

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>83010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALLAIRE CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1979 ROUTE 34 SOUTH</b> <b>WALL, NJ 07719</b>
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H 000	<p>Initials Comments</p> <p>Type of Survey: Complaint</p> <p>Complaint #: NJ00175625</p> <p>Census: 25</p> <p>Sample Size: 3</p> <p>The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.</p>	H 000		
H2630	<p>8:43E-10.6(a)(2) Reporting Serious Preventable Adverse Events</p> <p>Adult and pediatric day health care services facilities and facilities that provide home-based services, that is, home health care facilities, hospice facilities, assisted living residences, comprehensive personal care homes, and assisted living programs, shall report only those serious preventable adverse events that are within the control of the facility or directly caused by, or related to, services of the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00175625</p> <p>Based on interview and record review it was determined that the facility failed to notify the Department of Health (DOH) when a participant</p>	H2630		

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

TITLE

(X6) DATE

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H2630	<p>Continued From page 1</p> <p>was transported [redacted] and [redacted] by a driver who failed to ensure the participant was [redacted] for 1 of 3 participants, Participant #2 as evidenced by the following:</p> <p>At 10:40 a.m., the surveyor reviewed the medical record (MR) of Participant #2 which revealed that the participant was admitted to the program in [redacted] with diagnoses which included [redacted].</p> <p>During surveyor review of the participant's MR, the surveyor observed a typed investigation report in the participant's MR which revealed that on [redacted] the participant [redacted].</p> <p>Surveyor review of the investigation report revealed that on [redacted] the Driver dropped-off Participant #2 at approximately 2:22 p.m., at the home, and then escorted the participant halfway to the door. According to the investigation report, the driver observed the participant open the outside door to the home and then he [Driver] returned to the vehicle and drove off. The investigation report indicated that the driver [redacted] and [redacted] and was found by a care staff at 2:25 p.m., [redacted].</p> <p>At 11:40 a.m., the surveyor interviewed the Administrator regarding the incident investigation on [redacted] where the [redacted]. The Administrator acknowledged that the above</p>	H2630		
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H2630	<p>Continued From page 2</p> <p>incident occurred and explained that an incident report and investigation was completed. The Administrator stated that the participant was only <b>NJ Ex Order 26.4(b)(1)</b> for a time period of <b>NJ Ex Order 26.4(b)(1)</b> and therefore, she did not report the incident to the DOH.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Reportable Events" which revealed "All ...incidents in the Center or related to the Center's services ...shall be reported ..." to the New Jersey DOH.</p> <p>On 7/24/24 and 7/25/24 the facility submitted a removal plan that required revisions. The facility submitted a revised removal plan on 8/16/24 that included education of all staff on reportable events.</p> <p>Reference: M0827, 8:43F-17.2</p>	H2630		
M 000	<p>Initial Comments</p> <p>Type of Survey: Complaint</p> <p>Complaint #: NJ00175625</p> <p>Census: 25</p> <p>Sample Size: 3</p> <p>The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure</p>	M 000		

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M 000	Continued From page 3  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.	M 000		
M 223	8:43F-3.1(b)(1-7) Administration  (b) The administrator shall be responsible for, but not limited to, the following:  1. Ensuring the development, implementation, and enforcement of all policies and procedures, including participant rights;  2. Planning and administering the managerial, operational, fiscal, and reporting components of the facility;  3. Participating in the quality improvement program for participant care and staff performance;  4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions;  5. Ensuring the provision of staff orientation, staff education, and ongoing staff training in accordance with N.J.A.C. 8:43F-6.3;  6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with participants and their caregivers; and	M 223		

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M 223	<p>Continued From page 4</p> <p>7. Verifying that each Medicaid-eligible participant is eligible to receive services available at the adult day health services facility prior to the participant's entry into the program. For the purposes of this section, the administrator shall be entitled to rely on any prior authorization performed by the Department for the participant in accordance with N.J.A.C. 8:86.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00175625</p> <p>Based on interview and record review it was determined that the facility failed to follow its policy and procedure titled "This [Facility] will operate a transportation service that is safe and efficient" for 1 of 3 participants, Participant #2. This deficient practice was evidenced by the following:</p> <p>At 10:40 a.m., the surveyor reviewed the medical record (MR) of Participant #2 which revealed that the participant <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>During review of the participant's MR, the surveyor observed an investigation report which revealed on <b>NJ ex order 26.4b1</b> the driver at approximately 2:22 p.m., arrived at the participant's <b>NJ Ex Order 26.4b1</b> [REDACTED]</p>	M 223		

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M 223	<p>Continued From page 5</p> <p>According to the investigation report, the driver <b>NJ ex order 26.4b1</b> [REDACTED]. In addition, the investigation report indicated that the driver <b>NJ ex order 26.4b1</b> [REDACTED] and the <b>NJ ex order 26.4b1</b> [REDACTED] <b>NJ ex order 26.4b1</b> [REDACTED].</p> <p>At 11:14 a.m., the surveyor interviewed the driver regarding the procedure for Participant #2's <b>NJ ex order 26.4b1</b> [REDACTED]. The driver <b>NJ ex order 26.4b1</b> [REDACTED]. The driver also stated <b>NJ ex order 26.4b1</b> [REDACTED].</p> <p>Further, the driver explained that on <b>NJ ex order 26.4b1</b> [REDACTED].</p> <p>At 11:40 a.m., the surveyor interviewed the Administrator regarding transportation procedures. The Administrator stated that the drivers should not leave without ensuring the participants made it into their homes. In addition, the Administrator stated that the drivers would send a text message to her at the completion of dropping-off all the participants that their were no issues and everyone was dropped off safely to there destinations.</p> <p>The surveyor reviewed the facility policy and procedure titled, "This [Facility] will operate a transportation service that is safe and efficient. ...To establish safety as the most important standard in the operation of transportation services, ...Drivers must never leave a member unattended. ..."</p>	M 223		

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M 223	Continued From page 6 Reference: M0827, 8:43F-17.2	M 223		
M 821	<p>8:43F-17.1(a)(1) Transportation Services</p> <p>(a) The facility shall provide safe transportation services, either directly or through contractual arrangements, to all participants who require transportation between the facility and the participant's home. No participant's total transportation time between the facility and the participant's home shall exceed two hours daily.</p> <p>1. In accordance with N.J.A.C. 8:86, the facility shall accommodate the special transportation needs of the participant and the medical equipment used by the participant.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00175625</p> <p>Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure safe participant transportation home for 1 of 3 participants, Participant #2 as evidenced by the following:</p> <p>At 10:40 a.m., the surveyor reviewed Participant</p>	M 821		

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M 821	<p>Continued From page 7</p> <p>#2's medical record (MR) which revealed on [redacted] the Director of Nursing (DON) documented in the "Nurse's Notes (NN)" that she received a call from the participant's caregiver who informed her that the participant [redacted].</p> <p>[redacted] the surveyor also observed a typed investigation report in the participant's MR which revealed that on [redacted] the participant [redacted].</p> <p>At 11:14 a.m., the surveyor interviewed the driver regarding the participant's transportation home on [redacted]. The driver stated that on [redacted] he [redacted] NJ ex order 26.4b1 who then opened the first door to [redacted]. The driver stated that he gave the participant his/her [redacted] NJ ex order 26.4b1. The driver explained that [redacted] NJ ex order 26.4b1.</p> <p>At 11:40 a.m., the surveyor interviewed the Administrator regarding the incident and [redacted] NJ ex order 26.4b1 on [redacted] NJ ex order 26.4b1 where the participant [redacted] NJ ex order 26.4b1. The Administrator acknowledged that on [redacted] NJ ex order 26.4b1 the Driver walked the participant toward the [redacted] NJ Ex Order 26.4(b)(1) but did not ensure the participant was safely inside the home.</p> <p>The surveyor reviewed the facility policy and procedure titled, "This [Facility] will operate a transportation service that is safe and efficient. ...To establish safety as the most important standard in the operation of transportation services, ...Drivers must never leave a member</p>	M 821		

