STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315527	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINCHESTER GARDENS HEALTH CARE CENTER	**333 ELMWOOD AVENUE , MAPLEWOOD, New Jersey, 07040**

(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
F0000	INITIAL COMMENTS Complaint #: 2706331, 2717796 Survey Date: 2/20/26 Census: 25 Sample Size: 5 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.	F0000		04/20/2026
F0842 SS = D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and	F0842	F0842 - Resident Records - Identifiable Information 1-Resident #1 was [redacted] at the time of the survey. A closed record review was conducted. The facility reviewed the circumstances surrounding the [redacted] and confirmed that [redacted] were provided to PA #1 regarding the resident's [redacted], and prohibition from [redacted]; however, no documentation of this education was present in the medical record. The facility has reviewed and on 2/21/26 documenting the [redacted] and confirming that the private aide verbally acknowledged understanding of the resident's care requirements. Resident #3 was [redacted] at the time of the survey. A closed record review was conducted. The DON confirmed that at the time the [redacted] became [redacted] on [redacted] RN #2 communicated to the physician that [redacted] were [redacted] and that [redacted] were at [redacted]; however, this information was not entered into the resident's medical record. Nursing staff were in serviced on the facility's Charting and Documentation policy.	03/20/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315527	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINCHESTER GARDENS HEALTH CARE CENTER	**333 ELMWOOD AVENUE , MAPLEWOOD, New Jersey, 07040**

(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
F0842 SS = D	Continued from page 1 (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations	F0842	Continued from page 1 2-All residents are at risk of being potentially affected by the deficient practice. 3-A facility-wide audit was initiated on 2/20/26 by the Director of Nursing (DON) to identify all residents currently receiving private aide services. For each identified resident, the nurse supervisor is required to complete and document a structured Private Aide Orientation and Care Level Communication form at the start of each shift or upon PA arrival. This form captures the resident's current care status, assistance level, fall risk, and specific instructions provided to the PA, and is filed in the resident's medical record. A concurrent audit of all progress notes for residents who experienced a change in condition, equipment issue, or clinical event in the past 30 days was completed by the DON or designee on 2/20/26 to identify any notes that lacked required assessment elements including vital signs and pain documentation. Any deficient notes were corrected with an appropriate addendum. Staff involved in those events were provided immediate education on documentation requirements. 4. Monitoring Plan: The DON or designee will conduct weekly audits of 100% of Private Aide Communication Logs for all residents receiving private aide services for the first four weeks following implementation, to confirm that documentation of care instructions is completed at each shift. Audits will transition to monthly for three months, or until such time as substantial compliance is achieved. Compliance thresholds are set at 90%; any rate below this threshold will trigger an immediate review and corrective action plan. Nursing supervisor or designee will audit a minimum of 10% of all change-in-condition progress notes weekly for four weeks, then monthly for three months, to confirm that vital signs, pain assessment, clinical findings, and physician notification are documented as required. Compliance thresholds are set at 90%. All audit findings will be reported at the monthly Quality Assurance and Performance Improvement (QAPI) meetings, and any trends identified will trigger further education or systems adjustments. Completion Date: April 20,2026	03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315527	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINCHESTER GARDENS HEALTH CARE CENTER	333 ELMWOOD AVENUE , MAPLEWOOD, New Jersey, 07040

(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
F0842 SS = D	Continued from page 2 conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: COMPLAINT #2706331, 2717796 Based on interviews, review of medical records and other pertinent facility documentation on 2/19/26 and 2/20/26, it was determined that the facility failed to maintain a complete medical record when no evidence was provided that : 1) a [NJ Exec Order 26.4b1] assigned to Resident #1 was educated on the resident's care needs, and 2) Resident #3's [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] were assessed when their [NJ Exec Order 26.4b1] NJ Exec Order 26.4b1. This deficient practice was identified for 2 residents reviewed (Resident #1 & Resident #3) and was evidenced by the following: 1). Resident #1 was [NJ Exec Order 26.4b1] the facility at the time of the survey. A closed record review was conducted. A review of the Admission Record revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 of the [NJ Exec Order 26.4b1], [NJ Exec Order 26.4b1] of the [NJ Exec Order 26.4b1], NJ Exec Order 26.4b1, and [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1]. Review of Resident #1's comprehensive Assessment Minimum Data Set (MDS) an assessment tool used to facilitate the management of care, dated [NJ Exec Order 26.4b1], indicated that Resident #1 had a Brief Interview for Mental Status (BIMS) score of [NJ Exec Order 26.4b1] out of 15 indicating that the resident's [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1]. Further review of the MDS revealed that the resident [NJ Exec Order 26.4b1], NJ Exec Order 26.4b1 [NJ Exec Order 26.4b1] with all [NJ Exec Order 26.4b1]. The MDS also indicated that the resident had [NJ Exec Order 26.4b1] that [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] to admission to the facility and [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] that [NJ Exec Order 26.4b1] to the [NJ Exec Order 26.4b1]. A review of Resident #1's baseline care plan (BCP) indicated that Resident #1 required a [NJ Exec Order 26.4b1]	F0842		03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315527	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINCHESTER GARDENS HEALTH CARE CENTER	**333 ELMWOOD AVENUE , MAPLEWOOD, New Jersey, 07040**

(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
F0842 SS = D	Continued from page 3 [redacted] for NJ Exec Order 26.4b1). A review of Resident #1's comprehensive care plan (CCP) revealed a focus related to the resident was a [redacted] and an actual [redacted] with a [redacted] that was initiated on [redacted]. A review of the Facility Reportable Event (FRE) which the facility sent to the New Jersey Department of Health (NJDOH), indicated that on [redacted] at 5:50 AM, Resident #1's Private Aide (PA #1) informed the Registered Nurse (RN #1) that at approximately 4:15 AM, Resident #1 [redacted] and that PA #1 [redacted] the resident [redacted]. The FRE further indicated that staff informed the U.S. FOIA (b)(6)) of the incident, an [redacted] was [redacted] that [redacted] that the resident had an, NJ Exec Order 26.4b1 NJ Exec Order 26.4b1]." A review of the statement provided by RN #1 revealed that she rounded at 11 PM and re-educated PA #1 on Resident #1's [redacted] and that the [redacted] was to call for assistance if she needed a break. RN #1 further indicated that at 2:30 AM she returned to the room and observed the resident sleeping and she then offered PA #1 a break, which was declined. RN #1 next returned to the room at 5:50 AM to administer medication when PA #1 informed her that at 4:15 AM PA #1 used the bathroom in the resident's room and when she opened the door to re-enter the room PA #1 observed the resident [redacted] at the [redacted] and before [redacted] the resident PA #1 observed Resident #1 [redacted] NJ Exec Order 26.4b1. PA #1 then [redacted] the resident [redacted] and [redacted] them [redacted] without calling for assistance. A review of the statement provided by the assigned Certified Nursing Assistant (CNA #1), revealed that she rounded at 11 PM and that at that time she explained to PA #1 not to attempt to provide care and to use the call bell if anything was needed. On 2/19/26 at 1:16 PM, the surveyor attempted to contact CNA #1 for an interview without success. During an interview on 2/19/26 at 1:29 PM, NS #1 stated that the role of a [redacted] was to provide companionship to residents, and that all care was to be provided by facility staff only. NS #1 further	F0842		03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315527	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINCHESTER GARDENS HEALTH CARE CENTER	**333 ELMWOOD AVENUE , MAPLEWOOD, New Jersey, 07040**

(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
F0842 SS = D	Continued from page 4 stated that upon a PAs arrival to the unit, they were to report to the nurse who would verbally remind them of what level of care their resident required and that they were not to provide any hands-on care but to call for assistance when needed. When asked if any of this information was documented anywhere, NS #1 stated that it was provided verbally to the [NJ Exec During a telephone interview on 2/19/26 at 2:02 PM, RN #1 stated that rounds were conducted at the start of each shift and they verbally remind all PAs that they were not to provide any hands-on care and that they were to inform staff if a resident requires any type of assistance. RN #1 stated that at the start of the shift on [NJ Exec Order 26 she reminded PA #1 of Resident #1's [NJ Exec Order 26.4b1] level. RN #1 further stated that prior to the incident they rounded and entered Resident #1's room at 2:30 AM on 1/1/26, and offered PA #1 an opportunity for a break, which she declined. RN #1 stated that due to a new admission and a fall on the other side of the unit that night, they did not return to resident #1's room until 5:50 AM. RN #1 stated that the call bell did not ring, nor were any staff informed of what happened until RN #1 entered Resident #1's room. During a joint interview with the U.S. FOIA (b)(6) [U.S. FOIA (b)], the U.S. FOIA (b)(6) [U.S. FOIA (b)], and the U.S. FOIA (b)(6), on 2/19/26 at 3:06 PM, the [U.S. FOIA] stated receiving a phone call about the incident on the morning of [NJ Exec Orde] and that the NS #1 was told to initiate the protocol and to immediately collect statements prior to anyone leaving. The [U.S. FOIA] further stated that there were no existing contracts with [NJ Ex] agencies and that families were able to select any agency to provide companionship for their loved one. The [U.S. FOIA] further stated that PAs were instructed to report to either the [U.S. F] or the assigned nurse on the floor where they would receive verbal instructions regarding any updates related to their resident's care status and that they were not to provide any hands-on care but to use the call bell and/or seek staff for any assistance the resident required. When asked how the facility ensured that PAs understood those instructions, the [U.S. FOIA (b] stated that the PAs would verbally repeat the instructions back to the staff member. There was no documentation that PA #1 was educated and understood what level of care Resident #1 required. 2). Resident #3 was not at the facility at the time of the survey. A closed medical review was conducted.	F0842		03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315527	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINCHESTER GARDENS HEALTH CARE CENTER	**333 ELMWOOD AVENUE , MAPLEWOOD, New Jersey, 07040**

(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
F0842 SS = D	Continued from page 5 A review of the Admission Record revealed that Resident #3 was admitted to the facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 The comprehensive Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26, revealed a Brief Interview of Mental Status (BIMS) of out of 15, which indicated that the resident was NJ Exec Order 26 NJ Exec Order 26.4b1. Further review of the MDS indicated that Resident #3 had an NJ Exec Order 26.4b NJ Exec Order 26 A review of Resident #3's care plan (CP), revealed a focus related to the resident being NJ E NJ Exec Order 26.4b NJ Exec Orde precautions due to the presence of an NJ Exec Order 26.4b1. The interventions included the monitoring of the resident's NJ Exec Order 26.4b, NJ Exec O and NJ Exec Order 26.4b1 as ordered by the physician that was initiated on NJ Exec Order 26.4 A review of Resident #3's progress notes (PN), included a NJ Exec Order 26.4b1 note created by Registered Nurse (RN #2) dated NJ Exec Order 26 at 8 PM, that indicated that the resident's NJ Exec O had NJ Exec Order 26.4b and they were to report to the physician as necessary. Further review of the PN did not indicate that NJ Exec Order 26.4b were NJ Exec Ord and/or that NJ Exec was assessed. On 2/20/26 at 10:12 AM, surveyor attempted to reach RN #2 via telephone, without success. On 2/20/26 at 2:19 PM, the surveyor conducted a joint interview with the U.S. FOIA (b)(6) the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6), the U.S. FOIA stated that if a NJ Exec O becomes NJ Exec Order 26.4b the nurse should assess the NJ Exec , NJ Exec Orde NJ Exec Order 26.4b and assess for NJ Exec O. The U.S. FOIA (b) further stated that all this information should be documented in a PN and that the importance of the documentation was so that everyone was aware of the resident's status. During a follow-up interview with the U.S. FOIA (b) the U.S. FOIA (b), and the U.S. FO on 2/20/26 at 4:20 PM the U.S. FOIA stated that at the moment that the NJ Exec O was	F0842		03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315527	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINCHESTER GARDENS HEALTH CARE CENTER	**333 ELMWOOD AVENUE , MAPLEWOOD, New Jersey, 07040**

(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
F0842 SS = D	Continued from page 6 [redacted], Resident #3's [redacted] and [redacted] should have been assessed and documented. The [redacted] further stated that the [redacted] of a [redacted] could be a [redacted] which was why it was important that the assessment and documentation occur. On 2/21/26 at 11:15 AM, the [redacted] provided an electronic communication that included a timeline of the events that occurred on [redacted] The timeline indicated that on [redacted] at 6:30 PM RN #2, contacted Resident #3's medical provider to inform them that the resident's [redacted] had [redacted] and that, "at that time [redacted] of [redacted] or [redacted] were observed, and [redacted] were at [redacted] There was no documentation provided that this information was entered into the resident's medical record. A review of the facility's "Private Duty Services" policy, revised 1/15/26, revealed that, "The facility maintains oversight to ensure private aide services support resident safety, and community standards." A review of the facility's "Charting and Documentation" policy revised 1/10/25, revealed that all services provided to residents should be documented and that documentation would be complete and accurate. The policy listed what information was to be documented and included, "…c. Treatment or services performed, d. Changes in a resident's condition…" The policy further indicated that the documentation would be complete and accurate. A review of the facility's, "Resident Monitoring: Vital Signs" policy, revised 1/25/25, revealed that vital signs should be taken, "at clinically appropriate intervals" and when there were any changes in a resident's condition. N.J.A.C. 8:39-27.1(a)	F0842		03/20/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315527	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINCHESTER GARDENS HEALTH CARE CENTER	**333 ELMWOOD AVENUE , MAPLEWOOD, New Jersey, 07040**

(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
F0000	INITIAL COMMENTS Complaint #: 2706331, 2717796 Survey Date: 2/20/26 Census: 25 Sample Size: 5 An offsite/desk review of the facility's Plan of Correction was conducted on 4/21/26 in relation to the 2/20/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Approved POC is linked in the attachments section, with the correct completion date of 3/20/26.	F0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE