

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10A101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2024
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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	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00173126, NJ 00172816, NJ 00177371</p> <p>Census: 12</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		
A1505	<p>8:36-23.3(a) Assisted Living Programs</p> <p>(a) Each assisted living program shall comply with the applicable provisions in N.J.A.C. 8:36-1 through 11, 13, 15 and 23.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 00173126, NJ 00172816, NJ 00177371</p> <p>Based on observation and interview, it was</p>	A1505		

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

TITLE

(X6) DATE

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A1505	<p>Continued From page 1</p> <p>determined that the facility failed to ensure snacks and beverages were always available for residents, including sugar free snacks for 3 of 4 residents, Resident #1, Resident #2, and Resident #4. The deficient practice was evidenced by the following:</p> <p>On 10/22/2024 at 10:47 a.m., the surveyor toured the facility with the Director of Nursing (DON) and Executive Director (ED). During the tour, the surveyor did not observe snacks being readily available to the residents.</p> <p>At 11:00 a.m., the surveyor interviewed Resident #1 who stated that snacks were not always available to the facility's residents. In addition, the resident stated that the facility occasionally provided ice cream outside of their regular meal time.</p> <p>At 11:10 a.m., the surveyor interviewed Resident #2 who stated that the facility does not leave snacks or beverages, including water, out that they could grab independently but that they can ask for it and receive it.</p> <p>At 11:20 a.m., the surveyor interviewed Resident #4 who stated that the facility does not have snacks readily available to residents and they do not provide any sugar free snacks.</p> <p>At 11:45 p.m., the surveyor reviewed the "Resident Council Minuets (RCM)" for the months of June 2024 and July 2024 and observed that the residents were not provided deserts and nursing suggested "sugar free products."</p> <p>At 1:55 p.m., the surveyor interviewed the Director of Nursing (DON) regarding resident snacks and sugar-free snacks. The DON stated</p>	A1505		

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A1505	<p>Continued From page 2</p> <p>that some snacks were held in the Wellness Center and the refrigerator in the dining room that the residents can get when requested. The surveyor observed one package of sugar-free wafers in the cabinet in the Wellness Center that were given to the diabetic residents upon request. The surveyor did not observe any other snacks available in the Wellness Center.</p> <p>On 10/23/24 at 11:12 a.m., the surveyor observed that the Director of Therapeutic Services (DTS) was conducting word games with the residents while the staff administered snacks and beverages.</p> <p>At 2:06 p.m., the surveyor interviewed the Food Service Director (FSD) via telephone regarding sugar free snacks and snack availability to residents. The FSD stated that sugar free snacks were not available through his food vendor, so he purchased the sugar free snacks at the store, and they were kept in the Wellness Center. The FSD also stated that snacks were provided by the care staff.</p> <p>At 2:15 p.m., the surveyor interviewed the ED regarding resident snacks and beverages being readily available. The ED stated that the snacks were located in the nursing cabinet. In addition, the snacks were locked away to prevent residents from eating what they were not allowed to per their diet orders.</p> <p>The surveyor reviewed the facility policy and procedure titled "Nutritional Services" which revealed "...The Assisted Living facility shall provide dining services to meet the daily nutritional needs of residents within the ...facility. ..."</p>	A1505		

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A1505	Continued From page 3 Reference: N.J.A.C. 8:36-10.5(c)(7)	A1505		
A1561	<p>8:36-23.11(a) Assisted Living Programs</p> <p>(a) Each resident living in publicly subsidized housing who elects to participate in an assisted living program shall receive an initial assessment pursuant to N.J.A.C. 8:36-7.1(a) and the applicable sections of N.J.A.C. 8:36-7.2 through 7.5.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00173126, NJ 00172816, NJ 00177371</p> <p>Based on interview and record review it was determined that the facility failed to ensure annual Physician certification to show that the residents care needs could continue to be met at the facility for 4 of 4 residents reviewed, Resident #1, Resident #2, Resident #3, and Resident #4 as evidenced by the following:</p> <p>On 10/22/24 at 11:40 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that the resident moved into the facility in NJ Ex Order 26.4b1 with diagnoses that included NJ Ex Order 26.4b1. During review of the MR, the surveyor observed that the resident's last annual History and Physical (H&P) was dated NJ Ex Order 26.4b1, however, there was no Physician certification identified in the MR.</p> <p>At 12:00 p.m., the surveyor reviewed Resident #2's MR which revealed that the resident moved into the facility in NJ Ex Order 26.4b1 with diagnoses that included NJ Ex Order 26.4b1. In addition, the</p>	A1561		