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M 821	Continued From page 8 unattended. ..."	M 821		
M 827	<p>8:43F-17.2 Transportation Services</p> <p>The facility shall develop and implement plans for security and accountability for the participant and the participant's personal possessions while transportation services are being provided.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00175625</p> <p>Based on observation, interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure safety and accountability during transportation home for 1 of 3 participants, Participant #2 as evidenced by the following:</p> <p>On 7/23/24 at 9:34 a.m., the surveyor observed Participant #2 [NJ Ex Order 26.4b1] into the conference room [NJ Ex Order 26.4b1] and [NJ Ex Order 26.4b1] and introduced him/herself. The surveyor then interviewed the participant regarding program attendance. The participant stated that he/she attended the program daily and was transported to the program and [NJ Ex Order 26.4(b)(1)] by the facility driver. In addition, the participant stated that one day he/she was [NJ ex order 26.4b1]</p>	M 827		

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M 827	<p>Continued From page 9</p> <p>At 10:40 a.m., the surveyor reviewed the medical record (MR) of Participant #2 which revealed that the participant was admitted to the program in <b>NJ ex order 26.4b1</b>, and <b>NJ ex order 26.4b1</b>. In addition, the surveyor reviewed the participant's [Care Plan] and "Quarterly Nursing Assessment" both dated <b>NJ ex order 26.4b1</b>, which revealed the participant <b>NJ ex order 26.4b1</b>. According to the Care Plan and Nursing Assessment, Participant #2 <b>NJ ex order 26.4b1</b>.</p> <p>During the MR review, the surveyor observed that the Director of Nursing (DON) on <b>NJ ex order 26.4b1</b> documented in the "Nurse's Notes (NN)" that she received a call from the director of a group home that the participant was dropped off without anyone being at the home. In addition, the surveyor observed a typed investigation report in the participant's MR which revealed that on <b>NJ ex order 26.4b1</b> the <b>NJ ex order 26.4b1</b>.</p> <p>Continued surveyor review of the participant's MR revealed a document titled, <b>NJ ex order 26.4b1</b> dated <b>NJ ex order 26.4b1</b> which showed that the participant <b>NJ ex order 26.4b1</b>.</p> <p>At 11:03 a.m., the surveyor interviewed the DON regarding her NN dated <b>NJ ex order 26.4b1</b> where the participant <b>NJ ex order 26.4b1</b> she received a phone call from the participant's caregiver, who notified her that the participant <b>NJ ex order 26.4b1</b>. Further, the DON stated that the driver returned to the facility at the time of call</p>	M 827		

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M 827	<p>Continued From page 10</p> <p>and stated that he observed the participant go through the door of the home. The DON explained that she notified the Administrator who then investigated the incident.</p> <p>At 11:14 a.m., the surveyor interviewed the driver regarding the participant's transportation home on [redacted]. The driver stated that on [redacted] he assisted the participant to the door of the home who then opened the first door to the home. In addition, the driver stated that he gave [redacted].</p> <p>[redacted] The driver explained that the participant [redacted].</p> <p>[redacted]. During the interview, the driver stated that on [redacted].</p> <p>At 11:20 a.m., the surveyor reviewed the program participant sign-in "arrival and departure" and the facility "Transportation Log" records dated [redacted] which revealed that the [redacted], on the facility transport, and was dropped-off at home at 2:22 p.m.</p> <p>Further surveyor review of the investigation report revealed that on [redacted] the Driver dropped-off Participant #2 at approximately 2:22 p.m., at the home, and then [redacted]. According to the investigation report, the Driver [redacted].</p> <p>[redacted] The investigation report also revealed that the driver [redacted].</p> <p>[redacted] staff at 2:25 p.m. [redacted]</p>	M 827		

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M 827	<p>Continued From page 11</p> <p>At 11:40 a.m., the surveyor interviewed the Administrator regarding the incident investigation on [redacted] where the participant was [redacted]. The Administrator stated that on [redacted] at approximately 3:30 p.m., the DON notified her that the driver dropped the participant off [redacted] and [redacted] was there. The Administrator explained that she called the home and the Care Manager stated that the participant's caregiver arrived late at 2:25 p.m., and was supposed to be there at 2:00 p.m. The Administrator stated that she conducted an investigation and the driver [redacted]. The Administrator also stated that on [redacted] the driver [redacted] but the Administrator was unable to provide documented evidence that the driver was in-serviced after the above incident.</p> <p>The surveyor reviewed the facility policy and procedure titled, "This [Facility] will operate a transportation service that is safe and efficient. ...To establish safety as the most important standard in the operation of transportation services, ...Drivers must never leave a member unattended. ..."</p> <p>At 3:00 p.m., the surveyor requested a removal plan from the Administrator regarding the Driver [redacted].</p> <p>In addition, the Driver continued to transport participants on [redacted] prior to being re-educated on safe transportation procedures.</p>	M 827		
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M 827	Continued From page 12  On 7/24/24 and 7/25/24 the facility submitted a removal plan that required revisions. The facility submitted a revised removal plan on 8/16/24 that included re-education of all drivers on 7/23/24 and 7/24/24 regarding participant transportation with focus on the facility "Drop-Off Policy" to ensure participants were brought to their homes safely and securely.	M 827		



# Allaire Care

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H2630

## Reporting Serious Preventable Adverse Events

1. Participant #2 **NJ ex order 26.4b1** (The Group Home staff member arrived late at 2:25 pm.) Participant #2 **NJ ex order 26.4b1** The Administrator will familiarize herself with Policies and Procedures regarding reportable events. The Administrator will ensure that all the staff members are adequately trained in recognizing and reporting reportable events. The center will establish clear communication channels within the center to facilitate prompt reporting and encouraging staff and clients to feel comfortable reporting concerns. The center will emphasize the importance of accurate and timely documentation for all reportable events.
2. All clients have the potential to be affected by not reporting serious preventable adverse events to NJDOH.
3. The Administrator and Director of Nursing were re-educated on the policy and procedure for Reportable Events to NJDOH on July 24, 2024, by Office Manager. The Administrator and Director of Nursing will ensure that all new staff are properly trained upon hire to identify and report any reportable events to the Administrator and Director of Nursing. An In-Service will be conducted annually reminding all the staff about these policies.
4. Administrator will monitor to ensure that this deficient practice will not reoccur. In-services will be conducted upon hire and annually regarding reportable serious, adverse events. Training documents will be reviewed annually.

Completed July 24, 2024.

*accepted  
9/26/24  
AA*

M223

## Administration

1. Participant #2 was involved in this deficient practice (as described in H6230). Immediate action taken to correct this deficient practice was that this driver was immediately re-educated and counselled on the drop-off policies and procedures on July 11, 2024. This driver signed the Driver Safety Agreement, and this was placed in his employee file.
2. All other clients could be affected by this deficient practice. For this reason, all drivers were re-educated and in-serviced on the drop-off policy.
3. All drivers were in-serviced on Allaire Care Transportation Policies and Procedures for all participants, on July 23, 2024, and July 24, 2024. All drivers will receive this training upon hire, annually, and as needed.

**NJ Ex Order 26.4(b)(1)**

**(NJ Ex Order 26.4(b)(1))**

*Administrator*

*9/26/2024*



# Allaire Care

Wall Circle Plaza  
1979 Rt. 34 S, Wall, NJ 07719  
Phone: (732)-974-7666. Fax: (732)-974-2261  
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4. These drivers will be monitored daily by the Transportation Director, by assuring that all drivers contact the Administrator/Designee in group text to assure that all clients are home safely (according to their specific, signed Attended/Unattended Drop Off forms).

Completed July 24, 2024.

