJ Ex Order 26.4b1]. The MR further indicated that Resident #1 was admitted to a skilled nursing facility for rehabilitation on [NJ Ex Order 26.4b1] and returned to the facility on [NJ Ex Order 26.4b1].</p> <p>Surveyor review of the PN dated 7/14/24 at 12:16 p.m., written by the Assistant Director of Nursing (ADON) indicated that Resident #1 had another [NJ Ex Order 26.4b1] on [NJ Ex Order 26.4b1] at 10:30 p.m., with no documented [NJ Ex Order 26.4b1]. On 7/21/24 at 9:20 a.m., the DHW documented that on [NJ Ex Order 26.4b1] at 3:30 p.m., the resident had an additional [NJ Ex Order 26.4b1] a [NJ Ex Order 26.4b1]; however, the PN did not indicate the location of the [NJ Ex Order 26.4b1].</p> <p>Surveyor review of the Care Plan did not reveal that an HSP was developed based on Resident #1's [NJ Ex Order 26.4b1] history to include specific goals of treatment or services, the time intervals</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>at which the resident's response to treatment would be reviewed and the measures to be used to assess the effects of the treatment.</p> <p>2.) On 1/7/25 at 12:00 p.m., the surveyor reviewed Resident #2's medical record (MR) which revealed a move-in date of [NJ Ex Order 26. 4B1] and diagnosis of [NJ Ex Order 26. 4B1]. The MR indicated that Resident #2 was discharged from the facility in [NJ Ex Order 26. 4B1].</p> <p>The surveyor reviewed a "30 day Assessment" of Resident #2 dated 5/29/24, and signed by the Director of Health and Wellness (DHW). Review of the assessment included a [NJ Ex Order 26. 4B1] evaluation which revealed that Resident #2 had greater than [NJ Ex Order 26. 4B1] since admission in [NJ Ex Order 26. 4B1] and was a [NJ Ex Order 26. 4B1].</p> <p>Additionally, the surveyor reviewed documents titled, "Resident Incident Report" which included the initial record of the incidents, and incident investigations, which revealed that Resident #2 had [NJ Ex Order 26. 4B1] on the following dates and times:</p> <p>On [NJ Ex Order 26. 4B1] at 5:45 a.m., [NJ Ex Order 26. 4B1] at 4:25 p.m., [NJ Ex Order 26. 4B1] at 5:30 a.m., [NJ Ex Order 26. 4B1] at 8:25 a.m., 6/9/24 at 1:30 p.m., [NJ Ex Order 26. 4B1] at 4:00 p.m., [NJ Ex Order 26. 4B1] at 5:30 p.m., [NJ Ex Order 26. 4B1] at 4:00 p.m., [NJ Ex Order 26. 4B1] at 11:00 a.m., and on [NJ Ex Order 26. 4B1] at 5:13 p.m.</p> <p>Further review of Resident #2's Progress Notes (PN) indicated that on [NJ Ex Order 26. 4B1] at 12:37 p.m., staff reported to the ADON that Resident #2's [NJ Ex Order 26. 4B1] was noted with [NJ Ex Order 26. 4B1]. The PN written by the ADON indicated that Resident #2 stated that he/she had [NJ Ex Order 26. 4B1] during the night and [NJ Ex Order 26. 4B1] by him/herself. Review of a PN dated [NJ Ex Order 26. 4B1] at 8:51 a.m., written by the DHW</p>	A 310		