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A1561	<p>Continued From page 4</p> <p>surveyor observed that the residents last annual H&P was [redacted] with no physician certification.</p> <p>At 12:30 p.m., the surveyor reviewed Resident #3's MR which revealed that the resident moved into the facility in [redacted] with diagnoses that included [redacted]. Further review of the MR revealed that the residents last H&P was [redacted] with a physician certification dated [redacted].</p> <p>At 1:55 a.m., the surveyor interviewed the Director of Nursing (DON) regarding the resident physician certifications. The DON stated that she previously notified the residents physicians to document resident certifications in the MR during annual H&P.</p> <p>On 10/23/24 at 10:30 a.m., the surveyor reviewed the MR of Resident #4 which revealed that the resident moved into the facility in [redacted] with diagnoses that included [redacted]. The surveyor observed in the MR that the residents last annual H&P was [redacted] with no physician certification.</p> <p>At 2:15 p.m., the surveyor notified the Executive Director that the residents physician certifications were not in the MR with the annual H&P. The ED stated that she was not aware that the annual physician certifications were not updated in the resident MR.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Admission and Retention of Residents" that revealed "...The physician will certify that the resident does not have needs which will exceed the level of care provided in the ...facility. ..."</p> <p>Reference: N.J.A.C. 8:36-7.5(e)</p>	A1561		

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A1567	<p>8:36-23.12(c) Assisted Living Programs</p> <p>(c) The assisted living program shall comply with N.J.A.C. 8:36-10.4(a)1 and 2, 10.5(c)10 and 12, and 10.6.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00173126, NJ 00172816, NJ 00177371</p> <p>Based on interview and review of facility policy and procedures it was determined that the facility failed to provide the services of a Registered Dietician to assess the nutrition needs of residents as evidenced by the following:</p> <p>On 10/22/24 at 10:10 a.m., the surveyor requested a dietician signed menu from the Food Service Director (FSD) for review. The FSD stated that the facility did not have a Dietician, however, the surveyor was provided with a copy of the unsigned menu for review.</p> <p>At 10:35 a.m., the surveyor interviewed the Executive Director (ED) regarding the facility Dietician. The ED stated that the facility does not have a Registered Dietician. In addition, the ED was unable to provide any contracts with a consultant Dietician.</p> <p>At 11:33 a.m., the surveyor interviewed the Director of Nursing regarding resident nutrition assessments. The DON stated that the facility does not have a Dietician. In addition, the DON stated that if there were any issues with a resident's nutrition it was addressed by the residents Physician.</p>	A1567		

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A1567	<p>Continued From page 6</p> <p>The surveyor reviewed the facility policy and procedure titled, "Nutritional Services" which revealed that "...Registered dieticians are available on regularly scheduled visits to supply clinical nutritional support for the residents and to assist the Director of Dinning Services with any relevant concerns."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Cycled Menus" which revealed "Cycle Menus are developed and then reviewed, approved, and signed by a registered dietician. ..."</p> <p>Reference: N.J.A.C. 8:36-10.4(a)(1)</p>	A1567		
A1577	<p>8:36-23.12(f)(3) Assisted Living Programs</p> <p>(f) The assisted living program shall ensure that meals are planned, prepared and served in accordance with, but not limited to, the following:</p> <p>3. Diets served shall be consistent with the diet manual, the dietitian's instructions, if applicable, and, if necessary for special diets, shall be served in accordance with physicians' orders.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00173126, NJ 00172816, NJ 00177371</p> <p>Based on interview and record review it was determined that the facility failed to ensure that a resident diet record was available for Cooks to reference when meals were prepared for</p>	A1577		

