

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: j6tdgc	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/29/2021
NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00150665, NJ00150845, NJ00150850, NJ00150857, NJ00150860 CENSUS: 29 SAMPLE SIZE: 8 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

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00150665, NJ00150845, NJ00150850, NJ00150857, NJ00150860</p> <p>Based on interview and record review it was determined that the Executive Director (ED) failed to ensure that facility policies were consistently implemented to ensure adequate staffing, the reporting of reportable events, and communication with Physicians and the Registered Nurse (RN) occurred when necessary. This deficient practice was evidenced by the following:</p> <p>1. On 12/27/21 at 12:45 p.m., during surveyor interview, the Licensed Practical Nurse (LPN) stated that the facility did not have staff to administer medications to the residents on 12/24/21. The surveyor reviewed resident Medication Administration Records and observed that on 12/24/21 there were omitted signatures, with no explanation as to why the medications were not administered.</p> <p>On 12/27/21 2:00 p.m., the surveyor interviewed the ED who confirmed that the facility was unable to provide staff to administer medications to residents on 12/24/21.</p> <p>Surveyor review an undated policy titled, "STAFFING", which indicated "Adequate staffing shall be provided based on all assessed needs of the residents."</p>	A 310			

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A 310	<p>Continued From page 2</p> <p>Refer to 8:36-11.5(f)</p> <p>2. On 12/27/21 at 2:00 p.m., the surveyor interviewed the ED and the Regional Administrator (RA) and both stated that they did not report the staffing shortage on 12/24/21 when there was no Nurse to administer medications. The RA stated that she did not need to report staffing shortages to the Department of Health. The surveyor reviewed the facility's policy with the RA, who then stated that she would report the event to the DOH.</p> <p>Surveyor review of an undated policy titled, "Reportable Events" indicated that the facility "...shall notify the Department of Health and Senior Services immediately by telephone ...followed by written confirmation within 72 hours of the following: Any interruption of three or more hours of basic services such as site staff."</p> <p>Refer to 8:36-5.10(a)(1)</p> <p>3. On 12/27/21 the surveyor reviewed Resident #1's medical record which indicated the resident moved into the facility [NJ Ex Order 26.4b1] with diagnoses which included [NJ Ex Order 26.4b1]. According to a Nurses Note (NN) dated [NJ Ex Order 26.4b1], timed 7-3, the "Resident returned from hospital with diagnosis of [NJ Ex Order 26.4b1]. The surveyor did not observe documentation that the Physician was notified that Resident #1 had [NJ Ex Order 26.4b1] was transferred to the hospital and diagnosed [NJ Ex Order 26.4b1].</p> <p>On 12/27/21 at 12:45 p.m., the surveyor interviewed the LPN who stated that she was on vacation on [NJ Ex Order 26.4b1] and unaware if the Physician was notified that Resident #1 was</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>NJ Ex Order 26.4b1.</p> <p>On 12/29/2021 at 1:30 p.m., the surveyor interviewed the Advanced Practice Nurse who stated that she was unaware that Resident #1 NJ Ex Order 26.4b1 and was unaware that the facility did not have anyone to administer medications on NJ Ex Order 26.4b1</p> <p>According to surveyor review of an undated policy titled, "Communication with Physicians", facility staff are supposed to "... inform the Physician regarding changes in the resident's condition and any accident or incident that might result in a resident needing medical attention."</p> <p>Refer to 8:36-7.5(d)</p> <p>4. Continued surveyor review of Resident #1's medical record on NJ Ex Order 26.4b1 revealed a NN dated NJ Ex Order 26.4b1, timed 7-3, "Resident returned from hospital with diagnosis of NJ Ex Order 26.4b1." The surveyor did not observe documentation that the RN was notified regarding NJ Ex Order 26.4b1, the surveyor observed the hospital discharge paperwork dated NJ Ex Order 26.4b1 which indicated the diagnosis of NJ Ex Order 26.4b1.</p> <p>On 12/28/21 at 12:10 p.m., the surveyor interviewed the RN via telephone. The RN stated that she was unaware that Resident #1 NJ Ex Order 26.4b1, was transferred to the hospital and returned with a diagnosis NJ Ex Order 26.4b1. The RN also stated that staff should call her for all emergencies so that she can assess the resident and determine the needs of the resident.</p> <p>Surveyor review of an undated policy titled, "Communication with Registered Nurse" revealed</p>	A 310		

