

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/27/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WOODBURY LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>752 COOPER STREET</b> <b>WOODBURY, NJ 08096</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT#: NJ00172272, NJ00175250</p> <p>CENSUS: 65</p> <p>SAMPLE SIZE: 3</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) Administration</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

10/31/24

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00175250</p> <p>Based on interview and record review, it was determined that the facility failed to implement and enforce their policy titled, "Medication Error (BV)" to ensure that the facility residents received medications in accordance with physician orders without incident, error, or adverse effects for 1 of 3 residents reviewed for medication errors, Resident #2 for which an Imminent Danger (ID) was identified. In addition, the facility failed to implement and enforce their policy titled, "Preventive Maintenance" when the community elevator was scheduled for an outage. These deficient practices were evidenced by the following:</p> <p>1. On 8/1/2024 at 9:23 a.m., while conducting a complaint survey, the surveyor interviewed the facility's Licensed Practical Nurse (LPN) who stated that before June 5th 2024, the facility utilized a different Electronic Medical Record (EMR) system in which electronic physician orders were transcribed into the facility's electronic Medication Administration Record (eMAR) by the pharmacy and verified by the facility's nursing staff utilizing the pharmacy's confirmation sheet of the electronic order. The LPN stated that there was no way to review or verify the original electronic physician order sent directly to the pharmacy. This ID was reported to the Licensed Assisted Living Administrator on 8/1/2024 at 11:00 a.m. that included information about the above issues.</p>	A 310		



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A 310	<p>Continued From page 3</p> <p>procedure on verifying the accuracy of electronic orders.</p> <p>At 2:07 p.m., the surveyor reviewed of the MARs for Resident #2 which revealed that Resident #2 <b>NJ ex order 26.4b1</b> from <b>NJ ex order 26.4b1</b> through <b>NJ ex order 26.4b1</b>.</p> <p>At 3:10 p.m., the surveyor interviewed the facility's HSD who stated the original order for <b>NJ ex order 26.4b1</b> and transcribed as an <b>NJ ex order 26.4b1</b>". During continued surveyor interview, the facility's HSD stated that on <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> give <b>NJ ex order 26.4b1</b> " but was transcribed on to the electronic MAR by the pharmacy as a standing daily order. The HSD also stated on <b>NJ ex order 26.4b1</b>, the facility's Wellness Nurse spoke with Resident #2's <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> but the instructions were never received. During continued surveyor interview the HSD stated that on <b>NJ ex order 26.4b1</b> the Wellness Nurse sent a fax to the facility's <b>NJ ex order 26.4b1</b> but that <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. The HSD also stated that on <b>NJ ex order 26.4b1</b> the Wellness Nurse reached out to the pharmacy an additional time to resolve the <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. The HSD stated that the <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> The HSD that she did not reach out to the pharmacy until the time of the survey. The HSD also stated that the facility needed a better system in place to ensure medications are transcribed and administered as ordered. The HSD stated that she did not develop and implement an Action Plan to prevent further</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>incidents as per the facility's policy.</p> <p>Surveyor review of the facility policy and procedure titled, "Medication Error", revealed, "Policy: - to ensure that each resident receives his/her medications without incident or error, according to physician orders ...." "Procedure: ... 2. A Medication Incident Report is initiated immediately by the associate who discovers the error or incident. 3. A Medication Incident Report must be completed when: ... c. A resident does not receive medication as ordered ... k. An error is discovered regarding transcription of medication orders ... 8. If the health Services Director or designee discovers an error or incident that was not reported by the associates, he/she will initiate the Incident Report and investigate the error or incident. 10. The Health Service Director will develop and implement an Action Plan to prevent further incidents. This action plan will include more frequent Med Pass observations. 14. All incident reports will be kept in a locked cabinet in the Executive Director's office and stored for the time period designated by the state regulator body."</p> <p>On 8/27/2024, the surveyor completed a revisit survey and verified that the Removal Plan was implemented that included staff re-education on the Medication policies, clarifying prescriber's orders with the pharmacy and the physician, monitoring of residents for side effects, and notifying the physician immediately of the side effects.</p>	A 310		

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A 310	<p>Continued From page 5</p> <p>2. On 3/20/24 at 8:00 a.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJ DOH. The report included a document titled, "Type of Incident: Interruption of Service" that revealed on 3/20/24, the community elevator had a planned outage at 8:00 a.m. to allow for elevator upgrades and all departments, residents, families, the Fire Marshal and the Emergency Medical Services (EMS) were notified with outage plans in place. The planned 6-day outage was from 3/20/24 to 3/27/24.</p> <p>On 8/1/24 at 2:55 p.m., when the surveyor asked the Maintenance Director asked if there was a log or notebook kept for elevator services and showed him the policy, he stated that he did not use a preventive maintenance notebook as mentioned in the policy because the elevator is not a work order, but a contracted service.</p> <p>A surveyor review of a 12/18/24 policy titled, "Preventive Maintenance" revealed "Policy: A preventative maintenance program will be followed to manage the longevity of all capital equipment and to assure the efficient and effective plant operations and systems ... Procedure: Preventive Maintenance (PM) is the scheduled periodic inspection, maintenance, and/or repair of any building structure, equipment, or mechanical system. A PM program is an essential part of any successful maintenance department and is directly related to the longevity, dependability, and safety of buildings and equipment. PM reduces equipment down-time and repair costs. The following are requirements of the PM plan: 1. An inventory of all building, equipment, and mechanical systems which require inspection and/or maintenance. 2. A</p>	A 310		

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A 310	Continued From page 6  system for documenting service, repairs, and completion dates ... 5. Complete documentation of all services and repairs. Compile all inspection results and all repairs in your Preventive Maintenance Notebook."	A 310		
A 563	8:36-5.10(a)(2) 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:  2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;  This REQUIREMENT is not met as evidenced by: Complaint#: NJ00172272 Based on observation, interview, and record review, it was determined that the facility failed to notify the New Jersey Department of Health	A 563		

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A 563	<p>Continued From page 7</p> <p>(NJDOH) and confirm the date that the planned community elevator interruption of service was back in service. This deficient practice was evidenced by the following:</p> <p>On 3/20/24 at 8:00 a.m., the NJDOH received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJ DOH. The report included a document titled, "Type of Incident: Interruption of Service" that revealed on 3/20/24, the community elevator had a planned outage at 8:00 a.m. to allow for elevator upgrades and all departments, residents, families the Fire Marshal and Emergency Medical Services (EMS) notified with outage plans in place. The planned 6-day outage was from 3/20/24 to 3/27/24.</p> <p>On 8/1/24 at 9:23 a.m., the surveyor requested the FRE from the Director of Maintenance (DOM), who stated that he needed to follow up with the Administrator, who is off today, and he would also look for it.</p> <p>At 9:40 a.m., the surveyor interviewed the Health Service Director/Registered Nurse (HSD/RN), when asked about the elevator, she stated that there is only one elevator, and it was a planned outage for maintenance and upgrades. She continued to say, families, residents and EMS were notified. The Surveyor requested the FRE from her.</p> <p>At 9:50 a.m., the surveyor interviewed the DOM about the elevator outage, he stated that the outage was planned from Wednesday, 3/20/24 8 a.m. to Thursday, 3/28/24 at 12 p.m. The DOM said that the facility made accommodations, rearranged assignments, arranged hot meal services in the 2nd floor dining room and planned</p>	A 563		

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A 563	<p>Continued From page 8</p> <p>activities. The county EMS was notified of the outage.</p> <p>At 10:20 a.m., the surveyor interviewed a caregiver, who stated that she was informed by the nursing supervisor and the DOM in advance of the planned elevator outage and it lasted about a week with no issues.</p> <p>At 11:03 a.m., the surveyor requested the FRE a 3rd time and the HSD/RN stated that the Administrator is the only one who has the FRE, not the DOM and she is looking for it. She continued to say that the corporate office set up the contractors to repair the elevator because the elevator was a planned event.</p> <p>At 11:41 a.m., the surveyor, in the presence of the DOM, observed the elevator inspection posted in the Elevator Machine Room, located next to the elevator, with an approval date, 3/28/24. The surveyor requested notification documentation to the Fire Marshal and the township about the planned event and what date the elevator service resumed, the DOM stated that he will look.</p> <p>At 12:04 p.m., the surveyor interviewed the DOM, who stated that he did not have any documentation that he notified anyone that the elevator was back in service. He only provided an email that was sent to the township Fire Marshal notifying him of the planned outage.</p> <p>The surveyor reviewed the email dated 3/20/24 at 8:52 a.m. to the Fire Marshal that stated the elevator is out of service until Tuesday, 3/26/24 and to remind dispatch of no elevator. There was a 2nd email response from the Fire Marshal confirming receipt of the information on 3/20/24 at</p>	A 563		

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A 563	<p>Continued From page 9</p> <p>8:56 a.m.</p> <p>At 1:05p.m., when the surveyor asked the DOM why was the out of service end date, 3/26/24 and not 3/28/24, the DOM stated that there was a delay in service and he called the Fire Marshal to inform him, but he deleted his phone messages from March so there was no record. He continued to say that he did not educate anyone, if a resident was non-ambulatory, staff would call an ambulance.</p> <p>At 1:56 p.m., the surveyor called the Fire Marshal and left a message for a return call about the elevator outage on 3/20/24.</p> <p>At 2:00 p.m., the surveyor interviewed the HSD/RN, who stated that all the department heads met about the elevator outage and what would happen if an emergency occurred. The department heads informed their staff. The Administrator emailed residents and families about the planned outage.</p> <p>The Surveyor reviewed the email dated 3/14/24 sent to the residents and families as notification of the upcoming planned elevator outage from Wednesday, 3/20/24 through Tuesday, 3/26/24 with plans in place.</p> <p>At 2:10 p.m., the surveyor interviewed the Dining Service Director (DSD), who stated that he was informed in advance of the elevator outage by the Administrator.</p> <p>At 2:34 p.m., the surveyor reviewed the Resident Council Minutes dated 3/28/24 that revealed the elevator service was completed.</p> <p>On 8/2/24 at 4:12 p.m., the surveyor called the</p>	A 563		

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A 563	Continued From page 10  facility corporate office about the elevator outage.  At the time of survey, the Fire Marshal and the Corporate Office were not available for interview.  At the time of survey, no documented evidence was provided to confirm that the NJDOH was notified of the date that the planned elevator interruption was back in service.	A 563		
A 763	8:36-7.4(b) Resident Assessments and Care Plans  (b) A registered professional nurse shall be responsible for developing nursing practice policies and procedures and the coordination of all health care services required in the resident's health service plan.  This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00175250  Based on interview, and record review, it was determined that the Director of Nursing (DON) failed to coordinate health care services for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:  On 8/1/2024 at 11:45 a.m., while conducting a complaint survey, the surveyor reviewed a document from Resident #2's Medical Record (MR) titled, "Progress Notes" which revealed a note dated <b>NJ ex order 26.4b1</b> , and timed 4:23 p.m., written by the facility's Licensed Practical Nurse (LPN). The Progress Notes (PN) revealed that Resident #2's <b>NJ ex order 26.4b1</b>	A 763		

