

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

PRINTED: 10/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/15/2022
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048		
(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#: NJ154272, NJ155142, NJ155304 CENSUS: 100 SAMPLE SIZE: 4 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 580 SS=D	Notify of Changes (Injury/Degrade/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2)	F 580			7/29/22

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

TITLE

(X6) DATE

Electronically Signed

07/08/2022

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 580	<p>Continued From page 1</p> <p>is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: C#: NJ154272</p> <p>Based on observations, interviews, medical record reviews, and review of other pertinent facility documents on 6/10/2022, 6/13/2022, and 6/15/2022, it was determined that the facility failed to notify Resident 2's Physician that the resident's Physical Therapy was discontinued on [REDACTED] This deficient practice was identified for 1 of 4 residents (Resident #2) and was evidenced by the following:</p>	F 580	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the CMS-2567, Statement of deficiencies? Resident #2 is no longer a resident of the facility and was discharged prior to complaint visit.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice?</p>		

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F 580	<p>Continued From page 2</p> <p>A review of the Medical Record (MR) was as follows:</p> <p>According to the "Admission Record" (AR), Resident #2 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]. [REDACTED] #2 was discharged on [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] indicating the resident had [REDACTED]. The MDS also showed Resident #2 needed [REDACTED] assisting with [REDACTED] and Resident #2 used a walker or wheelchair for mobility.</p> <p>A review of the "Physical Therapy PT Evaluation and Plan of Treatment" signed by the Physician on [REDACTED] showed a baseline PT evaluation was completed on [REDACTED]. According to the Evaluation and Plan of Treatment, Resident #2 required a PT "Frequency" of [REDACTED] and for a "Duration" [REDACTED]. The Evaluation and Plan of Treatment also showed Resident #2 had a "Certification Period" from [REDACTED] through [REDACTED].</p> <p>A review of the Service Log Matrix for March and April 2022 reveals that Resident #2 received Physical Therapy [REDACTED] k starting on [REDACTED] and ending on [REDACTED]. However, there was no documentation that Resident 2's Physician was notified that PT services had been</p>	F 580	<p>All residents that have been discharged from therapy but not the facility have potential to be affected. Notifications for changes in levels of care must be completed within 24 hours. These residents will be reviewed during weekly utilization review to ensure compliance going forward. Notifications to residents/families need to be documented for completion.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? In-servicing and education will occur to all pertinent staff in the facility on the topic of levels of care.</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 program will be put into place to monitor the continued effectiveness of the change? Unit Manager or designee will conduct an audit daily for 2 weeks, followed by weekly for 4 weeks, and followed by monthly for 3 months. Audits will be at monthly QAPI.</p>		

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F 580	<p>Continued From page 3 discontinued.</p> <p>During an interview on 6/10/2022 at 12:20 p.m., the Director of Rehabilitation (DOR) stated that Physical Therapy evaluated and recommended physical therapy to the Physician, and the Physician signed the order.</p> <p>During an interview on 6/10/2022 at 1:15 p.m., the Physical Therapist Assistant (PTA) stated that the Service Matrix Log shows how many minutes of physical therapy Resident #2 received each day. PTA further stated that the last session of physical therapy Resident #2 received was on [REDACTED]</p> <p>During a second interview on 6/13/2022 at 12:07 p.m., the DOR stated, "from what I've read in the notes, [Resident #2] was discharged [from physical therapy PT) because [he/she] [REDACTED]. The DOR explained that the certification period recommended is for the period the resident should receive PT. When the surveyor asked the DOR if Resident #2's Physician should have been notified that the resident's PT was being discontinued. She stated that only if the resident stays in the facility longer after the PT discharge will the Physician be notified. However, Resident #2 remained in the facility for 11 days after PT services were discontinued.</p> <p>Review of the undated facility policy titled: Change in a Resident's Condition or Status under Policy Statement indicates: "Our facility promptly notifies the resident, his or her attending physician and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of</p>	F 580			

