

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02A001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2025
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NAME OF PROVIDER OR SUPPLIER FIVE STAR PREMIER RESIDENCES OF TEANE	STREET ADDRESS, CITY, STATE, ZIP CODE 655 POMANDER WALK TEANECK, NJ 07666
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(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: Complaint</p> <p>Complaint #: NJ 00187502, NJ 00188091</p> <p>Census: 35 on 7/16/25 and 35 on 7/17/25</p> <p>Sample Size: 4</p> <p>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.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

08/06/25

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188091</p> <p>Based on interview and record review, it was determined that the Executive Director (ED) failed to implement and enforce the facility policy titled, "Wandering and Elopement" by not providing an NJ Ex Order 26.4b1 with residents pictures NJ Ex Order 26.4b1 at the front desk for 1 of 4 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 7/16/25 at 9:36 a.m., the surveyor investigated and reviewed Resident #3's medical record (MR), which indicated that the resident was admitted to the facility in NJ Ex Order 26.4b1 with diagnoses of NJ Ex Order 26.4b1 .</p> <p>Surveyor review of Resident #3's Progress Notes (PNs) revealed a PN dated NJ Ex Order 26.4b1 at 3:58 p.m., written by a Licensed Practical Nurse (LPN), which revealed that Resident #3 was NJ Ex Order 26.4b1 to the facility by his/her NJ Ex Order 26.4b1 or NJ Ex Order 26.4b1 at 9:00 p.m. The PN indicated that staff was not aware that Resident #3 had been NJ Ex Order 26.4b1 the facility and was transferred to the hospital.</p> <p>At 10:52 a.m., the surveyor reviewed the investigation report provided by the Business Office Manager for Resident #3's NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 which revealed, " ... Resident NJ Ex Order 26.4b1 community during dinner time without notifying staff. [Resident #3] was observed NJ Ex Order 26.4b1 [Resident] was taken to the</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>[hospital] and the [redacted] was notified. [redacted] the [resident] [redacted] to community ..."</p> <p>On 7/17/25 at 11:15 a.m., the surveyor interviewed the Resident Services Associate (RSA), who was working at the front reception desk, and inquired about the protocol for identifying residents who were [redacted]. The RSA stated that she was informed by her supervisor that Resident #3 was [redacted]. The surveyor then inquired if there were pictures of the residents at [redacted] at the reception desk to reference. The RSA confirmed that she did not have pictures of residents [redacted] at the reception desk.</p> <p>At 12:19 p.m., the surveyor interviewed the Health and Wellness Director (HWD) and inquired about the facility's protocol for informing the front-desk staff of residents who were [redacted] risks. The HWD stated that [redacted] of residents were kept in [redacted] and one of the binders was located at the front desk and the other binder was located at the nurse's station.</p> <p>At 12:50 p.m., the surveyor interviewed the ED and inquired about the facility's [redacted] policy. The ED stated that a picture of Resident #3 was provided to the staff members who worked at the reception desk; however, she was not sure if Resident #3's [redacted] was still located at the reception desk.</p> <p>The surveyor reviewed a facility policy, dated 3/13/25, titled, "Wandering and Elopement" which revealed, " ... A. Elopement Risk Evaluation ... 4. A current photo will be located at the front reception desk (or indicated area) and in the</p>	A 310		
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A 310	Continued From page 3 electronic health record for team member/other reference ..."	A 310		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider shall 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:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188091</p> <p>Based on interview and record review, it was determined that the facility failed to provide a safe environment for 1 of 4 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 7/7/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH), regarding Resident #3's [redacted] the facility or [redacted]. According to the FRE, Resident #3 was [redacted] around 5:30 p.m., after the resident returned from [redacted]</p>	A 401		