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A1577	<p>Continued From page 7</p> <p>residents, for 2 of 4 residents reviewed for [REDACTED], Resident #1, and Resident #2, as evidenced by the following:</p> <p>On 10/22/24 at 11:40 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that the resident moved in to the facility in [REDACTED] with diagnoses that included [REDACTED]. According to the residents "Physician Orders" dated [REDACTED], the resident was ordered a [REDACTED].</p> <p>At 12:00 p.m., the surveyor reviewed Resident #2's MR which revealed that the resident moved into the facility in [REDACTED] with diagnoses that included [REDACTED]. In addition, the surveyor reviewed the resident "Physician Orders" dated [REDACTED] which revealed that the resident was ordered [REDACTED].</p> <p>At 2:04 p.m., the surveyor toured the facility kitchen and observed that there were no diets posted in the meal prep area. During tour of the kitchen, the surveyor interviewed Cook #1 regarding how cooks were aware of what meals to prepare for residents. Cook #1 stated that the Food Service Director (FSD) showed him a list of the resident diets but he was unable to locate the list. In addition, Cook #1 stated that the FSD left for the day and was not available for surveyor interview.</p> <p>On 10/23/24 at 11:10 a.m., the surveyor interviewed Cook #2 regarding resident diets for meal preparation. Cook #2 stated that the FSD would show him a resident diet list but he did not know where the list was for surveyor review.</p> <p>At 2:06 p.m., the surveyor interviewed the FSD over the phone regarding the resident diet list for</p>	A1577		
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A1577	<p>Continued From page 8</p> <p>meal preparation. The FSD stated that he never received a resident diet list, but the nurse would make him aware of any special diets or changes to a resident's diet.</p> <p>At 2:10 p.m., the surveyor interviewed the Director of Nursing (DON) regarding the kitchen staff having a record of resident diets. The DON stated that the FSD was provided with a list of resident diets and was updated with any diet changes.</p> <p>At 2:15 p.m., the surveyor interviewed the Executive Director (ED) regarding no record of resident diets available in the kitchen for meal preparation. The ED stated that the FSD was provided with a copy of the resident diets and was updated by nursing if there were changes.</p> <p>The surveyor reviewed the facility policy and procedure titled "Nutritional Services" which revealed "...The Assisted Living facility shall provide dining services to meet the daily nutritional needs of residents within the ...facility. ..."</p>	A1577		
A1599	<p>8:36-23.14(a) Assisted Living Programs</p> <p>(a) A planned, diversified program of activities shall be posted and offered daily for residents, including individual and/or group activities, on-site or off-site to meet the service needs of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00173126, NJ 00172816, NJ 00177371</p>	A1599		

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A1599	<p>Continued From page 9</p> <p>Based on interview and review of facility documents, it was determined that the facility failed to develop and implement an activity program to meet the needs of the residents as evidenced by the following:</p> <p>On 10/22/24 at 9:25 a.m., the surveyor requested the Activity Calendars for the months of March 2024 through October 2024 from the Director of Therapeutic Services (DTS). The DTS stated that there were no activity calendars for the requested months except for October 2024.</p> <p>At 10:10 a.m., the surveyor reviewed the "Resident Council Minutes (RCM)" dated 6/14/24 that revealed under "Programing/Activities: NONE director is on light duty..." The DST documented on the RCM that she had been doing word games and a few other activities in the lobby. In addition, the surveyor reviewed the RCM for July 2024 that revealed there were no documented activities due to DST NJ Ex Order 26.4b1.</p> <p>At 12:30 p.m., the surveyor interviewed the DTS regarding resident activities. The DTS stated that she was NJ Ex Order 26.4b1. In addition, the DTS stated that when she returned to work, she was NJ Ex Order 26.4b1 and was functioning as the receptionist. The DTS explained that she would have word game activities in the lobby at times with the residents but did not start a planned activity program calendar until October 2024.</p> <p>On 10/23/24 at 2:15 p.m., the surveyor interviewed the Executive Director (ED) regarding resident activity calendars and activity program. The ED stated that the care staff assisted with activities. The ED was not aware that the activity calendars were not completed.</p>	A1599		
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A1599	<p>Continued From page 10</p> <p>During surveyor tour of the facility on 10/22/24 and 10/23/24, there was no activity program calendar posting identified in the facility for residents view.</p> <p>The surveyor reviewed the facility's Policy and Procedure, titled, "Activities," that revealed "...The Administrator will assure that a planned, diversified ...activities shall be posted and offered daily for residents, including individual and/or group activities, on-site or off-site, to meet the service needs of residents. ..."</p>	A1599		



10/23/2024-J6TDGC

1. A1505

A) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- The Facility has available regular and diabetic snacks for the residents daily.
- The snacks are kept at the wellness center to prevent residents from eating what they were not allowed to per their diet orders.
- Residents were made aware of the snack's location. The Kitchen or Nursing staff administer snacks and beverages upon resident's request.

B) How the facility will identify other residents having the potential to be affected by the same deficient practice.

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

C) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- R#1 R#2 R#3 R#4 snacks are made available in the Facility daily to the residents.
- The snacks are kept in the wellness center. The Kitchen or Nursing staff administer snacks and beverages upon resident's request since 4/10/2024 for the health benefit for those residents who are on NJ Ex Order 26.4b1

D) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Food Service Director will continue providing Residents with snacks according to Diet needs daily.
- Food Service Director will ensure Diabetic snacks available.
- Food Service Director will check snacks supplies weekly making sure we have enough supplies for the residents per Diet Orders to ensure daily serving of snacks.

Completion Date: 11/20/2024

*Rec'd 10/21/24
accepted
M*



2. A1561

A) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- The Physician certified the resident Level of Care upon admission and reviewed annually to determine any changes.
- Physician certification was done on R#1 R#2 R#3 R#4 on NJ Ex Order 26.4b1
- If any change is suspected, a nursing evaluation shall be conducted to determine whether the Assisted Living facility can provide an appropriate level of services to the resident.

B) How the facility will identify other residents having the potential to be affected by the same deficient practice.

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

C) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- R#1 R#2 R#3 R#4 and All residents receive the care they request and require based on the values of Assisted Living I.E., enabling choice, encouraging independence, promoting dignity, and providing a home-like environment.
- Physician updated and certified R#1 R#2 R#3 R#4 and all residents History and Physical upon his next visit and after each annual review.

D) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Physician will ensure that he certified the resident's history and physical in the Medical Record.
- Director of Nursing will audit residents' charts and ensure residents H&P are certified by Physician.
- Audits will be reviewed at Monthly QAPI to immediately with any concerns corrected immediately and to determine if audits need to continue.

Completion Date: 11/20/2024

*accepted
11/20/24*



3. A1567

A) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- The facility makes available meal preparation to meet the daily nutritional needs of the residents.
- The diets served is consistent with the diet manual and special diets are served accordingly with Physicians' orders.
- The facility appointed A Food Service Director who is Certified Dietary Manager and Food Protection Professional one of his key achievements defined competencies in Nutrition and Foodservice areas.
- All Residents assessed by Physician found no diet concerns. If Physician concerns of any resident nutritional needs, Physician will refer resident to a Dietician or Nutritionist.

B) How the facility will identify other residents having the potential to be affected by the same deficient practice.

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

C) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- The Food Service Director manages menu creation in accordance with Facility Physicians' orders.
- The Food Service Director uses established dietary guidelines and regulations to ensure the residents meals meet nutritional needs, especially for individuals with special dietary requirements.
- Registered Nurse will monitor weight and report to the Physician who will then determine if residents need to refer to a Dietician.

D) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- + The Food Service Director will continue managing menu creation in accordance with Facility Physicians' orders.
- The Food Service Director will continue to use established dietary guidelines and regulations to ensure the residents meals meet nutritional needs, especially for individuals with special dietary requirements
- RN/Designee will continue monitor residents monthly or as needed and consult Physician if there are any changes to residents' weights.

Completion Date: 11/20/2024

*Accepted
11/20/24
DJ*



4. A1577

A) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- The facility makes available meal preparation to meet the daily nutritional needs of the residents.
- The diets served is consistent with the diet manual and special diets are served accordingly with Physicians' orders.
- The facility appointed A Food Service Director who is Certified Dietary Manager and Food Protection Professional one of his key achievements defined competencies in Nutrition and Foodservice areas.
- FSD was provided with a list of resident diets and was updated with any regular or special diet changes and the cooks were educated on the diet list on 10/24/2024.
- List of Residents diets is kept in the dining room.

B) How the facility will identify other residents having the potential to be affected by the same deficient practice.

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

C) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- The Food Service Director will continue managing menu creation in accordance with Facility Physicians' orders.
- The Food Service Director will continue using the established dietary guidelines and regulations to ensure the residents meals meet nutritional needs, especially for individuals with special dietary requirements.
- Food service Director will post the residents diets (regular or special) in the food prep area and ensure it's available for the cooks daily.

D) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Food Service Director will ensure the residents' Diets list posted in the food prep area and made available daily to the cook.
- Food Service director will in-service kitchen staff on residents' Diets list and location area with the changes in according to Physician order in coordination with the Director of Nursing.

Completion Date: 11/20/2024

Accepted
12/12/24
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5. A1599

A) How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Diversified program of activities is offered daily for residents, including individual and/or group activities on-site to meet the service needs of residents.
- The Aides engages 1:1 with the residents often performing hand massage, playing a game, taking a walk outside, looking at a book or doing a puzzle.

B) How the facility will identify other residents having the potential to be affected by the same deficient practice.

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

C) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- Administrator will ensure Activity Director completed and posted Activities Calendar in common areas for the residents.
- Administrator will ensure participating in activities and have a sign-in sheet for participants.
- Administrator ensures of activities for late afternoon for the residents 10/23/2024.

D) How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- Activity Director reviewed and planned event calendar for October, November, December 2024. Monthly Activity Calendar posted in residents' common areas.
- Administrator will ensure Activity Director completed and posted Activities Calendar in common areas for the residents.
- Administrator/designee will implement a monthly QAPI meeting to ensure that a systemic change has been made.

Completion Date: 11/20/2024

Accepted
11/21/24


STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 10A101	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/23/2024	Y3
NAME OF FACILITY CLARE ESTATE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSWICKS STREET BORDENTOWN, NJ 08505		

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 <u>A1505</u>	Correction	ID Prefix <u>A1561</u>	Correction	ID Prefix <u>A1567</u>	Correction
Reg. # <u>8:36-23.3(a)</u>	Completed	Reg. # <u>8:36-23.11(a)</u>	Completed	Reg. # <u>8:36-23.12(c)</u>	Completed
LSC _____	<u>11/20/2024</u>	LSC _____	<u>11/20/2024</u>	LSC _____	<u>11/20/2024</u>
ID Prefix <u>A1577</u>	Correction	ID Prefix <u>A1599</u>	Correction	ID Prefix _____	Correction
Reg. # <u>8:36-23.12(f)(3)</u>	Completed	Reg. # <u>8:36-23.14(a)</u>	Completed	Reg. # _____	Completed
LSC _____	<u>11/20/2024</u>	LSC _____	<u>11/20/2024</u>	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 10/23/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		