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A 310	Continued From page 4 that "... staff, who are directly responsible for resident health, inform the Registered Nurse about resident issues". "The Staff shall notify the Registered Nurse by phone or instant messaging to indicate any of the following: Hospitalization... Injury from a fall... Other significant change in resident's condition..." Refer to 8:36-7.5(c)	A 310		
A 369	8:36-4.1(a)(8) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 8. The right to receive pain management as needed, in accordance with N.J.A.C. 8:43E-6; This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility nursing staff failed to administer NJ Ex Order 26.4b1 as ordered by the Physician for 1 of 8 residents reviewed for NJ Ex Order 26.4b1, Resident #1. This deficient practice was evidenced by the following: According to a document titled, "RN (Registered Nurse) Health Assessment" dated NJ Ex Order 26.4b1, Resident #1 had diagnoses which included NJ Ex Order 26.4b1.	A 369		

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A 369	<p>Continued From page 5</p> <p>On 12/27/21 the surveyor reviewed the Medication Administration Record (MAR) for Resident #1 and observed a current order for NJ Ex Order 26.4b1 [REDACTED]. However, the MAR failed to identify the times of administration for the NJ Ex Order 26.4b1 and failed to reflect documented evidence that the medication was administered on NJ Ex Order 26.4b1.</p> <p>On 12/27/21 the surveyor reviewed the MAR and observed that Resident #1 should have received NJ Ex Order 26.4b1, however each dose was not signed as given, and there was no rationale documented as to why they were omitted.</p> <p>On 12/27/21 the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that she did not administer NJ Ex Order 26.4b1 to Resident #1 because she thought it was ordered to be given as needed, and not routinely. At that time the surveyor and the LPN observed the NJ Ex Order 26.4b1 in the medication cart and noted that the box had not been opened, the medication seal was intact. The surveyor observed the label on the box which indicated NJ Ex Order 26.4b1 [REDACTED].</p> <p>On 12/27/21 the surveyor reviewed the medical record of Resident #1 who moved into the facility NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1 [REDACTED]. According to a Nurses Note (NN) dated NJ Ex Order 26.4b1, timed 7-3, "Resident returned from hospital with diagnosis of NJ Ex Order 26.4b1 [REDACTED]. The surveyor observed the hospital discharge paperwork dated NJ Ex Order 26.4b1 which revealed that the resident had a diagnosis of NJ Ex Order 26.4b1 [REDACTED]. Further review of the medical record revealed that the last documented NJ Ex Order 26.4b1 [REDACTED].</p>	A 369		

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A 369	Continued From page 6 assessment by the RN was dated [NJ Ex Order 26.4b1] There were no other [NJ Ex Order 26.4b1] observed in the medical record. The surveyor interviewed Resident #1 who was [NJ Ex Order 26.4b1]. The surveyor observed that the resident had [NJ Ex Order 26.4b1] with his/her [NJ Ex Order 26.4b1] and when the resident attempted to move his/her [NJ Ex Order 26.4b1] the surveyor observed that the resident exhibited [NJ Ex Order 26.4b1] [redacted] The surveyor reviewed an undated policy titled, "Pain Assessment" which indicated, "It is the policy of [facility] to assure all residents are properly assessed and treated for pain... A pain assessment will be completed when a new pain medication is started."	A 369			
A 561	8:36-5.10(a)(1) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 1. Termination of employment of the administrator, and the name and qualifications of his or her replacement;	A 561			

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A 561	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to immediately notify the Department of Health (DOH) of an interruption in adequate staffing. This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the facility's Medication Administration Record (MAR) dated December 2021 and observed that there were blank spaces where the initial of the person that administers the medication goes. This was the case for the morning shift of 12/23/21 and on the morning and evening shifts of 12/24/21.</p> <p>On 12/29/21 at 11:45 a.m., the surveyor interviewed the Regional Administrator (RA) and the Executive Director (ED), both explained that on NJ Ex Order 20451 the Director of Nursing (DON) resigned from the facility. Both stated that they contacted a nursing agency to staff the facility on 12/23/21 and 12/24/21. The ED stated that the nursing agency notified the facility that on 12/23/21 the nursing agency would not be able to provide nurse staffing for either date.</p> <p>The RA stated that a different nursing agency was able to provide a replacement DON and some nursing coverage for 12/23/21, but was unable to get provide nursing staff coverage for the morning and evening shift on 12/24/21 to perform treatments and medication administration.</p> <p>On 12/29/21 at 12:00 p.m., the surveyor reviewed an undated policy titled, "STAFFING" which indicated, "Adequate staffing will be provided based on all assessed needs of residents."</p>	A 561		

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A 751	<p>8:36-7.3(b) Resident Assessments and Care Plans</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to develop a Health Service Plan (HSP) and implement comprehensive and/or effective safety measures to NJ Ex Order 26.4b1 for 1 of 8 resident reviewed for NJ Ex Order 26.4b1, Resident #1. This deficient practice was evidenced by the following:</p> <p>Surveyor review of Resident #1's medical record revealed that the resident moved into the facility in NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1. Resident #1 resided on the NJ Ex Order 26.4b1 unit. Review of the Nurses Notes (NN) dated NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 revealed a NJ Ex Order 26.4b1 within the facility.</p> <p>On 12/27/21 the surveyor interviewed the Executive Director (ED) and asked for Resident #1's HSP. The ED stated that Resident #1 did not have an HSP and provided the surveyor with a list of residents that had HSP's. The surveyor reviewed the list and did not observe Resident #1 on the list of HSP's.</p> <p>The surveyor reviewed in Resident #1's medical record a document titled, "Resident General</p>	A 751		

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A 751	Continued From page 9 Service Plan" (RGSP), dated [REDACTED] NJ Ex Order 26.4b1, which documented that the resident was [REDACTED] NJ Ex Order 26.4b1. On 12/27/21 at 12:45 p.m., the surveyor interviewed the Resident #1, who was [REDACTED] NJ Ex Order 26.4b1 and was not aware that he/she [REDACTED] NJ Ex Order 26.4b1. The surveyor observed that Resident #1 had [REDACTED] NJ Ex Order 26.4b1 with his/her [REDACTED] NJ Ex Order 26.4b1 and [REDACTED] NJ Ex Order 26.4b1. On 12/28/21 at 12:10 p.m., the surveyor interviewed the Director of Nursing (DON) via telephone who stated that she contracted with the facility on [REDACTED] NJ Ex Order 26.4b1, and unaware that Resident #1 had [REDACTED] NJ Ex Order 26.4b1. The DON further stated that she would assess the resident, develop an HSP, and update the RGSP.	A 751		
A 779	8:36-7.5(c) Resident Assessments and Care Plans (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to provide	A 779		