*accepted 9/26/24  
KN*

M821  
Transportation Services

1. Participant #2 was involved in this deficient practice (as described in H6230). Immediately, driver was counseled and re- in serviced on Allaire Care Transportation Drop-off Policies and Procedures. This in servicing occurred on July 11, 2024. The driver will call enroute, or in front of group home, to ensure that staff will accept the client. The client affected by this deficient practice will be escorted to the door, and the driver will not leave premises until a group home staff member accepts the client.
2. All clients have the potential to be affected by the same deficiency, so the above measures will be the adhered to, for all clients.
3. The measures that were put in place to ensure that the deficient practice will not reoccur are the following: All drivers were re-trained on Allaire Care Transportation Drop-off Policies and Procedures on July 23, 2024 and July 24, 2024. This training will occur upon hire and then annually.  
Additionally, all drivers will contact Allaire Care Administration by group text when all clients have been safely dropped off to their respective homes. In cases where no one is home to accept client, and their form states that client cannot be left unattended, the driver will contact Administrator/ Designee to inform them of the situation. They will resolve the issue accordingly, but the client will not be left unattended, as per Allaire Care Drop-Off Policy.
4. The Administrator/Designee will monitor, through group text communication that all clients are dropped off to their homes safely. The frequency of this monitoring will be conducted a daily basis, to ensure that this deficient practice will not reoccur.

Completed on July 24, 2024.

*accepted 9/26/24  
KN*

M827  
Transportation Services

1. Participant #2 was involved in this deficient practice (as described in H6230). Immediately, driver was counseled and re- in serviced on Allaire Care Transportation Drop-off Policies and

NJ Ex Order 26.4(b)(1)

NJ Ex Order 26.4(b)(1)

*Administrator*

*9/26/2024*



# Allaire Care

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Procedures. This in servicing occurred on July 11, 2024. Corrective action will be that the driver will call enroute or in front of group home to ensure that staff will accept the client. The client affected by this deficient practice will be escorted to the door, and the driver will not leave premises until a group home staff member accepts the client.

2. All clients have the potential to be affected by the same deficiency, so the above measures will be the adhered to, for all clients.
3. The measures that will be put in place, to ensure that the deficient practice will not reoccur, will be the following: adherence to Drop-Off Policy and Procedures and in-service training for drivers.

All drivers were in-serviced on Allaire Care Transportation Drop-off Policies and Procedures on July 23, 2024 and July 24, 2024. This in-service will be conducted upon hire and annually, thereafter.

Additionally, all drivers will contact Administrator/Designee by text communication, when all clients have been safely dropped off to their respective homes. In cases where no one is home to accept client, and their form states that client cannot be left unattended, the driver will contact Administrator/Designee or to inform them of the situation. They will resolve issue accordingly, but the client will not be left unattended, as per Allaire Care Drop-Off Policy.

4. To ensure that this deficient practice is corrected, and will not reoccur, Administrator/Designee will monitor the Transportation Logs, to ensure that the clients are being transported securely. This will be conducted on a daily basis.

Completed on July 24, 2024.

NJ Ex Order 26.4(b)(1)

NJ Ex Order 26.4(b)(1)

Administrator

accepted  
9/26/24  
DNL

9/26/2024

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 83010	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/16/2024
NAME OF FACILITY ALLAIRE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1979 ROUTE 34 SOUTH WALL, NJ 07719	

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 H2630	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-10.6(a)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/24/2024	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 <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 8/16/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 83010	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/16/2024
NAME OF FACILITY ALLAIRE CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1979 ROUTE 34 SOUTH WALL, NJ 07719

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 M0223	Correction	ID Prefix M0821	Correction	ID Prefix M0827	Correction
Reg. # 8:43F-3.1(b)(1-7)	Completed	Reg. # 8:43F-17.1(a)(1)	Completed	Reg. # 8:43F-17.2	Completed
LSC	07/24/2024	LSC	07/24/2024	LSC	07/24/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 8/16/2024
  CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
  YES  NO