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A 310	<p>Continued From page 4</p> <p>indicated that [NJ Ex Order 26.4b1] of Resident #2's [NJ Ex Order 26.4b1] showed a [NJ Ex Order 26.4b1] of the [NJ Ex Order 26.4b1] on the [NJ Ex Order 26.4b1].</p> <p>The surveyor reviewed Resident #2's HSP which documented an entry dated [NJ Ex Order 26.4b1], that indicated a "Problem/Need" and revealed that Resident #2 had [NJ Ex Order 26.4b1]. However, there was no documented evidence to show that the HSP was updated with specific interventions to address the resident's [NJ Ex Order 26.4b1].</p> <p>3.) On 1/7/25 at 12:15 p.m., the surveyor reviewed Resident #4's MR which revealed a move-in date of [NJ Ex Order 26.4b1], and diagnosis of [NJ Ex Order 26.4b1]. Resident #4's Care Plan indicated that Resident #4 was an elopement risk, with a desired outcome which included that Resident #4 would have a [NJ Ex Order 26.4b1] on his/her [NJ Ex Order 26.4b1] at all times.</p> <p>The surveyor observed that there were comments with the following review dates entered by the facility DHW on [NJ Ex Order 26.4b1]. However, review of the Care Plan did not indicate that Resident #4's Care Plan was reviewed further for elopement to include the effectiveness and response to the interventions.</p> <p>On 1/7/25 at 12:30 p.m., during follow up interview with the DHW, the surveyor inquired about how often the Service Plans (GSP) and Care Plans (HSP) were updated, and the DHW stated that the Service Plans were updated for [NJ Ex Order 26.4b1] and changes in the resident level of care. The DHW also stated that the Care Plans were not updated routinely, but that they were updated when there was an incident or change in a resident. The DHW explained that if the resident had a wound, the Care Plan would be</p>	A 310		

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A 310	Continued From page 5 updated monthly.  On 1/8/25 at 1:00 p.m., the surveyor reviewed the facility policy titled, "Service Plans and Assessments New Jersey", dated 4/2021, which revealed the following ...  "(s) (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:  (t) Orders for treatment or services, medications, and diet if needed;  (u) The resident's needs and preferences for himself or herself;  (v) The specific goals of treatment or services, if appropriate;  (w) The time intervals at which the resident's response to treatment will be reviewed; and  (x) The measures to be used to assess the effects of treatment....  9. The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status." ...	A 310			
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	A 735			



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A 735	<p>Continued From page 6</p> <p>limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Orders for treatment or services, medications, and diet, if needed;</li> <li>2. The resident's needs and preferences for himself or herself;</li> <li>3. The specific goals of treatment or services, if appropriate;</li> <li>4. The time intervals at which the resident's response to treatment will be reviewed; and</li> <li>5. The measures to be used to assess the effects of treatment.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00178721</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that a Health Service Plan was developed based on the health care assessment for 1 of 5 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 1/7/25 at 10:51 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) to obtain clarity on the facility's General Service Plans (GSP) and Health Service Plans (HSP); including their titles and where they were located in the medical record (MR). The DHW stated that the resident general service care needs that the</p>	A 735		

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A 735	<p>Continued From page 7</p> <p>care partners provided, was documented in the Electronic Medical Record (EMR) under the title, "Service Plan". The DHW additionally stated that the HSP needs were also located in the EMR under the title, "Care Plan."</p> <p>On 1/7/25 at 12:57 p.m., the surveyor reviewed Resident #1's MR, which revealed a move-in date of [NJ Ex Order 26.4b1], and diagnosis of [NJ Ex Order 26.4b1]. The surveyor reviewed the electronic Progress Notes (PN) which revealed that Resident #1 had [NJ Ex Order 26.4b1] on [NJ Ex Order 26.4b1] at 8:10 p.m., with [NJ Ex Order 26.4b1] documented. The PN indicated that on [NJ Ex Order 26.4b1] at 2:28 p.m., Resident #1 was sent to the hospital via 911 for complaint [NJ Ex Order 26.4b1] to [NJ Ex Order 26.4b1].</p> <p>Additionally, the surveyor reviewed an assessment dated [NJ Ex Order 26.4b1], signed by the DHW on [NJ Ex Order 26.4b1], which indicated that Resident #1 was hospitalized for a [NJ Ex Order 26.4b1] of the [NJ Ex Order 26.4b1] and had [NJ Ex Order 26.4b1] the [NJ Ex Order 26.4b1]. The MR further indicated that Resident #1 was admitted to a skilled nursing facility for rehabilitation on [NJ Ex Order 26.4b1] and returned to the facility on [NJ Ex Order 26.4b1].</p> <p>Further surveyor review of the PN indicated that Resident #1 had [NJ Ex Order 26.4b1] on [NJ Ex Order 26.4b1] at 10:30 p.m., with no documented [NJ Ex Order 26.4b1] and again on [NJ Ex Order 26.4b1] at 3:30 p.m., and sustained a [NJ Ex Order 26.4b1] [site unknown].</p> <p>Surveyor review of the Care Plan did not reveal that a HSP was developed based on Resident #1's [NJ Ex Order 26.4b1] to include specific goals of treatment or services, the time intervals at which the resident's response to treatment would be reviewed and the measures to be used to assess the effects of the treatment.</p> <p>On 1/7/25 at 12:30 p.m., during follow up</p>	A 735		



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A 735	<p>Continued From page 8</p> <p>interview with the DHW, the surveyor inquired about how often the Service Plans (GSP) and Care Plans (HSP) were updated. The DHW stated that the Service Plans were updated for <b>NJ Ex Order 26.4b1</b>, and mostly for changes in the resident level of care.</p> <p>Additionally, the DHW stated that the Care Plans were not updated routinely, but that they were updated when there was an incident or a change in a resident. The DHW also stated that if the resident had a wound, the Care Plan would be updated monthly.</p> <p>On 1/8/25 at 1:00 p.m., the surveyor reviewed a facility policy titled, "Service Plans and Assessments New Jersey", dated 4/2021, which revealed the following ...</p> <p>"(s) (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:</p> <p>(t) Orders for treatment or services, medications, and diet if needed;</p> <p>(u) The resident's needs and preferences for himself or herself;</p> <p>(v) The specific goals of treatment or services, if appropriate;</p> <p>(w) The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>(x) The measures to be used to assess the effects of treatment....</p> <p>9. The resident health service plan shall be</p>	A 735		

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A 735	Continued From page 9  reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status." ...	A 735		
A 751	8:36-7.3(b) Resident Assessments and Care Plans  (b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00178721  Based on observation, interview and review of records, it was determined that the facility failed to ensure that a Health Service Plan (HSP) was reviewed, revised quarterly and as needed for 2 of 5 residents reviewed, Resident #2 and Resident #4. This deficient practice was evidenced by the following:  On 1/7/25 at 10:51 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) regarding the General Service Plans (GSP) and Health Service Plans (HSP), and their locations in the Electronic Medical Record (EMR). The DHW stated that the resident general service care needs that the care partners provided were documented in the EMR and titled, "Service Plan." Additionally, the DHW stated that the HSP were also located in the EMR and titled, "Care Plan."	A 751		