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A 779	<p>Continued From page 10</p> <p>documented evidence that the Registered Nurse (RN) was notified of [REDACTED] in order to ensure a timely assessment of the resident's condition and medical needs for 1 of 8 residents reviewed, Resident #1, who [REDACTED] NJ Ex Order 26.4b1. This deficient practice was evidenced by the following:</p> <p>On 12/27/21 the surveyor reviewed the medical record of Resident #1, who moved into the facility [REDACTED] NJ Ex Order 26.4b1 with diagnoses which included [REDACTED] NJ Ex Order 26.4b1. According to a Nurses Note (NN) dated [REDACTED] NJ Ex Order 26.4b1, timed 7-3, which indicated, "Resident returned from hospital with diagnosis of [REDACTED] NJ Ex Order 26.4b1." The surveyor did not observe documentation that the RN was notified that the resident [REDACTED] NJ Ex Order 26.4b1 which [REDACTED] NJ Ex Order 26.4b1.</p> <p>On 12/28/21 at 12:10 p.m., the surveyor interviewed the RN via telephone. The RN stated that she signed a contract with the facility on [REDACTED] NJ Ex Order 26.4b1 at 1:00 p.m. and that she was responsible for "on call" coverage and any emergencies. The RN further stated that she was unaware that Resident #1 [REDACTED] NJ Ex Order 26.4b1, was transferred to the hospital and returned with a diagnosis [REDACTED] NJ Ex Order 26.4b1. The RN stated that staff should have called her so that she could assess the resident's medical needs.</p> <p>On 12/29/21 the surveyor reviewed the policy titled, "Communication with Registered Nurse" which indicated, "It is the policy of the [facility] who are directly responsible for resident health, to inform the Registered Nurse about resident issues...The [facility] may hire Licensed Practical Nurses...to provide resident services required by regulation..., The Registered Nurse is responsible to respond appropriately, and nurse's notes</p>	A 779		

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A 779	Continued From page 11 should indicate notifications and responses. The staff shall notify the Registered Nurse by phone or instant messaging to indicate any of the following:...hospitalization, injury from a fall...other significant change in residents condition."	A 779		
A 781	8:36-7.5(d) Resident Assessments and Care Plans (d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00150665, NJ00150845, NJ00150850, NJ00150857, NJ00150860 Based on observation, interview and record review it was determined that the facility failed to notify the Physician when prescribed medication were not administered according to prescriber's orders for 3 of 8 residents reviewed for medication administration, Resident #1, Resident #2, and Resident #5, and failed to notify the Physician when a resident NJ Ex Order 26.4b1 for 1 of 8 residents reviewed NJ Ex Order 26.4b1 , Resident #1. This deficient practice was evidenced by the following: 1. On 12/27/21 at 10:30 a.m., Resident #2 was observed on the NJ Ex Order 26.4b1 unit with a	A 781		

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A 781	<p>Continued From page 12</p> <p>sit-to-stand walker. The surveyor observed that the resident was [REDACTED] NJ Ex Order 26.4b1 [REDACTED].</p> <p>At 2:05 p.m., the surveyor reviewed the resident's Medication Administration Record (MAR) and observed that on [REDACTED] NJ Ex Order 26.4b1 [REDACTED] blanks where initials would indicate administration of medications. Additionally, there was no rationale for why the medications were not administered. The surveyor also observed that there was no documented evidence that Resident # 2's Physician was notified that the medications were not administered.</p> <p>2. At 12:40 p.m., the surveyor observed Resident #5 was observed standing in the door way of his/her apartment. The resident was [REDACTED] NJ Ex Order 26.4b1 [REDACTED]. During interview with the resident regarding his/her care at the facility, the resident stated that he/she did not receive medications on [REDACTED] NJ Ex Order 26.4b1 [REDACTED].</p> <p>At 12:55 p.m., the surveyor interviewed a Licensed Practical Nurse (LPN) on the unit who stated that she was on vacation and that there was no Nurse to cover some of the shifts when she was out.</p> <p>At 1:20 p.m., the surveyor reviewed Resident #5's MAR and also observed that on [REDACTED] NJ Ex Order 26.4b1 [REDACTED] that there were blanks where there should have been initial to indicate medications were administered. There was no documented evidence in the medical record that the Physician was notified as to reason the medications were not administered.</p> <p>On 12/29/21 at 1:30 p.m., Surveyor #1 and</p>	A 781		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: j6tdgc	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/29/2021
NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
(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 781	<p>Continued From page 13</p> <p>Surveyor #2 interviewed the residents' Advanced Practice Nurse (APN) and inquired if she was aware that the above residents medications were not administered on NJ Ex Order 26.4b1. The APN stated that she was not aware that the residents had not received their medications on the above dates.</p> <p>Refer to 8:36-11.5(f)</p> <p>3. On 12/27/21 the surveyor reviewed Resident #1's Medical Record (MR), which indicated that the resident moved into the facility NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1.</p> <p>According to a Nurses Note (NN) dated NJ Ex Order 26.4b1 timed 7-3, "Resident returned from hospital with diagnosis of NJ Ex Order 26.4b1." The surveyor did not observe documentation that the Physician was notified that Resident #1 had NJ Ex Order 26.4b1.</p> <p>On 12/27/21 at 11:45 a.m., the surveyor reviewed Resident #1's MAR and observed that on NJ Ex Order 26.4b1 medications were initialed as given. Additionally, there was no documentation regarding the rationale why they were not given.</p> <p>On 12/27/21 at 12:45 p.m., the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that she was on vacation and was unaware if the Physician was notified that Resident #1 was NJ Ex Order 26.4b1. The LPN further stated, the facility did not have staff to administer medications to the residents on 12/24/21.</p> <p>On 12/29/2021 at 1:30 p.m., the surveyor interviewed the APN who stated that she was</p>	A 781			

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 781	Continued From page 14 unaware that Resident #1 had <small>NJ Ex Order 26.4b1</small> , and was unaware that the facility did not have anyone to administer medications to the residents on 12/24/21. On 12/29/21 the surveyor reviewed an undated policy titled, "Communication with Physicians" which indicated that staff were to "...inform Physicians regarding changes in the resident's condition and any accident or incident that might result in a resident needing medical attention... the [facility] will maintain written documentation of all communications with Physicians... in the Nurse's notes.	A 781		
A 963	8:36-11.5(f) Pharmaceutical Services (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00150665, NJ00150845, NJ00150850, NJ00150857, NJ00150860 Based on observation, interview and record review it was determined that the facility failed to ensure medications were administered to residents in accordance with prescriber's orders and failed to document the rationale why medications were not administered for 6 out of 8 residents reviewed, Residents #1, Resident #2, Resident #3, Resident #5 and Resident #6, as	A 963		

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 963	<p>Continued From page 15</p> <p>evidenced by the following:</p> <p>1. On 12/27/21 the surveyor reviewed the Medical Record (MR) of Resident #1, who moved into the facility in [redacted] with diagnoses which included [redacted]. According to the "General Service Plan (GSP) form dated [redacted] Resident #1 required medication administration services.</p> <p>On 12/27/21 the surveyor reviewed the Medication Administration Record (MAR) for [redacted] and observed the following medications were not signed as administered: [redacted]</p> <p>2. On 12/27/21 at 10:30 a.m., the surveyor observed Resident #2 on the [redacted] unit with a sit-to-stand walker. Resident #2 was observed to be [redacted] about the care he/she</p>	A 963		

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 963	<p>Continued From page 16</p> <p>received at the facility. Surveyor review of "Resident Face Sheet" indicated that he/she was admitted to the facility in NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1</p> <p>At 2:05 p.m., the surveyor reviewed Resident #2's MAR and observed that on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 at 9 a.m., the following medications were not signed as administered: NJ Ex Order 26.4b1</p> <p>by mouth at bedtime for sleep was not signed out as administered to the resident.</p> <p>3. On 12/29/21 at 10:30 a.m., surveyor reviewed the medical record of Resident #3, who was admitted to the facility on NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1. Resident #3's "General Service Plan" dated NJ Ex Order 26.4b1 indicated that the resident was NJ Ex Order 26.4b1 used a wheelchair and a walker for ambulation, and was NJ Ex Order 26.4b1.</p> <p>On 12/29/21 at 11:00 a.m., during surveyor interview with Resident #3 in his/her apartment, Resident #3 stated that he/she did not receive his/her morning and evening medication this past week for one and a half days. Resident #3 further</p>	A 963		

