

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

PRINTED: 05/22/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/24/2024
NAME OF PROVIDER OR SUPPLIER MORRIS VIEW HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE MORRISTOWN, NJ 07960		
(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	INITIAL COMMENTS Complaint #: NJ00178065, NJ00176773, NJ00176890 Census: 247 Sample Size: 8 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 583 SS=E	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.	F 583			11/22/24

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

TITLE

(X6) DATE

Electronically Signed

11/19/2024

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.

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F 583	<p>Continued From page 1</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ00178065</p> <p>Based on observation, interview, and review of pertinent facility documentation on 10/24/2024, it was determined that the facility failed to protect the confidentiality of residents' health related information when the facility introduced to the residents the "NJ Exec Order 26.4b1 Care", an external medical practice that specializes in NJ Exec Order 26.4b1 care for NJ Ex Order 26.4(b) patients, which involved data collection and disclosure of residents' PHI (Protected Health Information). This deficient practice was identified in 2 of 4 residents (Resident #7 and Resident #8) and was evidenced by the following:</p> <p>On 10/24/2024, the Surveyor requested a review of the NJ Exec Order 26.4b1 Care program from facility staff. The NJ Exec Order 26.4b1 Care program documents titled, NJ Exec Order 26.4b1 Working with Your Nursing Home to Provide Extra Care" provided by the facility, "NJ Exec Order 26.4b1" is an external medical practice that specializes in NJ Exec Order 26.4b1 care for NJ Ex Order 26.4(b) patients ...At NJ Exec Order 26.4b1, we leverage advanced technology, including artificial intelligence (AI), machine learning (ML), and data analytics, to deliver the best ...These tools allow us to</p>	F 583	<ol style="list-style-type: none"> 1. NJ Exec Order 26.4b1 services were immediately discontinued for residents #7 and #8, and access to resident health records were immediately revoked. 2. All residents have the po1. NJ Exec Or services were immediately discontinued for residents #7 and #8, and access to resident health records were immediately revoked. 2. All residents have the potential to be affected by this deficient practice. 3. All Administrative Staff will be in service by the corporate compliance officer on the requirements to protect the privacy and confidentiality of residents' records. NJ Exec Order 26.4b1 services were terminated immediately pending the development of a new consent process to ensure that residents and / or responsible parties have sufficient information to consent or decline services. 4. Administrator or designee will audit 2 residents' charts weekly for four weeks, then 1 monthly for two months, to ensure that no NJ Exec Order 26.4b1 services are conducted without the completion of a new informed 		

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F 583	<p>Continued From page 2</p> <p>continuously monitor your clinical data, identify patterns, and predict potential health risks ...</p> <p>1. According to Resident #7's Admission Record (AR), Resident #7 was admitted to the facility with the following diagnoses that included but not limited to the following: NJ Exec Order 26.4b1</p> <p>According to Resident #7's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's functional capabilities, dated NJ Exec Order 26.4b1, revealed Resident #7's NJ Exec Order 26.4b1 Skills Patterns showing her/his Brief Interview of Mental Status (BIMS) score of NJ Exec Order 26.4b1 indicating that Resident #7's NJ Exec Order 26.4b1.</p> <p>On 10/23/2024 at 1:08 p.m. [afternoon], the surveyor interviewed Resident #7 in her/his room. Resident #7 stated the facility had a new care program NJ Exec Order 26.4b1 "they were introducing for several weeks already knocking on the door they said it is NJ Exec Order 26.4b1 care, NJ Exec Order 26.4b1, but it seems like there was "no warning" from the administration US FOIA (b)(6) telling me of NJ Exec Order 26.4b1 group before coming here. They said my doctor approved it as per their list, but it was not my doctor who approved it, it was the US FOIA (b)(6) who approved it. Somebody went into my records because to be eligible in the NJ Exec Order 26.4b1 program as they said it requires NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 That's a NJ Exec Order 26.4b1."</p> <p>A review of Resident #7's Order Summary Report</p>	F 583	<p>consent compliant with the updated consent process. Findings of these audits will be submitted to the quarterly QAPI meeting for 1 quarter. The QAPI committee will determine further interventions as needed.</p>		