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A 763	<p>Continued From page 11</p> <p><b>NJ ex order 26.4b1</b></p> <p>At that time, at 11:45 a.m., the surveyor interviewed the facility's Health Service Director (HSD) who stated that Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>The HSD also stated that Resident #2's <b>NJ ex order 26.4b1</b>.</p> <p>During continued surveyor interview, the HSD stated that the <b>NJ Ex Order 26.4b1</b> ordered one medication for <b>NJ Ex Order 26.4b1</b>, but due to the original medication not being effective, the resident returned to the <b>NJ Ex Order 26.4b1</b> and another <b>NJ Ex Order 26.4b1</b>. The HSD stated that the facility utilized a document titled, "DOCTOR'S COMMUNICATION SHEET (DST)" to communicate with outside physicians to coordinate care. The HSD stated residents take the form to the outside physician appointment and should return it to the facility's nursing staff upon their return.</p> <p>During continued surveyor's interview with the HSD, the HSD stated that she was unable to provide the surveyor with Resident #2's DST from the resident's second visit to the <b>NJ Ex Order 26.4b1</b> in which another medication was ordered for the <b>NJ Ex Order 26.4b1</b>. The HSD also stated that at times the DST is not returned upon residents return to the facility. The HSD stated that the facility did not have another form of communication or procedure in place to ensure coordination of care when a resident does not return the DST upon return from an outside physician's appointment. In addition, the HSD stated that facility staff were informed by the</p>	A 763		
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A 763	<p>Continued From page 12</p> <p>resident <sup>NJ Ex Order 26.4b1</sup> that the resident was receiving <b>NJ Ex Order 26.4b1</b>.</p> <p>At 3:10 p.m., during surveyor's further review of Resident #2's MR, the surveyor noted a document titled, "Resident Face Sheet" which revealed Resident #2 move in to the facility in <sup>NJ ex order 26.4b</sup>, with diagnoses that <b>NJ ex order 26.4b1</b>.</p> <p>The MR also included the resident's Medication Administration Record (MAR) for the month of <sup>NJ ex order 26.4b1</sup> which indicated that Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor review of the MAR for <sup>NJ ex order 26.4b1</sup> revealed that Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>Further review of the resident's MAR revealed that Resident #2 <b>NJ ex order 26.4b1</b>, from <b>NJ ex order 26.4b1</b>. Further review of Resident #2's MR also revealed a document dated <sup>NJ ex order 26.4b1</sup>, sent to the facility's pharmacy from the Resident #2's <b>NJ ex order 26.4b1</b>. The resident's MR, however, did not reveal documentation and confirm adverse symptoms related to Resident #2 <b>NJ ex order 26.4b1</b>.</p>	A 763		
A1051	<p>8:36-15.2 Resident Records</p> <p>The records required by this subchapter shall be maintained for all residents and shall be kept</p>	A1051		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/27/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WOODBURY LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>752 COOPER STREET</b> <b>WOODBURY, NJ 08096</b>
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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
A1051	<p>Continued From page 13</p> <p>available on the premises for review at any time by representatives of the Department.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00172272, NJ00175250</p> <p>Based on interview and record review, it was determined that the facility failed to ensure requested facility documentation records were available for review to the surveyors/representatives of the New Jersey Department of Health for 3 of 3 residents reviewed, Resident #'s 1, 2 &amp; 3 and failed to provide a copy of the Facility Reportable Event (FRE). This deficient practice was evidenced by the following:</p> <p>On 3/20/24 at 8:00 a.m., the NJDOH received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJ DOH. The report included a document titled, "Type of Incident: Interruption of Service" that revealed on 3/20/24, the community elevator had a planned outage at 8:00 a.m. to allow for elevator upgrades and all departments, residents, families the Fire Marshal and Emergency Medical Services (EMS) notified with outage plans in place. The planned 6-day outage was from 3/20/24 to 3/27/24.</p> <p>On 8/1/24 at 9:23 a.m., the surveyor requested the FRE from the Director of Maintenance (DOM), who stated that he needed to follow up with the Administrator, who is off today, and he would also look for it.</p> <p>On 8/1/24 at 9:40 a.m., during the entrance</p>	A1051		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/27/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTVIEW WOODBURY LAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>752 COOPER STREET</b> <b>WOODBURY, NJ 08096</b>
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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
A1051	<p>Continued From page 14</p> <p>conference, the surveyor requested full access to the facility's Electronic Medical Record (EMR). At that time, the facility's Health Services Director/Registered Nurse (HSD/RN) stated that she would be able to provide the surveyor with full access to the EMR. During the same interview, when asked about the elevator, the HSD/RN stated that there is only one elevator, and it was a planned outage for maintenance and upgrades. She continued to say, families, residents and EMS were notified. The Surveyor requested the FRE from her.</p> <p>At 10:32 a.m., the surveyor requested full access to the EMR for the second time.</p> <p>At 11:03 a.m., the HSD/RN stated that in June 2024, the facility switched EMR systems and that the past EMRs were not available. She stated that she contacted the Administrator for a generic login, but that it was never received. In the same interview, the surveyor requested the FRE a 3rd time and the HSD/RN stated that the Administrator is the only one who has the FRE, not the DOM and she is looking for it.</p> <p>At 11:45 a.m., the surveyor again requested full access to the EMRs the 3rd time. The HSD/RN stated that she obtained an access login, but confirmed that it did not work, so the surveyor was not able to receive full access to the EMR.</p> <p>The surveyors were provided paper copies of documents from the EMRs, but not granted full access to the complete EMR for Resident #'s 1, 2, and 3. The surveyors were not provided a copy of the FRE that the report was completed.</p>	A1051		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 30830	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/20/2025
NAME OF FACILITY BRIGHTVIEW WOODBURY LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 752 COOPER STREET WOODBURY, NJ 08096

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 A0563	Correction	ID Prefix A0763	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.10(a)(2)	Completed	Reg. # 8:36-7.4(b)	Completed
LSC	10/25/2024	LSC	10/25/2024	LSC	10/25/2024
ID Prefix A1051	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.2	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/06/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 8/27/2024			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		