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
(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 963	<p>Continued From page 17</p> <p>explained that he/she was not sure of the dates, but was informed by the Nurses Aides that not getting medications was due to staff being on vacation.</p> <p>On 12/29/21 at 11:15 a.m., the surveyor interviewed the Licensed Practical Nurse (LPN) who explained to the surveyor that she had just returned from vacation and that the facility used agency staff in her absence. The LPN confirmed that Resident #3 NJ Ex Order 26.4b1 his/her needs and wants.</p> <p>On 12/29/21 at 11:30 a.m., the surveyor reviewed Resident #3's MAR dated NJ Ex Order 26.4b1 which indicated that NJ Ex Order 26.4b1 medications were not initialed as being administered on the following dates and times: NJ Ex Order 26.4b1</p> <p>NJ Ex Order 26.4b1 the 9:00 a.m. and the 9:00 p.m. doses were not initialed as administered.</p> <p>On NJ Ex Order 26.4b1 at 9 a.m. NJ Ex Order 26.4b1 tablet 1 tablet once daily for NJ Ex Order 26.4b1 was not initialed as administered. On NJ Ex Order 26.4b1</p> <p>NJ Ex Order 26.4b1 dose was not signed out as being administered on NJ Ex Order 26.4b1</p>	A 963		

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 963	<p>Continued From page 18</p> <p>and on NJ Ex Order 26.4b1 the 9:00 a.m. and the 5:00 p.m. doses were not signed out as being administered. NJ Ex Order 26.4b1</p> <p>On 12/29/21 at 11:45 a.m., the surveyor interviewed the Regional Administrator (RA) and the ED regarding the missing initials on Resident #3's MAR which included the dates of NJ Ex Order 26.4b1 and both explained that the facility had problems with Nurse staffing on 12/23/21 and 12/24/21.</p> <p>On 12/29/21 at 12:30 p.m., the surveyor reviewed the facility policy and procedure titled, "Medication Administration Guidelines... revised 3/29/16" which indicated, "Medications will be administered in a safe and accurate manner. Procedure:... 23. The nurse or CMA (certified medication aide) will sign for each medication administered by initialing on the MAR in the appropriate space allotted immediately following medication administration for each resident ..."</p> <p>4. At 12:40 p.m., the surveyor observed Resident #5 as he/she stood in the door way of his/her apartment. The surveyor observed that Resident #5 was NJ Ex Order 26.4b1. During interview with the resident regarding the care he/she received at the facility, the resident stated that he/she resided at the facility since NJ Ex Order 26.4b1 and that the care had gotten worse. Resident #5 then stated that he/she did not receive medications on NJ Ex Order 26.4b1.</p>	A 963		

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 963	<p>Continued From page 19</p> <p>At 12:55 p.m., the surveyor interviewed a LPN who stated that she was on vacation during the week of Christmas and returned today [12/27/21]. The LPN stated that she was informed by residents and staff that there was no Nurse to cover some of the shifts when she was on vacation.</p> <p>At 1:20 p.m., the surveyor reviewed Resident #5's medical record and according to the "Resident Face Sheet", the resident was admitted to the facility in NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1 [REDACTED].</p> <p>Further review of Resident #5's MAR, revealed that on NJ Ex Order 26.4b1 at 9 a.m., the following medications were not initialed as administered: NJ Ex Order 26.4b1 [REDACTED] and</p>	A 963		

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A 963	<p>Continued From page 20</p> <p>NJ Ex Order 26.4b1 .</p> <p>On NJ Ex Order 26.4b1 at 5 p.m. and 9 p.m., the following evening medications were not initialed as administered to Resident #5: NJ Ex Order 26.4b1</p> <p>[REDACTED] [4:30 p.m. and 9 p.m.].</p> <p>On 12/29/21 at 11:45 a.m., during interview with the Administrator and the Regional Administrator (RA), both acknowledged that medications were not administered to the residents on 12/23/21 and 12/24/21. The RA explained that the facility was not able to secure Nurses through a nursing agency for those days.</p> <p>Surveyor review of the facility policy and procedure titled, "General Medication Administration Guidelines", revised 3/29/16 provided by the Administrator revealed, "The nurse or CMA (certified medication aide) will sign for each medication administered by initialing on the MAR in the appropriate space allotted immediately following medication administration for each resident." In addition, the policy indicated, "The nurse or CMA (certified medication aide) will document any medications that are held or refused on the back of the MAR and notify physician if necessary, per facility policy."</p> <p>6. On 12/27/21 the surveyor reviewed the MR of Resident #6 who moved into the facility in NJ Ex Order 26.4b1 with diagnoses which included NJ Ex Order 26.4b1</p> <p>According to the GSP dated NJ Ex Order 26.4b1</p>	A 963		

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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A 963	<p>Continued From page 21</p> <p>Resident #6 required medication administration services.</p> <p>The surveyor reviewed the MAR for [REDACTED] NJ Ex Order 26.4b1 and observed the following medications were not initialed as administered: [REDACTED] NJ Ex Order 26.4b1</p> <p>[REDACTED]</p> <p>On 12/27/21 at 12:45 p.m., the surveyor was informed by the LPN that the facility did not have staff to administer medications to the residents on 12/24/21.</p> <p>On 12/27/21 2:00 p.m., the surveyor interviewed the Executive Director (ED) who stated that the facility was unable to provide staff to administer medications to residents on 12/24/21.</p> <p>On 12/27/21 at 12:10 p.m., the surveyor interviewed the Registered Nurse who stated that she was aware that the facility did not have staff to administer medications but that she had other obligations and could not come into the facility to administer the medications.</p> <p>On 12/28/21 at 12:20 p.m., the surveyor interviewed Resident #6 who stated that he/she did not receive medications on [REDACTED] NJ Ex Order 26.4b1 because the facility did not have enough staff. The resident further stated that he/she was concerned that</p>	A 963		

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A 963	Continued From page 22 he/she did not receive his/her <small>NJ Ex Order 26.4b</small>	A 963		

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NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
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{A 000}	Initial Comments Initial Comments: TYPE OF SURVEY: Revisit survey of 12/29/21 CENSUS: 25 SAMPLE SIZE: 16 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 963}	8:36-11.5(f) Pharmaceutical Services (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders. This REQUIREMENT is not met as evidenced by: Deficiency not corrected Based on observation, interview and record review it was determined that the facility failed to implement its plan of correction (POC) to ensure	{A 963}		

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

TITLE

(X6) DATE

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{A 963}	<p>Continued From page 1</p> <p>medications were administered to residents in accordance with prescriber's orders, and failed to document the rationale why medications were not administered for 9 out of 16 residents reviewed for medication administration, Resident #'s 1, 3, 9, 11, 12, 13, 14, 15, and 16. This deficient practice was evidenced by the following:</p> <p>On 3/9/22 at 10:30 a.m., the surveyor reviewed the MARs for Resident #'s 1, 3, 9, 11, 12, 13, 14, 15 and 16 for the months of NJ Ex Order 26.4b1, and up to NJ Ex Order 26.4b1, which is the date of the survey. The surveyor observed that for each of the residents mentioned above that the following medications were not signed as given for the months mentioned NJ Ex Order 26.4b1. The following was observed:</p> <ol style="list-style-type: none"> 1. Resident #1 was ordered NJ Ex Order 26.4b1 by mouth daily for NJ Ex Order 26.4b1 medication and NJ Ex Order 26.4b1 (mg) by mouth daily for NJ Ex Order 26.4b1. For the months of NJ Ex Order 26.4b1 and up to NJ Ex Order 26.4b1, these medications were not signed out as administered, and there was no documentation as to why they were not administered. 2. Resident #3 was ordered NJ Ex Order 26.4b1, a NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1 to be applied at 9 a.m.. The surveyor observed that on NJ Ex Order 26.4b1 the treatment was not signed as completed on the MAR and there was no rationale as to why it was not completed. 3. Resident #9 was ordered NJ Ex Order 26.4b1 by mouth daily for NJ Ex Order 26.4b1. The surveyor observed that the medication was not signed out as administered to the resident during the months of NJ Ex Order 26.4b1 and up to NJ Ex Order 26.4b1. 	{A 963}		

If continuation sheet 3 of 5

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{A 963}	<p>Continued From page 3</p> <p>the MARs for NJ Ex Order 26.4b1 and up to NJ Ex Order 26.4b1 were not signed as given. Additionally, there was no rationale for why the medications were not administered.</p> <p>9. Resident #16 had an order for NJ Ex Order 26.4b1 mcg by mouth daily, however the surveyor observed that the MARs for NJ Ex Order 26.4b1 and up to NJ Ex Order 26.4b1 were not signed as given. Additionally, there was no rationale for why the medications were not administered.</p> <p>At 11:15 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) regarding the above medications that were not signed out as administered. The LPN stated, "They were not given, there was no Nurse or Certified Medication Assistant (CMA) on the night shift to administer the medications." The LPN informed the surveyor that she would contact the residents' physician to change the orders to the day shift.</p> <p>On 3/10/22 at 10:45 a.m., the surveyor interviewed the Director of Nursing (DON) who stated that she was not aware that the medications were not administered and that she would review the MARs.</p> <p>At 12:10 p.m., the surveyor interviewed the Executive Director (ED) and the Regional Administrator (RA), the RA stated that the Nurses arrive at 7 a.m., and had a one hour window to administer medications. However, there was no documented evidence that the medications were administered when the Nurse(s) arrived at 7 a.m.</p> <p>Surveyor review of the facility's POC submitted to the Department of Health on 3/1/22, with the completion date of 2/28/22, revealed that the facility's corrective actions included the following:</p>	{A 963}		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: j6tdgc	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/10/2022
NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
(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 963}	Continued From page 4 "The Registered Nurse (RN) will review all MARs weekly for proper completion. The RN/designee will conduct weekly records audits x 3 months." The facility failed to implement its POC to correct the deficient practice previously cited during the last survey conducted on 12/29/21; and failed to ensure that medications were documented as administered upon administration, or circle as not given with reasons why medications were not administered.	{A 963}			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER j6tdgc Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/10/2022 Y3
NAME OF FACILITY CLARE ESTATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 02/28/2022	ID Prefix A0369 Reg. # 8:36-4.1(a)(8) LSC	Correction Completed 02/28/2022	ID Prefix A0561 Reg. # 8:36-5.10(a)(1) LSC	Correction Completed 02/28/2022
ID Prefix A0751 Reg. # 8:36-7.3(b) LSC	Correction Completed 02/28/2022	ID Prefix A0779 Reg. # 8:36-7.5(c) LSC	Correction Completed 02/28/2022	ID Prefix A0781 Reg. # 8:36-7.5(d) LSC	Correction Completed 02/28/2022
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 12/29/2021	<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
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER j6tdgc Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/10/2022 Y3
NAME OF FACILITY CLARE ESTATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505	

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ID Prefix A0751 Reg. # 8:36-7.3(b) LSC	Correction Completed 02/28/2022	ID Prefix A0779 Reg. # 8:36-7.5(c) LSC	Correction Completed 02/28/2022	ID Prefix A0781 Reg. # 8:36-7.5(d) LSC	Correction Completed 02/28/2022
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 12/29/2021	<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
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: j6tdgc	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 05/24/2022
NAME OF PROVIDER OR SUPPLIER CLARE ESTATE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		
(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}	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Revisit from 12/29/21 and 3/10/22</p> <p>CENSUS: 23</p> <p>SAMPLE SIZE: 23</p> <p>The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this Complaint survey.</p>	{A 000}			

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

TITLE

(X6) DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER j6tdgc	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/24/2022
NAME OF FACILITY CLARE ESTATE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0963	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/18/2022	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	
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 12/29/2021		<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 j6tdgc	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/24/2022
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LSC	04/18/2022	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	
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 12/29/2021		<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			