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F 583	<p>Continued From page 3</p> <p>(OSR) dated Active Orders As of: [NJ Exec Order 26.4b1] under Order Summary, showed a phone order entry of "Refer to [NJ Ex Order 26.4(b)(1)] to evaluate and follow patient for the following programs if eligible: [NJ Exec Order 26.4b1] with Order Status: Active and Order Date of [NJ Exec Order 26.4b1]. The OSR further indicated the order entry was made by the [name of] facility [US FOIA (b)(6)]</p> <p>2. According to Resident #8's AR, Resident #8 was admitted to the facility with the following diagnoses that included but not limited to the following: [NJ Exec Order 26.4b1]</p> <p>[REDACTED]</p> <p>According to Resident #8's MDS dated [NJ Exec Order 26.4b1] Resident had a BIMS of [NJ Ex Order 26.4b1] indicating Resident's [NJ Exec Order 26.4b1].</p> <p>On 10/23/2024 at 12:36 p.m., the surveyor interviewed Resident #8. Resident stated "the [NJ Exec Order 26.4b1] was persistent. They came to me, and I [NJ Exec Order 26.4b1], and they said, "let us talk to your [NJ Exec Order 26.4b1] They have been calling my [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1]. If they know my [NJ Exec Order 26.4b1] info, they must have known my medical info."</p> <p>A review of Resident #8's OSR dated Active Orders As of: [NJ Exec Order 26.4b1] under Order Summary, showed a phone order entry of "Refer to [NJ Exec Order 26.4b1] to evaluate and follow patient for the following programs if eligible: [NJ Exec Order 26.4b1] with Order Status: Active and Order Date of [NJ Exec Order 26.4b1]. The OSR further indicated the order entry was made by the [name of] facility</p>	F 583			

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F 583	Continued From page 4 US FOIA (b)(6) On 10/23/2024 at 2:57 p.m., the Surveyor interviewed the US FOIA (b)(6) . US FOIA stated she received emails [electronic mail] from the US FOIA (b)(6) [name] regarding the NJ Exec Order 26.4b1 program. The US FOIA further stated, "I was told they are going to see residents with BIMS of NJ Exec Order 26.4b1 I assume they had PCC [point click care], electronic chart of residents, access from someone before they went to the residents." On 10/23/2024 at 3:19 p.m., the Surveyor interviewed the US FOIA (b)(6) . US FOIA (b)(6) . The US FOIA (b)(6) affirmed he made the order entry of the NJ Exec Order 26.4b1 program in the residents' charts. "It was referrals only, the residents and the MD [doctors] were educated, all residents are eligible. The facility's corporate has the contract." When asked if they were given access to PCC right away, US FOIA (b)(6) stated, "Yes, they do."	F 583			
F 658 SS=D	N.J.A.C. 8:39-4.1(a)(18) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #s: NJ00176773 Based on observation, interview, and review of	F 658	1. NJ Exec Order 26.4b1 of resident #1 was immediately filled with NJ Ex Order 26.4(b)(1) to the appropriate indicated level and turned		11/22/24

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F 658	<p>Continued From page 5</p> <p>medical records on 10/23/24, it was determined that the facility failed to ensure Licensed Registered Nurse (LPN) #1 followed: a) a physician order for a NJ Exec Order 26.4b1 [REDACTED] for a resident (Resident #1), b) acceptable standards of nursing practice when LPN #1 signed and initialed [indicating it was administered] on the above mentioned order in Resident #1's electronic Medication Administration Record (eMAR) while the order was not carried out.</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board The Nurse Practice Act for the State of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>This deficient practice was observed in 1 of 3 residents reviewed for NJ Exec Order 26.4b1 orders and was evidenced as follows:</p> <p>On 10/23/24 at 11:27 a.m. [morning], the surveyor observed Resident #1 in her/his room in her/his wheelchair while Certified Nursing Assistant (CNA) #1 was NJ Exec Order 26.4b1 the Resident. The surveyor noted Resident #1's NJ Exec Order 26.4b1 [REDACTED]. Furthermore, it was observed the NJ Exec Order 26.4b1 [REDACTED] was empty, dry, and not plugged in. The surveyor asked CNA</p>	F 658	<p>on as ordered. LPN #1 was counseled regarding documentation of medication / treatment completion prior to administration.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. All nurses were inserviced on 11/15/20-11/18/20 by DON or designee regarding the requirement to ensure medications / treatments are administered prior to documenting completion, and following physician orders related to respiratory care.</p> <p>4. DON or designee will conduct observational audits on all shifts twice weekly for four weeks, then monthly for two months, to ensure respiratory care is administered per order, and to ensure that documentation does not occur prior to administration. Findings of these audits will be submitted to the quarterly QAPI meeting for 1 quarter. The QAPI committee will determine further interventions as needed.</p>		

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F 658	<p>Continued From page 6</p> <p>#1 where the [NJ Exec Order 26.4b1] of Resident #1 and CNA #1 pointed at the device and stated, "Nurse takes care of that."</p> <p>On 10/23/24 at 11:52 a.m., the surveyor interviewed and requested LPN #1, while in front of her medication cart, to open Resident #1's eMAR for that day and shift [NJ Exec Order 26.4b1] 7-3 shift [dayshift]. Resident #1's eMAR dated [NJ Ex Order 26.4(b)(1)] and 7-3 shift order box for [NJ Exec Order 26.4b1]: "Turn on [NJ Exec Order 26.4b1] while resident in the room every shift and fill [NJ Exec Order 26.4b1] with [NJ Ex Order 26.4(b)(1)] to appropriate level as indicated on [NJ Exec Order 26.4b1] every shift for [NJ Exec Order 26.4b1]", was noted in "green" color indicating the order was administered.</p> <p>On 10/23/24 at 11:57 a.m., the surveyor in the presence of LPN #1 went to Resident #1's room and asked LPN #1 where Resident #1's [NJ Exec Order 26.4b1]. LPN #1 affirmed the Resident's [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1] nor was it filled with [NJ Ex Order 26.4(b)(1)] to appropriate level as ordered. LPN #1 stated, when surveyor pointed out in the eMAR, "the order was in "green" it indicated the order was done." LPN #1 confirmed she signed the order in eMAR but has not performed the order for Resident #1.</p> <p>According to Resident #1's Admission Record (AR), revealed the Resident was admitted with diagnoses that included but were not limited to [NJ Exec Order 26.4b1]</p> <p>According to Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's functional capabilities, dated [NJ Exec Order 26.4b1],</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>revealed Resident #1's [NJ Exec Order 26.4b1] for Daily Decision Making was [NJ Exec Order 26.4b1]. Furthermore, the Resident's MDS Section GG Functional Abilities and Goals showed Resident #1 was [NJ Exec Order 26.4b1] on staff for [NJ Exec Order 26.4b1] of her/his [NJ Exec Order 26.4b1]</p> <p>A review of Resident #1's Order Summary Report (OSR) Active Orders as of [NJ Exec Order 26.4b1], the OSR revealed a physician order of: [NJ Exec Order 26.4b1] while resident is in the room every shift and [NJ Exec Order 26.4b1] with [NJ Ex Order 26.4(b)(1)] to appropriate level indicated on [NJ Exec Order 26.4b1] every shift for [NJ Exec Order 26.4b1] with Order and Start Date of [NJ Exec Order 26.4b1]</p> <p>A review of Resident #1's eMAR dated [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1] indicated the above-mentioned physician order was signed and initialed by LPN #1 under the column [NJ Exec Order 26.4b1] on assigned schedule of Day [dayshift].</p> <p>NJAC 8:39- 11.2 (b)</p>	F 658			

New Jersey Department of Health

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S 000	Initial Comments The facility was not in compliance with 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 the New Jersey Administrative Code, Title 8, chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on facility document review on 10/24/2024, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 3 of 14 day shifts. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	S 560	1. On 10/6/24, 10/8/24, and 10/9/24, based on the daily census, the facility was required to have 30.8 (31) CNAs but only 30 CNAs were present. The staffing coordinator was re-educated that if the number of residents divided by the required number of caregivers yields a result other than a whole number, the facility is required to round up if the resulting ratio is fifty-one hundredths or higher. 2. All residents have the potential to be affected by this deficient practice. 3. The administrator will conduct daily	11/22/24

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

TITLE

(X6) DATE

Electronically Signed

11/19/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>The surveyor requested staffing for the weeks of 10/06/24 to 10/12/24 and 10/13/24 to 10/19/24.</p> <p>The facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -10/06/24 had 30 CNAs for 247 residents on the day shift, required at least 31 CNAs. -10/08/24 had 30 CNAs for 247 residents on the day shift, required at least 31 CNAs. -10/09/24 had 30 CNAs for 247 residents on the day shift, required at least 31 CNAs. 	S 560	<p>review of staffing with the staffing coordinator to ensure that ratios are calculated correctly and followed.</p> <p>4. Administrator or designee will audit staffing sheets weekly for four weeks and then monthly for two months to ensure that the computation of staffing ratios is compliant on all shifts including when the ratio yields a result other than a whole number. Findings of these audits will be submitted to the quarterly QAPI meeting for 1 quarter. The QAPI committee will determine further interventions as needed.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315303	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/8/2025
NAME OF FACILITY MORRIS VIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE MORRISTOWN, NJ 07960	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0583	Correction	ID Prefix F0658	Correction	ID Prefix	Correction
Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed
LSC	11/27/2024	LSC	11/27/2024	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 10/24/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061411	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/8/2025
NAME OF FACILITY MORRIS VIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 540 WEST HANOVER AVENUE MORRISTOWN, NJ 07960	

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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/27/2024	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 10/24/2024		<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			