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F 580	Continued From page 4 care, billing/payments, resident rights, etc.)." Under Policy Interpretation and Implementation, the policy reveals: "5. Except in medial emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status. [...] 11. A representative of the business office will notify the resident, his/her family, or representative (sponsor), when: [...] b. three is a change in the resident's level of care status."	F 580			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interviews, medical record reviews, and review of other pertinent facility documents on 6/10/2022, 6/13/2022, and 6/15/2022, it was determined that the facility failed to administer medications according to the physician's order to maintain accurate medication administration documentation and failed to adhere to the acceptable standards of nursing practice for 1 of 4 residents (Resident #4). The facility also failed to follow its policies titled "Charting and Documentation." This deficient practice was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45 Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states; "the practice of nursing as a Registered Professional Nurse is	F 658	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the CMS-2567, Statement of deficiencies? Resident was brought up to date with medication administration and ensured that the facility has patient's medication in house going forward. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice? All residents are at risk for medication errors and focus is needed by staff to properly notify leadership and follow	7/29/22	

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F 658	<p>Continued From page 5</p> <p>defined as diagnosing and treating human response to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: "The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a Registered Nurse, or otherwise legally authorized Physician or Dentist."</p> <p>A review of the Electronic Medical Records (EMRs) was as follows:</p> <p>According to the "Admission Record (AR)," Resident #4 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #4 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] indicating the resident had [REDACTED]. The MDS also showed the resident needed [REDACTED] with Activities of Daily Living (ADLs).</p> <p>Review of the "Order Summary report" for</p>	F 658	<p>correct pathways to document and report.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>Education will begin regarding that if a medication is unavailable, we will follow our policy below:</p> <p>" (a). Notify the physician of unavailable medication, explain the circumstances, report the date of expected availability, and provide the alternative medication(s) recommended by pharmacy. i. Obtain a new order and discontinue the prior order, or ii. Obtain a hold order for the unavailable medication." We will also provide closer monitoring of the pyxis for high-demand meds and frequently used meds that will need to have in larger stock.</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 program will be put into place to monitor the continued effectiveness of the change?</p> <p>→Unit Manager or designee will conduct an audit daily for 2 weeks, followed by weekly for 4 weeks, and followed by monthly for 3 months. Audits will be at monthly QAPI.</p>		

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F 658	<p>Continued From page 6</p> <p>Resident #4 dated [REDACTED] included the following Physician's Orders (POs):</p> <p>[REDACTED] Tab [REDACTED] MG (milligram). Give [REDACTED] tablet [REDACTED] every [REDACTED] hours, 6:00 a.m., 2:00 p.m., and 10:00 p.m. for [REDACTED] dated [REDACTED]</p> <p>[REDACTED] MCG (microgram) [REDACTED] in [REDACTED] every day and evening shift for [REDACTED], dated [REDACTED]</p> <p>[REDACTED] (milliliter) [REDACTED] every shift 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. for [REDACTED]. Give [REDACTED] for [REDACTED], dated [REDACTED]</p> <p>[REDACTED] e daily on the night shift from 11:00 p.m. to 7:00 a.m. dated [REDACTED]</p> <p>Check [REDACTED] hours at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m. dated [REDACTED]</p> <p>Check [REDACTED] prior to [REDACTED] every shift from 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m., dated [REDACTED].</p> <p>[REDACTED] with [REDACTED] each medication administration administered through [REDACTED] every shift from 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. for [REDACTED] dated [REDACTED].</p>	F 658			

