

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

PRINTED: 10/25/2024
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315330 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/07/2024 |
| NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MARCELLA, LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANOCAS ROAD BURLINGTON, NJ 08016 | | |
| (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 #: NJ00174308 Survey Dates: 06/07/24 Census: 135 Sample Size: 7 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 880 SS=D | Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following | F 880 | | | 7/5/24 |

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

TITLE

(X6) DATE

Electronically Signed

06/26/2024

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 880 | <p>Continued From page 1 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> | F 880 | | | |

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| F 880 | <p>Continued From page 2</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: COMPLAINT #NJ00174308</p> <p>Based on interviews, review of medical records and other pertinent facility documentation on 06/07/24, it was determined that the facility failed to perform NJ Ex Order 26.4(b)(1) to confirm the presence of NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)).</p> <p>The deficient practice was identified for 2 of 4 residents (Resident #1 and Resident #4) sampled and was evidenced by the following:</p> <p>During a review of Resident #1's electronic medical record (EMR), a physician note, dated NJ Ex Order 26.4(b) at 08:53 A.M. revealed that one of the resident's chief complaints included a NJ Ex Order 26.4(b)(1) that had NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The note further revealed that NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) was ordered for NJ Ex Order 26.4(b).</p> <p>The surveyor reviewed the resident's Order Summary Report from NJ Ex Order 26.4(b), which revealed an active physician's order for NJ Ex Order 26.4(b)(1) to be given for NJ Ex Order 26.4(b) on NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed Resident #1's NJ Ex Order 26.4(b) Medication Administration Record (MAR), that revealed that NJ Ex Order 26.4(b)(1) was administered on NJ Ex Order 26.4(b).</p> <p>A review of Resident #1's progress notes and</p> | F 880 | <p>Residents affected by deficient practice:</p> <p>The facility failed to perform NJ Ex Order 26.4(b)(1) to confirm the presence of NJ Ex Order 26.4(b)(1) in accordance with facility policy guidelines. This deficient practice was identified for 2 of 4 residents (Resident #1 and Resident #4) reviewed.</p> <p>Identify those individuals who could be affected by the deficient practice:</p> <p>" All residents with scabies-like-rashes have the potential to be affected by the deficient practice. " The resident with affected skin was assessed with no adverse effects noted.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>" Resident #1 and Resident #4 had NJ Ex Order 26.4(b)(1) assessments completed with NJ Ex Order 26.4(b)(1).</p> <p>" The Physicians, Nurse Practitioners, U.S. FOIA (b) (6), U.S. FOIA (b) (6), U.S. FOIA (b) (6), and Unit Managers were immediately re-educated on facility policy for Scabies Identification, Treatment and Environmental Cleaning and the importance of identifying and</p> | | |

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| F 880 | <p>Continued From page 3</p> <p>physician orders, did not contain an order for a NJ Ex Order 26.4(b)(1).</p> <p>During a review of Resident #4's electronic medical record (EMR), the surveyor reviewed the following progress notes:</p> <p>-Nursing note [signed by the U.S. FOIA (b) (6) dated NJ Ex Order 26.4(b) at 01:40 P.M. that revealed that that the resident had returned from a NJ Ex Order 26.4(b)(1) appointment and that NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)) was prescribed.</p> <p>U.S. FOIA (b)(6) note, dated NJ Ex Order 26.4(b) at 12:00 A.M that contained, "Nursing reports the patient did not have a NJ Ex Order 26.4(b) at NJ Ex Order 26.4(b)(1) to confirm diagnosis of NJ Ex Order 26.4(b)(1) ..." The note further revealed that NJ Ex Order 26.4(b)(1) was then ordered.</p> <p>The surveyor reviewed the resident's Order Summary Report from NJ Ex Order 26.4(b), which revealed an active physician's order for NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b).</p> <p>The surveyor reviewed Resident #1's NJ Ex Order 26.4(b) Medication Administration Record (MAR), that revealed that NJ Ex Order 26.4(b)(1) was administered on NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1) was administered on NJ Ex Order 26.4(b)(1).</p> <p>A review of the Resident #1's progress notes and physician orders, did not contain an order for a NJ Ex Order 26.4(b)(1).</p> <p>During an interview with the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1), on 06/07/24, at 11:12 A.M. she stated that</p> | F 880 | <p>ensuring a scraping is performed on any suspected scabies rashes.</p> <p>" All nurses were educated on the facility policy on for Scabies Identification, Treatment and Environmental Cleaning, importance of discussing skin concerns with Nursing Management and the importance of reporting scabies-like-rashes.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>The Director of Nursing/Unit Manger/Designee will conduct audits of any resident with scabies-like-rashes for proper identification. Audits will be completed weekly x4 weeks, then monthly x2 months. Results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly QAPI Meeting over the duration of the audit process to ensure compliance and reassessed for further action.</p> | | |

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| F 880 | <p>Continued From page 4</p> <p>the U.S. FOIA (b) (6) was not available for interview. She further stated that she [the U.S. FOIA (b) (6) would be able to assist the surveyor with any Infection Control concerns. The surveyor asked if there had been any positive cases of NJ Ex Order 26.4(b)(1) in the facility since NJ Ex Order 26.4(b)(1), the U.S. FOIA (b) (6) stated "No." She further added that there had been multiple NJ Ex Order 26.4(b)(1) with different presentations involving many residents, but that there was no pattern. She also added that residents had responded to different courses of treatments but that no confirmed case of NJ Ex Order 26.4(b)(1) was reported.</p> <p>During an interview with the U.S. FOIA (b) (6), on 06/07/24, at 01:57 P.M. she stated that she had called the NJ Ex Order 26.4(b)(1) office to confirm whether a NJ Ex Order 26.4(b)(1) had been done for Resident #4 and they told her that they had not performed one. She stated that she provided the US FOIA (b)(6) with this information. She stated that there was no outbreak of NJ Ex Order 26.4(b)(1) at the facility because there were no NJ Ex Order 26.4(b)(1). When the surveyor asked if she was aware of any NJ Ex Order 26.4(b)(1) that had been done at the facility, she stated, "Not that I was aware of."</p> <p>During a telephone interview with the US FOIA (b)(6) on 06/07/24, at 02:44 P.M., he stated that NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) were commonly used in the treatment of NJ Ex Order 26.4(b)(1) and other conditions as well, and that no one at the facility was reported to have a NJ Ex Order 26.4(b)(1). When asked about the NJ Ex Order 26.4(b)(1) visit for Resident #4, the US FOIA (b)(6) stated that the facility had called the NJ Ex Order 26.4(b)(1) office and confirmed that although the resident was given the diagnosis, the office had not performed a NJ Ex Order 26.4(b)(1) and</p> | F 880 | | | |

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| F 880 | <p>Continued From page 5</p> <p>since they had not, the [US FOIA (b)(6)] did not consider it as a confirmed diagnosis. The [US FOIA (b)(6)] stated that although the [NJ Ex Order 26.4(b)(1)] had not been completed the recommendation was to continue to follow the [NJ Ex Order 26.4(b)(1)] recommended course of treatment. The surveyor asked the [US FOIA (b)(6)] about the diagnosis of [NJ Ex Order 26.4(b)(1)] in the [US FOIA (b)(6)] note for resident #1, to which the [US FOIA (b)(6)] stated, "This [NJ Ex Order 26.4(b)(1)] was the working diagnosis at the time, since the other patient [Resident #4] had been seen by [NJ Ex Order 26.4(b)(1)]. He went on to state that since the [NJ Ex Order 26.4(b)(1)] was confirmed as not being done, they went on to treat Resident #1 accordingly because, "It could have been [NJ Ex Order 26.4(b)(1)]. The surveyor asked if he had ordered [NJ Ex Order 26.4(b)(1)] for Resident #1 or Resident #4 to confirm whether they had [NJ Ex Order 26.4(b)(1)] and he stated that he had not.</p> <p>The surveyor reviewed the facility's "Scabies Identification, Treatment and Environmental Cleaning," dated 12/06/23, which revealed that the purpose of the procedure was to treat infected residents and to prevent the spread of scabies to other residents and staff. The policy further explained the equipment and supplies needed, along with the steps to perform the skin scraping for microscopic identification. Under the Reporting section, the policy revealed that reporting should be, " ... in accordance with facility policy and professional standards of practice."</p> <p>During a follow-up interview with the [US FOIA (b)(6)] at 04:04 P.M., the surveyor reviewed the scabies policy provided by her. The surveyor asked the [US FOIA (b)(6)] if it was policy that [NJ Ex Order 26.4(b)(1)] be conducted at the facility, to which the [US FOIA (b)(6)] stated, "Yes." The surveyor asked the [US FOIA (b)(6)] if a [NJ Ex Order 26.4(b)(1)]</p> | F 880 | | | |

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| F 880 | <p>Continued From page 6</p> <p><small>NJ Ex Order 26.4(b)</small> had been done for Resident #1, who had a written diagnosis in the chart for <small>NJ Ex Order 26.4</small> and she stated, "No." The surveyor asked the <small>U.S. FOIA</small> if a <small>NJ Ex Order 26.4(b)(1)</small> had been done for Resident #4 who had been seen by the <small>NJ Ex Order 26.4(b)(1)</small> and was diagnosed with <small>NJ Ex Order 26.4</small> and she stated, "No." When asked why these two aforementioned residents did not receive <small>NJ Ex Ord</small>, she stated, "I am not a <small>NJ Ex Order 26.4</small> The surveyor asked the <small>NJ Ex Ord</small> if any resident had received a <small>NJ Ex Order 26.4(b)(1)</small> result for <small>NJ Ex Order 26.4</small> what would the facility have done, to which the <small>NJ Ex Ord</small> stated, "We would have notified the Department of Health."</p> <p>8:39-19.4</p> | F 880 | | | |

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COMPLETE CARE AT MARCELLA, LLC

**2305 RANCOCAS ROAD
BURLINGTON, NJ 08016**

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| S 000 | Initial Comments The facility was not in compliance with 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 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 (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 review of pertinent facility documentation, 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 9 of 14 day shifts. The 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 nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in | S 560 | Residents affected by deficient practice: 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. Identify those individuals who could be affected by the deficient practice: 1. All residents have the potential to be affected by this deficient practice. 2. All residents monitored for any adverse effects of the deficient practice with none noted. What corrective action will be | 7/5/24 |

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

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| S 560 | <p>Continued From page 1</p> <p>nursing homes. 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>The surveyor requested staffing for the weeks of 05/19/2024 to 06/01/2024, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <p>-05/19/24 had 15 CNAs for 133 residents on the day shift, required at least 17 CNAs. -05/20/24 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -05/21/24 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs. -05/22/24 had 12 CNAs for 133 residents on the day shift, required at least 17 CNAs. -05/23/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs. -05/24/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs. -05/25/24 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. -05/26/24 had 14 CNAs for 137 residents on the day shift, required at least 17 CNAs. -05/31/24 had 16 CNAs for 137 residents on the</p> | S 560 | <p>accomplished for those residents affected by the deficient practice:</p> <p>" The facility continues to actively fill all open CNA (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with Human Resource Director, who was able to reiterate minimum staffing requirements for nursing homes.</p> <p>" The facility will take the following measures to ensure this deficient practice does not occur. The facility will focus recruitment and retention strategies as following: identify vacant positions daily and attempt to fill positions with current CNA staff or agency; work diligently with Administrator, Director of Nursing and Corporate Recruiter to advertise, recruit and hire sufficient CNA staff; continue to develop programs to attract Nursing Assistants including a market rate wage increase to CNA, LPN and RN direct care staff, shift bonuses, etc.; work with CNA class instructors to identify potential students; promote in-house programs to increase retention of current staff.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>" Administrator/designee to audit the effectiveness of hiring strategies to include open CNA and Licensed Nurse positions vs. new hires, reporting on successful strategies-to-hire based on percentages, and turnover rates.</p> <p>" The duration of all audits will consist of completion one-time weekly x 4 weeks</p> | |

New Jersey Department of Health

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| NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MARCELLA, LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANCOCAS ROAD BURLINGTON, NJ 08016 | | |
| (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 | |
| S 560 | Continued From page 2 day shift, required at least 17 CNAs. | S 560 | then Bi-monthly x 2 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting | | |

POST-CERTIFICATION REVISIT REPORT

| | | |
|--|---|------------------------------|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315330 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 7/15/2024 |
| NAME OF FACILITY COMPLETE CARE AT MARCELLA, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANCOCAS ROAD BURLINGTON, NJ 08016 | |

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 F0880 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 483.80(a)(1)(2)(4)(e)(f) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 07/05/2024 | 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 | |
| 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 6/7/2024 | | <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 060315 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 7/15/2024 |
| NAME OF FACILITY COMPLETE CARE AT MARCELLA, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 RANOCAS ROAD BURLINGTON, NJ 08016 | |

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 | 07/05/2024 | 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 6/7/2024 | | <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 | | | |