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A 751	<p>Continued From page 10</p> <p>1.) On 1/7/25 at 12:00 p.m., the surveyor reviewed Resident #2's MR which revealed a move-in date of [NJ Ex Order 26. 4B1], with diagnosis which included [NJ Ex Order 26. 4B1] and was discharged from the facility on [NJ Ex Order 26. 4B1].</p> <p>The surveyor reviewed a "30 day Assessment" of Resident #2 dated [NJ Ex Order 26. 4B1], and signed by the Director of Health and Wellness (DHW). Review of the assessment included a [NJ Ex Order 26. 4B1] evaluation which revealed that Resident #2 had greater than [NJ Ex Order 26. 4B1] since admission and was a [NJ Ex Order 26. 4B1].</p> <p>Additionally, the surveyor reviewed MR documents titled, "Resident Incident Report" which included the initial record of the incidents and incident investigations, which revealed that Resident #2 had [NJ Ex Order 26. 4B1] the following dates and times:</p> <p>On [NJ Ex Order 26. 4B1] at 5:45 a.m., [NJ Ex Order 26. 4B1] at 4:25 p.m., [NJ Ex Order 26. 4B1] at 5:30 a.m., [NJ Ex Order 26. 4B1] at 8:25 a.m., [NJ Ex Order 26. 4B1] at 1:30 p.m., [NJ Ex Order 26. 4B1] at 4:00 p.m., [NJ Ex Order 26. 4B1] at 5:30 p.m., [NJ Ex Order 26. 4B1] at 4:00 p.m., [NJ Ex Order 26. 4B1] at 11:00 a.m., and on [NJ Ex Order 26. 4B1] at 5:13 p.m.</p> <p>Further review of Resident #2's electronic Progress Note (PN) indicated that on [NJ Ex Order 26. 4B1] at 12:37 p.m., staff reported to the Assistant Director of Nursing (ADON) that Resident #2's [NJ Ex Order 26. 4B1] was noted with [NJ Ex Order 26. 4B1]. The PN further indicated that Resident #2 stated that he/she had [NJ Ex Order 26. 4B1] during the night and [NJ Ex Order 26. 4B1] by him/herself. Review of a PN dated [NJ Ex Order 26. 4B1] at 8:51 a.m., indicated that [NJ Ex Order 26. 4B1] of Resident #2's [NJ Ex Order 26. 4B1] showed a [NJ Ex Order 26. 4B1] of the [NJ Ex Order 26. 4B1] of the [NJ Ex Order 26. 4B1].</p> <p>The surveyor reviewed Resident #2's Care Plan</p>	A 751		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>082462</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIRA VIE AT FORSGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>319 FORSGATE DRIVE</b> <b>JAMESBURG, NJ 08831</b>		
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A 751	<p>Continued From page 11</p> <p>which revealed an entry dated [REDACTED] NJ Ex Order 26.4b1, that indicated a "Problem/Need", and documented that Resident #2 had [REDACTED] NJ Ex Order 26.4b1 falls since last assessment. The surveyor observed a "Desired Outcome" which included monitoring resident's stability, safety and independence. The surveyor did not observe documentation within the Care Plan to include interventions after the falls or evaluation of the resident's response to the interventions regarding the falls.</p> <p>2.) On 1/7/25 at 12:15 p.m., the surveyor reviewed Resident #4's MR which revealed a move-in date of [REDACTED] NJ Ex Order 26.4B1, and diagnosis of [REDACTED] NJ Ex Order 26.4B1. Resident #4's Care Plan indicated that Resident #4 was [REDACTED] NJ Ex Order 26.4b1, and a desired outcome which included that Resident #4 would have a [REDACTED] NJ Ex Order 26.4B1 applied to the [REDACTED] NJ Ex Order 26.4b1 at all times.</p> <p>The surveyor observed that there were comments with the following review dates entered by the facility DHW on [REDACTED] NJ Ex Order 26.4b1 [REDACTED] Surveyor review of the Care Plan did not reveal that Resident #4's Care Plan was reviewed further for elopement to include the effectiveness and response to the interventions.</p> <p>On 1/7/25 at 12:30 p.m., during follow up interview with the DHW, the surveyor inquired about how often the Service Plans (GSP) and Care Plans (HSP) were updated. The DHW stated that the Service Plans were updated for [REDACTED] NJ Ex Order 26.4b1, and mostly for changes in the resident level of care. The DHW stated that the Care Plans were not updated routinely, but were updated when there was an incident or a change in a resident. The DHW also stated that if the resident had a wound, the Care Plan would be updated monthly.</p>	A 751		



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NAME OF PROVIDER OR SUPPLIER  <b>MIRA VIE AT FORSGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>319 FORSGATE DRIVE</b> <b>JAMESBURG, NJ 08831</b>		
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A 751	<p>Continued From page 12</p> <p>On 1/8/24 at 1:00 p.m., the surveyor reviewed a facility policy titled, "Service Plans and Assessments New Jersey", with a date of 4/2021, which revealed the following ...</p> <p>"(s) (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:</p> <p>(t) Orders for treatment or services, medications, and diet if needed;</p> <p>(u) The resident's needs and preferences for himself or herself;</p> <p>(v) The specific goals of treatment or services, if appropriate;</p> <p>(w) The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>(x) The measures to be used to assess the effects of treatment....</p> <p>9. The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status." ...</p>	A 751		

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 082462	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/14/2025
NAME OF FACILITY MIRA VIE AT FORSGATE	STREET ADDRESS, CITY, STATE, ZIP CODE 319 FORSGATE DRIVE JAMESBURG, NJ 08831	

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 A0735	Correction	ID Prefix A0751	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-7.3(b)	Completed
LSC	02/01/2025	LSC	02/01/2025	LSC	02/01/2025
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 1/8/2025		<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			