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F 658	Continued From page 7 [REDACTED] every [REDACTED] hours at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m., for [REDACTED] [REDACTED] dated [REDACTED]. [REDACTED] of [REDACTED] and [REDACTED] medication pass. [REDACTED] [REDACTED] medication administered every shift from 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. dated [REDACTED]. [REDACTED] Apply to [REDACTED] topically every shift from 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. for [REDACTED] dated [REDACTED]. [REDACTED] wipes miscellaneous apply to [REDACTED] [REDACTED] topically every shift, 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. for [REDACTED] for [REDACTED] [REDACTED] dated [REDACTED]. [REDACTED] every shift from 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. dated [REDACTED]. [REDACTED]: Vital Signs every shift 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m. for [REDACTED] dated [REDACTED]. [REDACTED]: Does the resident exhibit any [REDACTED] indicative of [REDACTED], such as [REDACTED] every shift 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m.	F 658			

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F 658	<p>Continued From page 8</p> <p>and 11:00 p.m. to 7:00 a.m., for [REDACTED] Evaluation. Document Signs/Symptoms as Y=YES Symptoms Noted; N=NO symptoms Noted dated [REDACTED].</p> <p>[REDACTED]: Does the Resident exhibit any other Indicative [REDACTED] such as [REDACTED], [REDACTED] every shift from 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m., for [REDACTED]. Document signs/Symptoms as Y=YES Symptoms Noted; N=NO Symptoms Noted dated [REDACTED].</p> <p>[REDACTED]: Does the Resident exhibit any [REDACTED] symptoms indicative of [REDACTED] [REDACTED] every shift from 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m. for [REDACTED]. Document signs /Symptoms as Y=YES Symptoms Noted; N=NO Symptoms Noted dated [REDACTED].</p> <p>Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated [REDACTED] for Resident # 4 confirmed the POs were not administered because there was no documented evidence the staff gave the medication to the resident, as evidenced by the following:</p> <p>[REDACTED] MG (milligram). Give [REDACTED] tablet [REDACTED] hours for [REDACTED] on 6/2/2022, at 2:00 p.m. and 10:00 p.m. was signed by the nurse with 00(zeros).</p> <p>[REDACTED] MCG [REDACTED] in</p>	F 658			

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F 658	<p>Continued From page 9</p> <p>every day and evening shift for , on and at 9:00 a.m., and at 9:00 p.m. was blank.</p> <p>give ml (milliliter)/hour every shift for ml, on on the 11:00 p.m. to 7:00 a.m. shift, on , and on the 7:00 a.m. to 3:00p.m. shift and on on the 3:00 p.m. to 11:00 p.m. shift, was blank.</p> <p>daily on night shift, on on the 11:00 p.m. to 7:00 a.m. shift, was blank.</p> <p>every hours; on at 12:00 a.m. and 4:00 a.m. was blank.</p> <p>for administration every shift; on on the 11:00 p.m. to 7:00 a.m. shift, was blank.</p> <p>with in each medication administration administered through a every shift on on the 11:00 p.m. to 7:00 a.m. shift, , on the 7:00 a.m. to 3:00 p.m. shift and the 3:00 p.m. to 11:00 p.m. shift was blank.</p> <p>of every hours for on at 12:00 a.m., and 4:00 a.m. was blank.</p> <p>ml of and medication pass. Flush with mls of</p>	F 658			

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NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048		
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F 658	<p>Continued From page 10</p> <p>██████████ administered every shift on ██████████ on the 11:00 p.m. to 7:00 a.m. shift, was blank.</p> <p>██████████ Apply to ██████████ every shift for ██████████ on ██████████ on the 11:00 p.m. to 7:00 a.m. shift, on ██████████, on the 7:00 a.m. to 3:00 p.m. shift, and ██████████ on the 3:00 p.m. to 11:00 p.m. shift, was blank.</p> <p>██████████ miscellaneous apply to ██████████ every shift, on ██████████ on the 11:00 p.m. to 7:00 a.m. shift, was blank.</p> <p>Monitor for ██████████ every shift, on ██████████, on the 11:00 p.m. to 7:00 a.m. shift, was blank.</p> <p>██████████: Vital Signs on every shift for ██████████ on ██████████ from 11:00 p.m. to 7:00 a.m. shift, was blank.</p> <p>██████████: Does the resident exhibit any ██████████ indicative of ██████████, such as ██████████, and ██████████ every shift on ██████████ 11:00 p.m. to 7:00 a.m., shift, was blank.</p> <p>██████████: Does the Resident exhibit any other Indicative Symptoms of ██████████ such as ██████████, ██████████, ██████████, every shift on ██████████ at 11:00 p.m. to 7:00 a.m. shift, was blank.</p> <p>██████████: Does the Resident exhibit any Respiratory symptoms indicative of ██████████ such as ██████████ or ██████████ in the</p>	F 658			