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A 401	<p>Continued From page 4</p> <p>his/her [NJ Ex Order 26.4b1] of the facility. The FRE also revealed that the staff did not know Resident #3 [NJ Ex Order 26.4b1] until the resident was [NJ Ex Order 26.4b1] to the facility by his/her [NJ Ex Order 26.4b1] around 9 p.m., over three hours later.</p> <p>On 7/16/25 at 9:36 a.m., the surveyor reviewed Resident #3's medical record (MR), which indicated that the resident was admitted to the facility in [NJ Ex Order 26.4b1] with diagnoses of [NJ Ex Order 26.4b1]. Further surveyor review of the resident's MR revealed a Registered Nurse (RN) assessments dated [NJ Ex Order 26.4b1] [NJ Ex Order 26.4b1] which documented that Resident #3 was not [NJ Ex Order 26.4b1] the community [NJ Ex Order 26.4b1]."</p> <p>Surveyor review of Resident #3's Progress Notes (PNs) revealed a PN dated [NJ Ex Order 26.4b1] at 3:58 p.m., written by a Licensed Practical Nurse (LPN), which revealed that Resident #3 was [NJ Ex Order 26.4b1] the facility by his/her [NJ Ex Order 26.4b1] at 9:00 p.m. The PN indicated that staff was not aware that Resident #3 had [NJ Ex Order 26.4b1] of the facility and was transferred to the hospital.</p> <p>At 10:52 a.m., the surveyor reviewed the facility's investigation report for Resident #3's [NJ Ex Order 26.4b1] on [NJ Ex Order 26.4b1], provided by the Business Office Manager which revealed, "... Resident [NJ Ex Order 26.4b1] community during dinner time without notifying staff. [Resident #3] was [NJ Ex Order 26.4b1] [Resident] was taken to the [hospital] and the [NJ Ex Order 26.4b1] was notified. The [NJ Ex Order 26.4b1] [NJ Ex Order 26.4b1] the [resident] [NJ Ex Order 26.4b1] community ..." In addition, the investigation report revealed that the "Total Time [NJ Ex Order 26.4b1] was documented from 5:30 p.m. to 8:30 p.m., for a total of three hours. The investigation report also revealed that Resident #3 was [NJ Ex Order 26.4b1] by staff</p>	A 401		
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A 401	<p>Continued From page 5</p> <p>members at around 5:30 p.m., after the resident NJ Ex Order 26.4b1 outside.</p> <p>On 7/17/25 at 10:45 a.m., the surveyor called and interviewed the Medication Technician (MT), who was working at the time of the NJ Ex Order 26.4b1, and inquired about when she knew that Resident #3 was NJ Ex Order 26.4b1. The MT explained that on NJ Ex Order 26.4b1 Resident #3's NJ Ex Order 26.4b1 who was also a resident at the facility, informed the staff that they were going out for dinner. Staff did not realize that Resident #3 was NJ Ex Order 26.4b1 until the resident was NJ Ex Order 26.4b1 by Resident #3's NJ Ex Order 26.4b1 later that evening.</p> <p>At 12:19 p.m., the surveyor interviewed the Director of Health and Wellness (DHW) and inquired about Resident #3's NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1. The DHW stated that the staff was not aware that Resident #3 was NJ Ex Order 26.4b1 until the resident's NJ Ex Order 26.4b1 the resident to the facility after NJ Ex Order 26.4b1 from the hospital.</p> <p>At 12:50 p.m., the surveyor interviewed the Executive Director (ED) and inquired about when staff realized that Resident #3 was NJ Ex Order 26.4b1 the facility. The ED stated that staff did not know Resident #3 NJ Ex Order 26.4b1 prior to the resident's NJ Ex Order 26.4b1 returning the resident to the facility around 8:30 p.m. on NJ Ex Order 26.4b1.</p> <p>The surveyor reviewed a facility policy, dated 3/13/25, titled, "Wandering and Elopement" which revealed, " ... The purpose of this policy is to ... provide a program of supervision and interventions to minimize the risk of resident elopements, improve resident safety through timely investigation of elopements and elopement attempts ...</p>	A 401		
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A 753	Continued From page 6	A 753		
A 753	<p>8:36-7.3(c) General and Health Service Plans</p> <p>(c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187502</p> <p>Based on interview and record review, it was determined that the facility failed to develop and or update a resident's Individual Service Plan (ISP) for 1 of 4 residents reviewed for [redacted], Resident #2. This deficient practice was evidenced by the following:</p> <p>On 6/18/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH), regarding Resident #2's [redacted] NJ Ex Order 26.4b1. The FRE documented that the resident reported to the hospice Social Worker that a staff member working the previous night [redacted].</p> <p>On 7/16/25 at 9:35 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that the resident was admitted to the facility in [redacted] with a diagnosis of [redacted]. The surveyor interviewed Resident</p>	A 753		

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A 753	<p>Continued From page 7</p> <p>#2 in his/her apartment but the resident was only able to provide NJ Ex Order 26.4b1 [REDACTED].</p> <p>On 7/17/25 at 10:46 a.m., the surveyor interviewed the Assistant Care Services, a Licensed Practical Nurse (LPN) regarding the NJ Ex Order 26.4b1 incident of NJ Exec Order 26.4b1 [REDACTED]. The LPN stated that she was informed about the incident on the next day, NJ Ex Order 26.4b1 [REDACTED]. The LPN also stated that she informed the responsible party (RP) regarding the above incident and the RP stated that the resident had history of NJ Ex Order 26.4b1 [REDACTED] against people that were NJ Ex Order 26.4b1 [REDACTED].</p> <p>Surveyor review of the resident's Individualized Service Plan (ISP), last updated NJ Ex Order 26.4b1 [REDACTED], completed by the Health and Wellness Director (HWD) did not observe documented evidence that the ISP was developed or updated to reflect the resident's NJ Ex Order 26.4b1 [REDACTED].</p> <p>At 12:19 p.m., the surveyor interviewed the HWD regarding the alleged staff to resident NJ Ex Order 26.4b1 [REDACTED] on NJ Ex Order 26.4b1 [REDACTED]. The HWD stated that the resident does have a history of NJ Ex Order 26.4b1 [REDACTED]. The HWD stated that during the investigation, the resident was not able NJ Ex Order 26.4b1 [REDACTED] and told the HWD that the staff member who NJ Ex Order 26.4b1 [REDACTED] was an NJ Ex Order 26.4b1 [REDACTED]. The surveyor then inquired if Resident #2's ISP was updated to reflect the resident's NJ Ex Order 26.4b1 [REDACTED] (NJ Ex Order 26.4b1 [REDACTED]) and the HWD stated no and confirmed that there was no change to the ISP.</p> <p>The surveyor reviewed a facility policy titled, "Clinical Services Plan," dated 6/10/24, which revealed, " ...Roles & Responsibilities: Role Director of Health & Wellness (DH&W)/ Assistant</p>	A 753		
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A 753	Continued From page 8 Care Services Director (ACSD)... Review and update initial Service Plan upon move in and as needed for falls, change in condition, behaviors, and/or elopement ..."	A 753		
A 783	<p>8:36-7.5(e) Provision of Health Care Services</p> <p>(e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00188091</p> <p>Based on interview and record review it was determined that the facility failed to ensure that a resident received an NJ Ex Order 26.4b1 from a physician certifying that the resident was appropriate for Assisted Living (AL) for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 7/16/25 at 9:36 a.m., the surveyor reviewed Resident #3's medical record (MR), which indicated that the resident was admitted to the facility in NJ Ex Order 26.4b1 with diagnoses of NJ Ex Order 26.4b1</p>	A 783		

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A 783	<p>Continued From page 9</p> <p>Surveyor review of Resident #3's MR revealed that the resident's NJ Ex Order 26.4b1 [REDACTED] for the assisted living (AL) program, dated NJ Ex Order 26.4b1 was expired.</p> <p>At 12:48 p.m., the surveyor interviewed the Care Service Assistant (CSA), who was a Licensed Practical Nurse (LPN), and inquired about Resident #3's annual NJ Ex C. The CSA confirmed that Resident #3 did not have an updated NJ Ex C since the NJ Ex Order 26.4b1 had expired.</p> <p>On 7/16/25 at 12:29 p.m., the surveyor interviewed the Health and Wellness Director (HWD) and inquired about Resident #3's annual NJ Ex C. The HWD confirmed that the resident's NJ Ex C was expired, and she was working on arranging an appointment for the resident's NJ Ex Order 26.4b1.</p> <p>The surveyor reviewed a facility policy, dated 8/1/22, titled, "Move-In (Residency) Criteria" which revealed, " ... B. Each community adheres to state-specific laws, regulations and guidelines (including time frames) ... D. Each community complies with state-specific licensure/regulatory requirements related to resident move-in and retention ..."</p>	A 783		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p>	A1073		

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A1073	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00187502</p> <p>Based on interview and record review, it was determined that the facility failed to document the NJ Ex Order 26.4b1 assessment in the residents Medical Record (MR) for 1 of 4 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 7/16/25 at 9:35 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that the resident was admitted to the facility in NJ Ex Order 26.4b1 with a history of NJ Ex Order 26.4b1.</p> <p>On 7/17/25 at 10:46 a.m., the surveyor interviewed the Assistant Care Services, a Licensed Practical Nurse (LPN) and inquired if a NJ Ex Order 26.4b1 assessment was completed for Resident #2 following the NJ Ex Order 26.4b1. The LPN stated that she was unaware if one was done.</p> <p>At 12:19 p.m., during interview with the Health and Wellness Director (HWD), the surveyor inquired if there was NJ Ex Order 26.4b1 assessment was completed for Resident #2 following the incident the NJ Ex Order 26.4b1. The HWD stated she completed NJ Ex Order 26.4b1 assessment but was unsure if she documented the assessment in the</p>	A1073		
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A1073	<p>Continued From page 11</p> <p>resident's medical record. The HWD was unable to provide the surveyor Resident #2 completed assessment on [REDACTED].</p> <p>The surveyor reviewed a facility policy titled, "Abuse, Neglect, and exploitation Prohibition and Prevention Program" which indicated, " ... E. Documentation. Documentation in the resident medical record includes: ... b. Assessment of the resident condition; ..."</p>	A1073		

POC #3 received 8/21/25
Accepted 8/21/25



A0310

1. The resident #3 was identified as impacted by the alleged deficient practice. Resident #3 still resides at the facility. Resident #3's [redacted] is included in [redacted] binder at reception desk and Assisted Living. The Wandering & Elopement policy was reviewed by all staff effective 08/21/2025 by BOM (Business Office Manager) & DHW (Director of Health and Wellness)
2. All residents have the potential to be affected by this deficient practice.
3. [redacted] binder containing all the AL resident picture ID is located at the reception desk and AL nursing office. Effective date 07/18/2025. The staff at the reception desk were re-educated on the [redacted] binder Effective 08/18/2025 and conducted by supervisor BOM.
4. Executive director or designee will do a monthly monitor and sign off of the yellow elopement binder to confirm it is up to date, accurate and sign off on audit form monthly. Completed 08/21/25

Approved
8/21/25
KJ

A0401 – 8:36-4.1(a)(22) – Resident Rights

1. The resident #3 was identified as impacted by the alleged deficient practice. The resident still resides at the facility but the community has issued a 30 day discharge notice effective [redacted] NJ Ex Order 26.4b1. Since the incident, the resident has not been [redacted] NJ Ex Order 26.4b1 and resident #3 has not stepped out of the building without accompanying a [redacted] NJ Ex Order 26.4b1 or family. The facility's RA (Resident Assistance) checks her/his location every hour and documents in addition to the private duty aid with resident #3 7 days a week, 10am-8pm.
 2. All residents have the potential to be affected by this deficient practice.
 3. Facility RA is monitoring every hour, 24 hour/7 days a week and documenting [redacted] NJ Ex Order location every hour. All AL (Assisted Living) staff was educated by DHW (Director of Health and Wellness) in Monitoring, documenting, and how to guide back the resident, in case of walking alone on July 18th 2025.
- Regarding other residents, we do an Elopement assessment for all the residents during admission, every 6 month, and change of condition by DHW (Director of Health and Wellness). As per assessment, none of the residents wander or exhibit purposeless ambulation. All the residents sign the log when they are going out of the facility. All the AL residents are checked

their location by RA, during their shift according to their supervision needs. For the safety of resident #3, a [redacted] was hired [redacted] the resident during waking hours (10am to 8pm), 7 days a week. Hourly Care Log is located at Nurses office, documented & submitted to Shift leader at the end of each shift.

4. Executive director or designee is monitoring weekly effective August 2nd 2025 the hourly staff signatures of the Caregivers Hourly Care Log documentation of the resident #3.

Completed August 12th 2025.

Approved
8/21/25 KF

A0753 - 8:36-7.3(c) General and Health Service Plans

1. The resident #2 was impacted by the alleged deficient practice. The resident #2 still resides at the facility. The resident new ISP (individual Service Plan) was updated by DHW (director of Health and Wellness) regarding the resident #2's history of [redacted] All AL (Assisted Living) staff were educated 08/04/2025 by DHW to report to nurses instances of [redacted] & how to handle situations of [redacted]

2. All residents have the potential to be affected by this deficient practice.

3. ISP is reviewed every six months or when there is a change in condition by the DHW (director of Health and Wellness) The resident new ISP (individual Service Plan) is updated by regarding the resident #2's history of [redacted] His/Her new ISP includes all AL (Assisted Living) staff were educated 08/04/2025 to report to nurses instances of [redacted] & how to handle situations of [redacted] DHW is responsible for updating all the resident ISP. Before ISP is documented, DHW goes through progress notes, communication notes, and in person discussion with staff to find accurate residents status. The RDHW (Regional Director of Health & Wellness) is responsible for educating all DHWs regarding policy changes. Most recent training was effective 08/08/25.

4. Executive director will monitor changes in ISP through PCC (Point Click Care) weekly effective 08/4/2025.

Completed 08/08/2025

Approved
8/21/25 KF

A0783 - 8:36-7.5 (e) provision Of Health Care Services:

1. The resident #3 was impacted by the alleged deficient practice. Currently resident #3. The [redacted] completed for resident #3 on [redacted]

2. All residents have the potential to be affected by this deficient practice.

3. Effective 08/05/2025, LPN will make a list of annual physician certification of all AL residents, one month before the due date and will contact each resident's primary doctor to make appointments. LPN is responsible to make appointments with primary physician. DHW educated LPN on making annual physician certifications on 08/05/2025

4. The Director of Health and wellness will monitor at the beginning of every month, according to the annual physician certification due list and check on the PCC of uploaded documents.

Completed 08/05/2025

Approved
8/21/25 KF

A1073 - 8:36 - 15.6(b) - Resident Records: (Element #1)

1. The resident #2 was impacted by the alleged deficient practice. The resident #2 still resides at the facility
2. All residents have potential to be affected by this deficient practice.
3. RN Reviewed medical records, assessments & reports especially relating to abuse, neglect, and exploitation and prevention programs for all residents on 08/05/2025. Five Star Senior Living provides ongoing education to all DHWs regarding proper documentation in PCC/Medical record; Last training conducted on 08/05.2025 by RDHW to DHW.
4. Executive director will audit the documentation monthly: Level of Care Assessment, Incident Report, Morse Fall assessment, Elopement, Safety, BIMS (Brief Interview for Mental Status).

Completed 08/05/2025

Approved 8/21/25
KJ

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 02A001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/21/2025
NAME OF FACILITY FIVE STAR PREMIER RESIDENCES OF TEANECK		STREET ADDRESS, CITY, STATE, ZIP CODE 655 POMANDER WALK TEANECK, NJ 07666

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 A0401	Correction	ID Prefix A0753	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.3(c)	Completed
LSC	08/21/2025	LSC	08/12/2025	LSC	08/08/2025
ID Prefix A0783	Correction	ID Prefix A1073	Correction	ID Prefix	Correction
Reg. # 8:36-7.5(e)	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed
LSC	08/05/2025	LSC	08/05/2025	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 7/17/2025

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