

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/22/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2024
NAME OF PROVIDER OR SUPPLIER CAREONE AT ORADELL			STREET ADDRESS, CITY, STATE, ZIP CODE 600 KINDERKAMACK ROAD ORADELL, NJ 07649		
(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
F 000	INITIAL COMMENTS Complaint #: NJ00178451, NJ00173120 Census: 106 Sample: 4 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.	F 000			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F 755			12/30/24

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

TITLE

(X6) DATE

Electronically Signed

12/30/2024

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 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.

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F 755	<p>Continued From page 1</p> <p>receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00178451</p> <p>Based on interviews, records review, and review of pertinent facility documents on 11/22/2024 and 11/25/2024, it was determined that the facility failed to ensure and provide the correct medication for a resident (Resident #1) according to the Physician's Order when the facility's providing pharmacy sent a different medication to the facility.</p> <p>This deficient practice was observed in 1 of 4 residents reviewed for medications and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses which included but was not limited to NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1)</p> <p>According to the Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated NJ Ex Order 26.4(b)(1), Resident #1 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) indicating the Resident's cognition was NJ Ex Order 26.4(b)(1). The MDS furthermore revealed in Section NJ Ex Order 26.4(b)(1) and Goals that</p>	F 755	<p>F755</p> <p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Medication orders for Resident#1 were reconciled by the Unit Manager.</p> <p>The capsules NJ Ex Order 26.4(b)(1) were immediately removed from the medication cart by the Unit Manager and returned to the pharmacy.</p> <p>The pharmacy was immediately contacted by the Director of Nursing and the order for NJ Ex Order 26.4(b)(1) was processed and delivered to the facility.</p> <p>Resident #1 NJ Ex Order 26.4(b)(1) at the facility.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected.</p>		

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F 755	<p>Continued From page 2</p> <p>Resident #1 was NJ Exec Order 26.4b1 on staff for the NJ Exec Order 26.4b1 of her/his NJ Ex Order 26.4(b)(1)</p> <p>According to the facility's document titled, "Investigation, Summary, and Conclusion (ISC) for Reportable Event 06/12/24", ... On 06/12/24, the RN [Registered Nurse] unit manager conducted a medication review and observed the medication Anagrelide 1 mg [anti-cancer medication] in the medication cart for [Resident #1's name]. Anagrelide 1 mg was administered approximately 8 times from February 10, 2024, through June 12, 2024. The resident representative and attending physician were notified. The APN [nurse practitioner] examined [Resident's name] on 6/12/24, and the MD [physician] examined [Resident] on 6/13/24 with no untoward findings ... The unit manager, upon finding the discrepancy, immediately notified the pharmacy, as well as the NP [nurse practitioner] and the attending physician ... After a thorough investigation, including review of the medical record, and staff statements and pharmacy audit, it has been concluded the Anagrelide 1 mg was inadvertently sent to the facility by the pharmacy, and nursing administered the capsule in the place of the medication Anastrozole ..."</p> <p>A review of Resident #1's Order Summary Report (OSR) dated NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) showed the following physician order: NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(1) with Order Date of NJ Ex Order 26.4(b)(1). Resident #1's OSR revealed no indications of a physician's order of NJ Ex Order 26.4(b)(1)</p> <p>A review of Resident #1's Medication</p>	F 755	<p>3. What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>On 6/13/24 The Pharmacy consultant conducted a Medication Administration Record (MAR) to medication cart audit for all residents in the facility. There were no untoward findings.</p> <p>On 6/12/24 and 6/13/24 the Director of Nursing provided in-service education to all nurses on the process for verifying medication received from the pharmacy against the physician's orders to ensure accuracy in the labeling of the medication received. Two nurses will verify all medications delivered by the pharmacy.</p> <p>The Director of Nursing conducted education on medication administration with all nurses on 6/20/24.</p> <p>On 6/12/24 The pharmacy implemented a process to "double check data entry by coding technician; double check initial pharmacist review by the reviewing pharmacist; order entry must type the 1st 6 letters of the drug and the full strength in the drug search field to ensure the correct medication is picked."</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what Quality Assurance program will be put into place to monitor the continued effectiveness of the</p>		

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F 755	<p>Continued From page 3</p> <p>Administration Record (MARs) dated [redacted] to [redacted] showed a medication order entry of [redacted] Give [redacted] 1 tablet by mouth one time a day for [redacted] with Start Date of [redacted] 0900 [morning]. The MARs mentioned above further revealed [redacted] Oral Tablet [redacted] was checked and initialed [administered] by nursing staff for the months of [redacted], [redacted], and [redacted]. There were no indications or medication entries of [redacted] 1 mg in the MARs mentioned above.</p> <p>On 11/22/2024 at 1:31 p.m. [afternoon], in an interview, Registered Nurse #1 stated he found the medication [redacted] in the bingo card and reported it to the previous [redacted] US FOIA (b) (6). He further stated the medications were round, white tablets in a bingo card (BC) and could not affirm the number of tablets remaining in the card to the Surveyor. He stated he looked at the name of the Resident on the card and told the Surveyor there were no other residents with the medication [redacted] at that time.</p> <p>A review of the document titled "Pharmacy Occurrence Report" (POR) submitted by the providing pharmacy [redacted] to the facility with date reported of [redacted], under "Description of Occurrence" [redacted] tab entered incorrectly on [redacted] as [redacted] ...; Corrective Action taken: pharmacy issued a pick up for RX[number] [redacted]; pharmacy processed and shipped the correct medication [redacted] education was provided to the staff involved in the error; Measures Taken to Prevent Reoccurrence: double check data entry by coding technician; double check initial pharmacist review by the</p>	F 755	<p>systemic change.</p> <p>The Director of Nursing or designee will conduct medication administration audits with three nurses weekly, with focus on medication orders and medications packaged by pharmacy in the medication cart.</p> <p>Audits will be conducted weekly x 4 weeks, then monthly x 3 months, then quarterly x 3 quarters.</p> <p>The results of the audits will be provided monthly x 3 months, then quarterly x 3 quarters to the facility's Administrator and Quality Assurance Performance Improvement(QAPI) Committee for review and comment.</p> <p>The QAPI committee meets on a monthly basis. The QAPI Committee will review and determine the need for further audits.</p>		

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F 755	<p>Continued From page 4</p> <p>verifying pharmacist; OE [order entry] must type the 1st 6 letters of the drug and the full strength in the drug search field to make sure correct medication is picked ...Root Cause Analysis [RCA]: Wrong medication and wrong strength was picked; RPH [registered pharmacist] failed to detect error; Resolution: double check data entry by coding technician; double check initial pharmacist review by the verifying pharmacist; order entry must type the 1st 6 letters of the drug and the full strength in the drug search field to make sure correct medication is picked ..."</p> <p>Further review of the ISC and the statements collected by ^{US FOIA (b) (6)} from the nurses indicated the medication ^{NJ Ex Order 26.4(b)(1)} was given and signed by the nurses, not the ^{NJ Ex Order 26.4(b)(1)} medication.</p> <p>On 11/25/2024 at 9:58 a.m. [morning], the Surveyor requested a copy of the ^{NJ Ex Order 26.4(b)(1)} medications receipts delivered from ^{NJ Ex Order 26.4(b)(1)} to ^{NJ Ex Order 26.4(b)(1)} for Resident #1 from the pharmacy. The ^{U.S. FOIA (b)(6)} provided the following documents:</p> <p>1. Long Term Care (LTC) Pharmacy Shipping Manifest (PSM), dated ^{NJ Ex Order 26.4(b)(1)} at 01:05 a.m. [morning] indicated ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)} RX: [number] QTY: ^{NJ Ex Order 26.4(b)(1)} ea [each] was delivered to Nursing Unit [name] for Resident #1 and signed by nurse [initials].</p> <p>2. LTC PSM, dated ^{NJ Ex Order 26.4(b)(1)} at 12:09 a.m. [morning], indicated ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)} RX: [number] QTY: ^{NJ Ex Order 26.4(b)(1)} ea [each] was delivered to Nursing Unit [name] for Resident #1 and signed by a nurse [initials].</p> <p>3. LTC PSM, dated ^{NJ Ex Order 26.4(b)(1)} at 1:26 p.m.</p>	F 755			

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F 755	<p>Continued From page 5</p> <p>[afternoon], indicated NJ Ex Order 26.4(b)(1) [REDACTED] RX: [number] QTY: [REDACTED] ea [each] was delivered to Nursing Unit [name] for Resident #1 and signed by a nurse [initials].</p> <p>On 11/25/2025 at 10:30 a.m. [morning], in an interview of the Surveyor with the [REDACTED] the [REDACTED] stated the pharmacy processed the wrong medication which was sent to the facility for Resident #1. When asked by the Surveyor regarding the receipts provided earlier showing nurses' initials, the [REDACTED] affirmed the nurses receiving the medications from the pharmacy should have reconciled or checked the medications against the residents' concurrent medication orders. She further stated the nurses overlooked the process.</p> <p>On 11/25/2024 at 10:44 a.m. [morning], in an interview with Resident #1's AP, AP stated, "I checked [REDACTED] [Resident #1] multiple times when I was informed, and there were [REDACTED] or NJ Ex Order 26.4(b)(1) on [Resident #1's name]."</p> <p>A review of the facility's policy on "MEDICATION ORDERING AND RECEIVING FROM PHARMACY," dated and effective February 2019 under Medication Packaging ... its Policy: Medications are provided in packaging to facilitate accurate administration and accountability of the medication ...; Medications Acquired or Brought to the Facility ...B. A licensed nurse: 1) Receives medications delivered to the facility, and documents delivery of the medication on the appropriate form. 2) Verifies medications received and directions for use with the original medication order. 3) Assures medications are incorporated into the Resident's specific allocation/storage area."</p>	F 755			

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F 755	Continued From page 6 N.J.A.C. 8:39-29.2 (b)	F 755			

New Jersey Department of Health

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on facility document review on 11/22/2024 and 11/25/2024, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 12 of 14 day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for	S 560	S560 1. What corrective action will be accomplished for those residents affected by the deficient practice? The facility leadership team met to identify staffing challenges and areas of improvement for licensed and certified staffing needs. The Staffing Coordinator was educated on N.J.S.A 30:13-18 (the Act) which established minimum staffing	12/30/24

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

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S 560	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>The surveyor requested staffing for the weeks of 11/03/2024 to 11/09/2024 and 11/10/2024 to 11/16/2024.</p> <p>The facility was deficient in CNA staffing for residents on 12 of 14 day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts as follows:</p> <ul style="list-style-type: none"> -11/03/24 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -11/03/24 had 5 CNAs to 12 total staff on the evening shift, required at least 6 CNAs. -11/05/24 had 10 CNAs for 102 residents on the day shift, required at least 13 CNAs. -11/06/24 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs. -11/07/24 had 8 CNAs for 102 residents on the 	S 560	<p>requirements in nursing homes in NJ.</p> <p>No residents were adversely affected by this practice.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Any resident has the potential to be affected.</p> <p>3. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>The facility offers an approved Certified Nursing Assistant course, for free, to CareOne employees who are interested in becoming a Certified Nursing Assistant in New Jersey.</p> <p>The facility has implemented a significant above market rate for nurses and certified nursing assistants.</p> <p>The facility has implemented an incentive program including sign-on bonuses for new hires, and referral bonuses for employees referring staff where appropriate.</p> <p>The facility continues to conduct ongoing job fairs, internally and externally with immediate interviews and contingency offers.</p> <p>The facility implemented an expedited onboarding process to new hires.</p>	

New Jersey Department of Health

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S 560	Continued From page 2 day shift, required at least 13 CNAs. -11/08/24 had 9 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/09/24 had 8 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/10/24 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/11/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/12/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/13/24 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -11/15/24 had 6 CNAs for 104 residents on the day shift, required at least 13 CNAs. -11/16/24 had 7 CNAs for 103 residents on the day shift, required at least 13 CNAs.	S 560	The facility will use agency staff as needed to meet staffing needs. 4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? The Director of Nursing and/or Designee will review facility census, admissions, resident acuity, staff call outs if any, and staffing needs to ensure the facility meets compliance with the minimum staffing requirements in NJ. The daily review will be on an on-going basis. The Director of Nursing or designee will report staffing ratios daily to the Administrator for review and follow up as needed. This reporting will be on an on-going basis. The Director Nursing or designee will report the findings of the daily staffing audits to the Administrator and the Quality Assurance Performance Improvement (QAPI) committee monthly x 3 months, then quarterly x 3 quarters. The QAPI Committee will review and determine the need for recommendation or further audits.	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315339	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/3/2025
NAME OF FACILITY CAREONE AT ORADELL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 KINDERKAMACK ROAD ORADELL, NJ 07649	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0755	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/30/2024	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	
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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/25/2024		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060234	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/3/2025
NAME OF FACILITY CAREONE AT ORADELL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 KINDERKAMACK ROAD ORADELL, NJ 07649	

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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/30/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/25/2024		<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			