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F 658	<p>Continued From page 11</p> <p>every shift, from 11:00 p.m. to 7:00 a.m. shift, was blank.</p> <p>During an interview on 6/15/2022 at 12:50 p.m., the Surveyor asked the Licensed Practical Nurse (LPN#1) what the blank spaces on the MAR and TAR indicated? LPN#1 stated the blank spaces indicated that a medication or treatment was not administered or completed. LPN # 1 stated that if a resident did not receive medication for some reason, the doctor (physician) should be notified. The reason for not administering the medication or completing a treatment order should be documented on the MAR/TAR and in the Progress Note (PN).</p> <p>During an interview on 6/15/2022 at 2:00 p.m., the Surveyor asked the Licensed Practical Nurse (LPN # 2) what the blank spaces on the MAR and TAR indicated? LPN # 2 stated the blanks indicated that the medication or treatment was not administered or completed. The Surveyor also asked what the 00 on at 2:00p.m. and at 10:00 p.m. indicated on the MAR for the valium. LPN #2 stated "we were in a transition with the new company, new computer systems and I was unsure of how to document in the system when a medication was not available, so I documented 00". According to the progress notes dated at 1:26 p.m., LPN#2 documented mg, give tablet for on order awaiting delivery. LPN #2 further informed the Surveyor that he/she called the pharmacy regarding the delivery of the mg and was informed by the pharmacy that the medication would be delivered on their next delivery. LPN #2 stated that at the end of his/her shift at 7:00 p.m.,</p>	F 658			

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F 658	<p>Continued From page 12</p> <p>■ mg was still not delivered and not available in Pyxis(an automated medication dispensing system used as a backup). The Surveyor asked the LPN what should be done if a medication was not available? LPN #2 stated that if a resident did not receive medication for some reason, the doctor (physician) should be notified. The reason for not administering the medication should be documented on the MAR and in the Progress Note (PN).</p> <p>During an interview on 6/15/2022 at 1:30 p.m. the Surveyor asked the Regional Director of Clinical Services (RDCS) what the blank spaces on the MAR and TAR indicated? The RDCS stated that the blank spaces on the MAR and TAR indicated that the Nurse did not complete their documentation and she will have to speak with the Nurse to inquire if the task was completed. The Surveyor asked the RDCS regarding the unadministered dose of ■ on ■ at 2:00 p.m. and 10:00 p.m. and the RDCS stated "I don't have an explanation as to why the ■ was not administered". The RDCS further stated that if a medication is unavailable, the LPN should notify the doctor (physician), obtain an alternate order, fax the order to the pharmacy, and request a STAT (immediate) delivery of the medication. The RDCS also informed the Surveyor that it is in-house responsibility to watch the levels of medications, do the count, fill out the 222 forms which is signed by the doctor(physician) and fax it to the pharmacy and await the delivery to restock the pyxis.</p> <p>A review of the facility's policy dated 6/2021 titled "Unavailable Medication revealed the following under Policy: In conjunction with the contracted</p>	F 658			

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F 658	Continued From page 13 pharmacy, the facility will make every effort to ensure that a medication ordered for the resident is available to meet their needs. Under Procedure: 1 (a). Notify the physician of unavailable medication, explain the circumstances, report the date of expected availability, and provide the alternative medication(s) recommended by pharmacy. i. Obtain a new order and discontinue the prior order, or ii. Obtain a hold order for the unavailable medication. A review of the facility's undated policy titled "Charting and Documentation revealed the following under Policy Interpretation and Implementation: 2. The following information is to be documented in the resident medical record: b. medications administered; c. Treatments or services performed.	F 658			
F 690 SS=D	N.J.A.C.: 8:39-27.1 (a) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an	F 690		7/29/22	

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F 690	<p>Continued From page 14</p> <p>indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ154272</p> <p>Based on observations, interviews, medical record reviews, and review of other pertinent facility documents on 6/10/2022, 6/13/2022, and 6/15/2022, it was determined that the facility failed to meet the Resident's needs and provide [REDACTED] care and personal care for the 7-3 shift. The facility also failed to follow its policies titled "[REDACTED] - Assessment and Management," "Staffing," Charting and Documentation, and the Certified Nursing Assistant" job description. This deficient practice was identified for 1 of 4 residents (Resident #4)</p>	F 690	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the CMS-2567, Statement of deficiencies? Resident had a skin check to ensure no [REDACTED] was [REDACTED]. Resident had [REDACTED] assessment, no signs of [REDACTED]. Resident was changed in to a new outfit.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents that have been assessed to be at risk for [REDACTED] and</p>		

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F 690	<p>Continued From page 15</p> <p>and was evidenced by the following:</p> <p>During a tour of the [REDACTED] unit on [REDACTED] at 2:55 p.m., the Surveyor asked the Licensed Practical Nurse (LPN #1) what the census was for the unit and how many Certified Nursing Assistants (CNAs) were on duty. The LPN stated the census on the unit was [REDACTED], and there was only one CNA. The LPN further said it was not unusual to have one (1) CNA to twenty residents on the 7-3 shift. She explained that she would assist the CNA with her assignment if she had the time. The Surveyor asked the LPN to locate the CNA, but she could not find her.</p> <p>On 6/13/2022 at 2:59 p.m., the Surveyor located the CNA (CNA #1) and asked her how the staffing was and if she could complete all her assignments. The CNA stated that she was an agency staff, and this was her first time at the facility. She presented the Surveyor with the Assignment sheet and said, "I have [REDACTED] residents on my assignment." CNA #1 explained that the residents with the blue box around their room number were total care, and she marked "D meaning done" next to the completed residents. During the interview, the Surveyor reviewed the assignment sheet dated [REDACTED] titled [REDACTED] Assignment and "7-3" shift in the presence of the CNA. However, there was no CNA name listed on the assignment sheet. Further review of the assignment sheet listed [REDACTED] residents on the unit, [REDACTED] of which required total care. Ten of the residents' care was completed and had the letter D, and (1) one of the residents (Resident #4) did not have the letter D, which indicated the Resident did not receive any care for the entire shift. The Surveyor asked CNA #1 if Resident #4 was [REDACTED], and the CNA stated</p>	F 690	<p>have [REDACTED] devices have the potential to be affected? All residents who are [REDACTED] and with a low BIMS score are at risk with this deficient practice.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Education will be provided to all staff regarding incontinence care and expectations surrounding it. Nursing leadership will take a more oversight approach to follow up on each shift with ADLs, especially for at risk patients. POCs need to be completed daily for each resident and any missing days need to have explanations as to why things were missed.</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 program will be put into place to monitor the continued effectiveness of the change? Unit Manager or designee will conduct an audit daily for 2 weeks, followed by weekly for 4 weeks, and followed by monthly for 3 months. Audits will be at monthly QAPI.</p>		

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F 690	<p>Continued From page 16</p> <p>"yes." CNA #1 said Resident #4 was [REDACTED] and was not checked or changed the entire shift. The Surveyor requested an [REDACTED] check for Resident #4.</p> <p>At 3:10 p.m., the Surveyor entered Resident #4's room while [REDACTED] care was being provided by CNA #1 and the LPN. The Surveyor noted a [REDACTED] coming from Resident #4. The [REDACTED] and [REDACTED] with [REDACTED]. The resident [REDACTED].</p> <p>During an interview on 6/13/2022 at 3:20 p.m., CNA #1 stated her shift started at 7 a.m. and ended at 3 p.m., " ... this is the first time I saw this patient (Resident #4), I am the only aide. Generally, I see my patients 2-3 (two to three) times a shift." When the Surveyor asked CNA #1 what she would have done if the Surveyor did not request to observe an [REDACTED] check for Resident #4, she stated, "I would (have) endorsed (Resident #4) to the next shift."</p> <p>During a second interview on 6/13/2022 at 3:25 p.m., LPN #1 stated she worked the 7 a.m. to 7 p.m. shift and did not see Resident #4 receiving care that day. In addition, LPN #1 stated that the Resident's [REDACTED] and [REDACTED] were [REDACTED] and should be changed every 2-3 hours.</p> <p>During an interview on 6/15/2022 at 11:55 a.m., the Regional Director of Clinical Services stated that the CNAs are expected to go around to the residents every 2 hours.</p> <p>During an interview on 6/15/2022 at 1:08 p.m., CNA #2 stated the CNAs document the Resident's care on the kiosk after the care is</p>	F 690			

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F 690	<p>Continued From page 17</p> <p>given. When the Surveyor asked the CNA what blank spaces on the ADL sheets meant, she stated if there were blank spaces, "it (the care) wasn't done. We were trained to do the kiosk."</p> <p>During an interview on 6/15/2022 at 3:15 p.m., the RDCS stated that Blanks on ADL sheets indicates that there is no documentation of the care given by the CNA.</p> <p>A review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to the "Admission Record (AR)," Resident #4 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #4 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], indicating the Resident had [REDACTED]. The MDS also showed the Resident needed [REDACTED] with [REDACTED] and Activities of Daily Living (ADLs) and was always [REDACTED] and [REDACTED].</p> <p>A review of Resident #4's ADLs flow sheet for [REDACTED], which is completed by the CNA performing the tasks, revealed the following: on [REDACTED] through [REDACTED]; the following tasks were blank, indicating they were not completed:</p>	F 690			

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F 690	<p>Continued From page 18</p> <p>██████████ Q (every) shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>CNA ██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████, including ██████████ care Q shift, was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ or ██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>██████████ with ██████████ after each ██████████ episode Q shift was blank on 6/11/2022 and 6/13/2022.</p> <p>A review of the facility's policy titled ██████████ - Assessment and Management" and undated under "Policy Statement" included: "Management of ██████████ will follow relevant clinical guidelines." Under "Policy interpretation and implementation," the policy states: "staff will define each individual's ██████████ referring to the criteria in the Minimum Data Set (MDS), as follows: [...] d. always ██████████ the Resident has had no ██████████ in the past 7 days." The policy further states: "staff will use a</p>	F 690			

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F 690	<p>Continued From page 19</p> <p>check and change strategy [...] involves checking the Resident's [REDACTED] status at regular intervals and using [REDACTED] devices or garments. The primary goals are to maintain dignity and comfort and to protect the skin.</p> <p>A review of the facility's policy titled "Staffing," with a revised date of April 2007, under "Policy Statement" included "Our facility provides adequate staffing to meet needed care and services for our resident population." Under: "Policy Interpretation and Implementation" included "2. Staffing numbers and the skill requirements of the direct care staff are determined by the needs of the residents based on each resident's plan of care."</p> <p>A review of the facility's policy titled "Charting and Documentation," undated under "Policy Statement" included: All services provided to the Resident, progress toward the care plan goals, or any changes in the Resident's medical, physical, functional or psychosocial condition shall be documented in the Resident's medical record. Under "Policy Interpretation and Implementation," included: 2. The following information is to be documented in the resident medical record: [...] c. Treatments or services performed.</p> <p>A review of the "Certified Nursing Assistant" job description undated under "Purpose of Your Job Position" included: "The primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by your supervisors." Under "Personal Nursing Care Functions" included: "Keep residents dry (i.e., change gown, clothing, linen,</p>	F 690			

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F 690	Continued From page 20 etc., when it becomes wet or soiled). Assist Resident with bowel and bladder functions (i.e., take to bathroom, offer bedpan/urinal, portable commode, etc.). Keep incontinent residents clean and dry. Assist with lifting, turning, moving, positioning, and transporting residents into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc."	F 690			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/15/2022
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048		
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S 000	Initial Comments COMPLAINT#: NJ154272, NJ155142, NJ155304 CENSUS: 100 SAMPLE SIZE: 4 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 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 provisions of 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 (a) 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 6/10/2022, 6/13/2022, and 6/15/2022, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the State of New Jersey for 28 of 28-day shifts for Certified Nurse's Aides (CNAs). This deficient practice had the potential to affect all residents. Findings include:	S 560	1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice; these are the residents specified in the CMS-2567, Statement of deficiencies? No residents were affected by not meeting the State of NJ minimum staffing requirements	7/29/22

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

Electronically Signed

TITLE

(X6) DATE

07/08/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/15/2022
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048		
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S 560	<p>Continued From page 1</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with NJSA (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law PL 2020 c 112, codified as NJSA 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. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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>1. For the 2 weeks of staffing from 04/10/2022 to 04/23/2022, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts and deficient in CNAs to total staff on 3 of 14 evening shifts as follows:</p> <p>-04/10/22 had 13 CNAs for 113 residents on the day shift, required 14 CNAs. -04/11/22 had 13 CNAs for 113 residents on the day shift, required 14 CNAs. -04/11/22 had 7 CNAs to 16 total staff on the evening shift, required 8 CNAs. -04/12/22 had 10 CNAs for 113 residents on the day shift, required 14 CNAs.</p>	S 560	<p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents that have been assessed to be at risk for pressure ulcer development and have pressure relieving devices have the potential to be affected? All residents could be affected by this area of concern.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>Recruitment efforts continue to include:</p> <ol style="list-style-type: none"> Daily staffing meetings Care Champion mentor program to support retention Culture committee to improve and maintain staff morale Recruitment bonus and sign-on bonuses offered. <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 program will be put into place to monitor the continued effectiveness of the change?</p> <p>DON or designee will monitor staffing daily for 1 week, weekly for 3 weeks and monthly for 2 months to maintain ongoing compliance. Findings to be presented at the monthly QAPI.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/15/2022
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048		
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S 560	<p>Continued From page 2</p> <p>-04/13/22 had 12 CNAs for 113 residents on the day shift, required 14 CNAs.</p> <p>-04/14/22 had 9 CNAs for 116 residents on the day shift, required 14 CNAs.</p> <p>-04/16/22 had 13 CNAs for 114 residents on the day shift, required 14 CNAs.</p> <p>-04/17/22 had 8 CNAs for 112 residents on the day shift, required 14 CNAs.</p> <p>-04/18/22 had 9 CNAs for 111 residents on the day shift, required 14 CNAs.</p> <p>-04/18/22 had 6 CNAs to 14 total staff on the evening shift, required 7 CNAs.</p> <p>-04/19/22 had 13 CNAs for 110 residents on the day shift, required 14 CNAs.</p> <p>-04/19/22 had 7 CNAs to 16 total staff on the evening shift, required 8 CNAs.</p> <p>-04/20/22 had 13 CNAs for 109 residents on the day shift, required 14 CNAs.</p> <p>-04/22/22 had 11 CNAs for 106 residents on the day shift, required 13 CNAs.</p> <p>2. For the 4 weeks from 05/15/2022 to 06/11/2022, the facility was deficient in CNA staffing for residents on 26 of 28 day shifts, deficient in total staff for residents on 2 of 28 evening shifts, and deficient in CNAs to total staff on 6 of 28 evening shifts as follows:</p> <p>-05/15/22 had 8 CNAs for 102 residents on the day shift, required 13 CNAs.</p> <p>-05/15/22 had 6 CNAs to 13.5 total staff on the evening shift, required 7 CNAs.</p> <p>-05/16/22 had 6 CNAs for 102 residents on the day shift, required 13 CNAs.</p> <p>-05/19/22 had 9 CNAs for 100 residents on the day shift, required 12 CNAs.</p> <p>-05/20/22 had 8 CNAs for 100 residents on the day shift, required 12 CNAs.</p> <p>-05/21/22 had 9 CNAs for 107 residents on the day shift, required 13 CNAs.</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/15/2022
NAME OF PROVIDER OR SUPPLIER MOUNT HOLLY REHABILITATION & HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048		
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S 560	Continued From page 3 -05/22/22 had 8 CNAs for 107 residents on the day shift, required 13 CNAs. -05/23/22 had 8 CNAs for 107 residents on the day shift, required 13 CNAs. -05/24/22 had 11 CNAs for 107 residents on the day shift, required 13 CNAs. -05/25/22 had 8 CNAs for 107 residents on the day shift, required 13 CNAs. -05/25/22 had 6.5 CNAs to 15 total staff on the evening shift, required 7 CNAs. -05/26/22 had 11 CNAs for 107 residents on the day shift, required 13 CNAs. -05/27/22 had 9 CNAs for 110 residents on the day shift, required 14 CNAs. -05/28/22 had 13 CNAs for 110 residents on the day shift, required 14 CNAs. -05/29/22 had 8 CNAs for 110 residents on the day shift, required 14 CNAs. -05/29/22 had 9.5 total staff for 110 residents on the evening shift, required 11 total staff. -05/29/22 had 4 CNAs to 9.5 total staff on the evening shift, required 5 CNAs. -05/30/22 had 8 CNAs for 110 residents on the day shift, required 14 CNAs. -05/31/22 had 9 CNAs for 112 residents on the day shift, required 14 CNAs. -06/01/22 had 10 CNAs for 112 residents on the day shift, required 14 CNAs. -06/02/22 had 10 CNAs for 112 residents on the day shift, required 14 CNAs. -06/03/22 had 9 CNAs for 111 residents on the day shift, required 14 CNAs. -06/04/22 had 11 CNAs for 110 residents on the day shift, required 14 CNAs. -06/05/22 had 10 CNAs for 110 residents on the day shift, required 14 CNAs. -06/06/22 had 9 CNAs for 108 residents on the day shift, required 13 CNAs. -06/07/22 had 5 CNAs for 107 residents on the day shift, required 13 CNAs.	S 560		

New Jersey Department of Health

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S 560	Continued From page 4 -06/07/22 had 4 CNAs to 13 total staff on the evening shift, required 6 CNAs. -06/08/22 had 9 CNAs for 107 residents on the day shift, required 13 CNAs. -06/08/22 had 5 CNAs to 14 total staff on the evening shift, required 7 CNAs. -06/09/22 had 9 CNAs for 107 residents on the day shift, required 13 CNAs. -06/10/22 had 8 CNAs for 107 residents on the day shift, required 13 CNAs. -06/10/22 had 9.5 total staff for 107 residents on the evening shift, required 11 total staff. -06/10/22 had 3 CNAs to 9.5 total staff on the evening shift, required 5 CNAs. -06/11/22 had 10 CNAs for 107 residents on the day shift, required 13 CNAs.	S 560			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60310	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/29/2022
NAME OF FACILITY MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048	

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	07/29/2022	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 6/15/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO