New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	sipfep	A. BUILDING: _____ B. WING _____	C 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ECHELON LAKE	**207 LAUREL ROAD VOORHEES, NJ 08043**

(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 # NJ00190642 Census: 109 Sample Size: 3 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) Administrator's Responsibilities (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 07/26/26

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00190642 Based on observation, interview and record review, it was determined that Administrator failed to ensure the implementation and enforcement of policies and procedures related to dietary services, menu planning, food safety and sanitation monitoring, and dietary oversight. This deficient practice was evidenced by the following: At 10:40 a.m., during the initial tour of the kitchen, the surveyor observed the facility was unable to provide documentation related to menu planning records, portion control menus, temperature logs, and sanitation monitoring logs. At 10:50 a.m., the surveyor interviewed the Dining Services Manager (DSM) who stated that the facility used daily printed menus and did not maintain portion control menus. The DSM stated that the facility previously maintained logs for temperatures and sanitation monitoring; however, the DSM was unable to provide temperature or sanitation monitoring logs to the surveyor. At 11:30 a.m., the surveyor interviewed the Lead Cook who stated that staff followed the resident diet list provided by the facility, and acknowledged required dietary logs had not been maintained. At 4:00 p.m., the surveyor interviewed the Director of Nursing (DON), who stated that the dietary staff were responsible for ensuring residents received the correct therapeutic diets.	A 310		

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A 310	Continued From page 2 At 4:24 p.m., the surveyor interviewed the Administrator, who stated that the facility conducted dietary audits and acknowledged dietary logs should have been maintained. Surveyor review of a facility policy titled, "Food and Mealtime Preferences Policy," revised 4/2026, revealed, ... "Policy Overview...Food and meal preference information is gathered from residents for use in meeting their personal tastes and nutritional needs... Policy Detail... 6. Dining Services management will collaborate with community designee to review food and mealtime preference information with the resident/family annually to keep information current and updated..." Surveyor review of a facility job description titled, "Manager, Dining Services, "dated November 2016, revealed, "Essential Functions ... 4. Oversees the food preparation and cooking, to ensure meals are prepared per company procedures... 5. Makes frequent inspections of all work, storage, and serving areas to determine that regulations governing food safety and sanitation are followed..."	A 310		
A 749	8:36-7.3(a) General and Health Service Plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.	A 749		

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A 749	Continued From page 3	A 749		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00190642

Based on interview and record review, it was determined that the facility failed to ensure the Personal Service Plan (PSP) was revised to reflect the resident's current [NJ Ex Order 26.4] needs for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 5/14/26 the surveyor reviewed the Medical Record (MR) of Resident #2 which revealed a move-in date of [NJ Ex Order 26.4(b)(1)], and diagnoses which included NJ Ex Order 26.4(b)(1) [redacted].

The surveyor reviewed the facility document titled, "Order Summary Report," which revealed Resident #2 was ordered a [NJ Ex Order 26.4(b)(1)] [redacted]) on [NJ Ex Order 26.4(b)].

Surveyor review of Resident #2's PSP revealed the resident's diet was identified as [NJ Ex Order 26.4(b)(1)] and did not reflect the [NJ Ex Order] order dated [NJ Ex Order 26.4(b)].

At 4:00 p.m., the surveyor interviewed the Director of Nursing (DON), who confirmed that Resident #2's PSP did not reflect the [NJ Ex Order] order and stated that the PSP should have been updated.

At 4:24 p.m., the surveyor interviewed the Executive Director (ED) who stated that Resident #2's PSP should have been updated with the

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A 749	Continued From page 4 NJ Ex Order order. The surveyor reviewed the facility policy titled, "Service Plan Process Policy - CS-70-3," last revised 3/2026, which revealed, "... Policy detail...2....The service plan should be reviewed and revised as necessary by the community care team under the direction of the Executive Director (ED)/designee, or nurse: b. Following a change in the condition of the resident that results in altered care needs over a period of time, greater than two weeks..." The surveyor reviewed the facility policy titled, "Resident Evaluation Policy - NJ-9," last revised 4/2015, which revealed..." Policy Detail...9.Each resident will be reassessed at least every 6 months unless a significant change in condition occurs. The assessment will be used to update the Service Plan..."	A 749		
A 891	8:36-10.5(a) Dining Services (a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.	A 891		

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A 891	Continued From page 5 This REQUIREMENT is not met as evidenced by: Complaint # NJ00190642 Based on observation, interview, and record review, it was determined that the facility failed to maintain food service areas, food storage, and kitchen equipment in a clean and sanitary manner. This deficient practice was evidenced by the following: On 5/14/26 from 10:40 a.m. to 11:30 a.m., during a tour of the kitchen, with the Dining Services Manager (DSM), the surveyor observed the following: 1. Multiple unlabeled and undated food and beverage items, including but not limited to, meat, shredded cheese, salad mix, salad dressing, fruit salad, lemonade, and iced tea. 2. Raw chicken thawing in standing water in the kitchen preparation area. 3. The walk-in refrigerator gasket was torn and hanging from the walk-in refrigerator door and covered with food debris. The interior walls of the walk-in refrigerator had dried food debris. The shelving surfaces within the walk-in refrigerator contained dried food debris. 4. A displaced and warped ceiling tile directly above the steam table/plating area, which had the potential to allow dust, debris, or other contaminants to enter the food service area. 5. Dish machine gauges for the pre-wash and	A 891		

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A 891	Continued From page 6 wash cycles were not functioning during operation. 6. The facility was unable to provide documentation that demonstrated food temperatures were monitored prior to meal service. At 10:50 a.m., the surveyor interviewed the Dining Services Manager (DSM) who stated that temperature and sanitation logs had not been consistently completed. At 11:30 a.m., the surveyor interviewed the Lead Cook who stated that temperature and sanitation logs should have been completed, and food temperatures were not routinely documented prior to meal service. At 4:24 p.m., the surveyor interviewed the Executive Director (ED) who acknowledged required kitchen monitoring logs should have been maintained. The surveyor reviewed a facility document titled, "Assisted Living Kitchen Observation," dated 4/23/26, which indicated, "the facility identified multiple kitchen concerns requiring attention and corrective action, including repair of the dish machine, labeling and dating food bins, replacement of ceiling tile in the service area, broken service area cabinets, and ensuring staff wore gloves when touching ready-to-eat foods..." The surveyor reviewed the facility job description titled, "Manager, Dining Services, "dated November 2016, revealed, "Essential Functions ... 4. Oversees the food preparation and cooking, to ensure meals are prepared per company procedures... 5. Makes frequent inspections of all	A 891		

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A 891	Continued From page 7 work, storage, and serving areas to determine that regulations governing food safety and sanitation are followed..."	A 891		
A 897	8:36-10.5(c)(2) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 2. The facility shall select foods and beverages, which include fresh and seasonal foods, and shall prepare menus with regard to the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal preference of residents;; This REQUIREMENT is not met as evidenced by: Complaint # NJ00190642 Based on interview and record review, it was determined that the facility failed to ensure nutritional and therapeutic menu planning, portion control, and oversight of NJ Ex Order 26.4(b)(1) for 3 of 3 residents reviewed regarding NJ Ex Order 26.4 services. Resident #'s 1, 2 and 3. This deficient practice was evidenced by the following: 1. On 5/14/26 the surveyor reviewed the Medical Record (MR) of Resident #1 which revealed a move-in date of NJ Ex Order 26.4(b)(1) and diagnoses which included NJ Ex Order 26.4(b)(1) [redacted]	A 897		

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A 897	Continued From page 8 NJ Ex Order 26.4(b)(1)). Surveyor review of physician orders revealed the resident was ordered a NJ Ex Order 26.4(b)(1)). 2. The surveyor reviewed the MR of Resident #2 which revealed a move-in date of NJ Ex Order 26.4(b)(1), and diagnoses which included NJ Ex Order 26.4(b)(1) Surveyor review of physician orders revealed the resident was ordered a NJ Ex Order 2 3. The surveyor reviewed the MR of Resident #3 which revealed a move-in date of NJ Ex Order 26.4(b)(1), and diagnoses which included NJ Ex Order 26.4(b)(1)). Surveyor review of physician orders revealed the resident was ordered a NJ Ex Order 2 On 5/14/26 from 10:40 a.m. to 11:30 a.m., during kitchen observation, the surveyor observed that dietary staff did not use standardized NJ Ex Order 26.4 control measures or NJ Ex Order 26.4(b)(1) planning systems during meal service. During a lunch observation, the surveyor observed inconsistent chicken tender portions served to residents, including meals containing two, three, and four tenders for the same meal service. The surveyor observed that the facility menu offered limited alternative options for residents prescribed a NJ Ex Order 2 The surveyor observed the facility's "Anytime Alternative Menu" which revealed grill cheese, ham and cheese, turkey and cheese, peanut butter and jelly sandwiches, or salad." The	A 897		

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A 897	Continued From page 9	A 897		

surveyor further observed soup options available during meal service that included prepared chicken or beef bouillon broth packets mixed with hot water.

At 10:50 a.m., the surveyor interviewed the Lead Cook (LC) who stated that meal portions were generally estimated based on the size of the food item being served rather than standardized portion control measures. The LC further stated that tuna portions were served using two scoops and chicken tender portions were estimated based on the size and number of tenders served.

At 11:32 a.m., the surveyor interviewed Resident #1, who stated that the facility meals were not always appropriate for residents with [redacted] and alternative meal options were limited. Resident # 1 further stated that meal portions varied and that dietary concerns had previously been reported to the resident's physician.

At 11:40 a.m., the surveyor interviewed Resident #3 who stated that the resident was [redacted] and dissatisfied with the meal options and food choices provided for [redacted] residents. Resident #3 stated that meals frequently included foods such as french fries and stated that there were limited alternative options available for residents on [redacted] Resident #3 stated that, "doesn't mean you don't want to eat it," but stated that the foods offered were not always appropriate for [redacted] residents.

At 12:30 p.m., the surveyor interviewed Resident #2 who stated that he/she was [redacted] and dissatisfied with the [redacted] portions and meal options provided. Resident #2 stated that the meal portions provided were not adequate.

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A 897	Continued From page 10 At 4:00 p.m., the surveyor interviewed the Director of Nursing (DON), who stated that dietary staff were responsible for ensuring residents received appropriate [NJ Ex Order 26.4(b)(1)] diets and meal portions. The DON further stated that the facility did not have a Dietician. The surveyor reviewed the facility policy titled, "Food and Mealtime Preferences Policy," revised 4/2026, which revealed, "Food and meal preference information is gathered from residents for use in meeting their personal tastes and nutritional needs." The policy further documented, "Dining Services management will collaborate with community designee to review food and mealtime preference information with the resident/family annually to keep information current and updated..." The surveyor reviewed the facility policy titled, "Diet Orders Policy CS 50-2," revised 1/2025, which revealed, "... Policy Detail... 1. Each resident or patient must have a diet order prescribed by a physician/healthcare provider (HCP)... 5. Diet Order Communication Process...Nursing/designee will communicate all diet orders to Dining Services ..."	A 897		

Brookdale Echelon Lake
207 Laurel Rd, Voorhees Township,
NJ 08043

Brookdale Echelon Lake

Survey Date: 5/14/2026

A-000- Initial Comments

A 310 Administrator Responsibility

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

  No residents were identified in the deficient practice. On 6/25/2026, the Executive Director (ED) and Health and Wellness Director (HWD) performed a kitchen/ dietary department compliance audit on: dietary sanitation compliance log, temperature log, meal menu, food portion control, and dietary associates daily tasks.

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**

  All residents had the potential to be affected by this deficient practice. On 6/25/2026 the Executive Director and designee audited the dietary associates training compliance on sanitation and temperature logs, food portion control, meal menu, and resident choices.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

  On 6/25/2026 the Executive Director reviewed the job description of the “Manager Dietary Services” with the Dining Service Manager. On 6/25/2026 the Executive Director provided the dietary associates the re-education on policies and procedures on: Menu Planning, Portion Control, Kitchen Sanitation, Dietary Logs, Meal Menu guidelines and compliance.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

  Beginning 6/29/2026, Executive Director (ED), or designee will audit dietary associates’ assignment and training compliance on: Sanitation and Temperature Logs, Food Portion Control, and Menu guidelines. Executive Director to audit 1x weekly for four weeks and monthly for two additional months to verify that the trainings, dietary logs, menus and assignments are completed. Any noncompliance will be corrected immediately through document completion, staff counseling, re-education, and additional corrective action as indicated.

COMPLETION DATE: 6/29/2026

A 749- General health Service Plans

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

  Resident #2 was identified as NJ Ex Order 26.4(b)(1) this deficient practice. On 6/24/2026Resident #2 has no change in condition after RN and primary care provider evaluation. Resident #2 denies any health concerns during RN and MD evaluation. On 6/25/2026, the Executive Director (ED) and Health and Wellness Director (HWD) reviewed Resident #2's medical record and verified the required documentation related to the deficient practice. Any missing or incomplete dietary NJ Ex Order 26.4(b)(1) order documentation was corrected in the resident medical chart, electronic medication administration record, NJ Ex Order 26.4(b) record, and personal health service plans.

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**

  All residents had the potential to be affected by this deficient practice. On 6/25/2026 the Registered nurses; reviewed resident MD diet orders and verified against Personal health Service Plans vs electronic medication administration records vs dietary notification records. Any missing or incomplete notification documentation identified during the review was corrected.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

  On 6/22/2026, the Health and Wellness Director (HWD) provided a re-education for nurses and medication technicians, and dietary associates on policies and guidelines on: timely notification of the Health and Wellness Director when there is a Change in Resident Condition", Therapeutic Diet Order, and Personal Health Service Plan missing or updated information.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

  Beginning 6/29/2026 the Health and Wellness Director (HWD), Executive Director (ED), or designee will monitor Personal Service Plans, Change in Condition, medical records, and Therapeutic Diet information compliance. Audits will be completed weekly for four weeks and monthly for two additional months. Findings will be reviewed during Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Any identified concerns will be corrected immediately through completion of documentation, staff counseling, re-education, and corrective action as appropriate.

COMPLETION DATE: 6/29/2026

A891- Dining Services

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

On 6/25/2026 Executive Director (ED) and Health and Wellness director (HWD) audited the Dietary department and kitchen focusing on: Sanitation Log, Temperature Log, Dietary associate tasks, kitchen equipment conditions, and food label compliance. On 6/24/2026 logs which were cited as incomplete were all updated. On 6/25/2026 Executive Director discussed Manager Dietary Services job description with the dining manager.

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**

  All residents had the potential to be affected by this deficient practice. No residents found to be affected by the deficient practice basing on the 24 hour shift log, resident and associates report.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

  On 6/22/26 the Executive Director and Health and Wellness Director (HWD), re-educated Registered Nurse (RN), Maintenance Manager, Dietary Associates on policies related to "Food Sanitation and Safety (labeling, temperature, storage, diet information), Dietary Associate tasks lists, and Timely reporting of kitchen equipment issues to the Executive Director and Maintenance Department.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

  Beginning 6/29/2026, the Health and Wellness Director (HWD), Executive Director (ED), or designee will monitor Dietary Department compliance 1x weekly for 2 months and monthly as needed thereafter. Audit results will be reviewed in Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Any identified issues will be corrected immediately, and responsible staff will receive counseling, re-education, and corrective action as appropriate.

COMPLETION DATE: 6/29/2026

A 897- Dining Services

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

  Resident #1 was identified as NJ Ex Order 26.4(b)(1) this deficient practice. All 3 residents: Resident #1, Resident #2, and Resident #3 did not exhibit any changes in condition upon RN assessment which was completed on NJ Ex Order 26.4(b)(1). On NJ Ex Order 26.4(b)(1) the Health and Wellness Director (HWD), reviewed and updated Resident #1, Resident #2, and Resident #3's Personal Health Service Plans "NJ Ex Order 26.4(b)(1) section" to personalize and list NJ Ex Order preferences basing on MD ordered NJ Ex Order 26.4(b)(1)". Corrections were completed on NJ Ex Order 26.4(b)(1)

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFIEICIENT PRACTICE?**

  All residents had the potential to be affected by this deficient practice. No other residents found to be affected by the deficient practice based on Health and Wellness Director and Executive Director review of the Personal Service Plans "nutrition section" of residents with Carbohydrate Controlled Diet order.

Review was completed on 6/24/2026. On 6/11/2026 the Executive Director and Dining Service Manager held a resident “Menu Chat” to discuss and address food and meals service concerns.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

  On 6/25/2026 the Executive Director and Health and Wellness Director re-educated the Dietary associates on: Diabetes Management which includes Controlled Carbohydrate Diet, food portion control, diet order communication process, and resident food choices. On 6/25/2026 the Health and Wellness Director reviewed with Care Associates and the Dietary Manager the update Personal Service Plans which includes resident food choices.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

  Beginning 6/29/2026 the Executive Director (ED), or designee will monitor 1x weekly for four weeks and monthly for two additional months to verify dietary compliance on diabetic management. Audit findings will be reviewed with community leadership and during Collaborative Care/ Quality Assurance and Performance Improvement (QAPI). Identified issues will be corrected immediately through provider follow-up, service plan revision, staff counseling, re-education, and corrective action as needed.

COMPLETION DATE: 6/29/2026

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
sipfep Y1	A. Building B. Wing Y2	7/31/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ECHELON LAKE	207 LAUREL ROAD VOORHEES, NJ 08043

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 A0749	Correction	ID Prefix A0891	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-10.5(a)	Completed
LSC	06/29/2026	LSC	06/29/2026	LSC	06/29/2026
ID Prefix A0897	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-10.5(c)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/29/2026	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 5/14/2026

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO