

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

PRINTED: 02/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY AT CEDAR GROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>398 POMPTON AVENUE CEDAR GROVE, NJ 07009</b>		
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F 000	INITIAL COMMENTS  Complaint #s: NJ00181512, NJ00181513, NJ00181515, NJ00181438, NJ00181567  Census: 159  Sample Size: 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 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F 584		1/13/25	

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

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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 584	<p>Continued From page 1</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00181512, NJ00181513, NJ00181515, NJ00181438, NJ00181567</p> <p>Based on observation, interview, and review of pertinent facility documents on 12/13/2024, it was determined that the facility failed to maintain a safe and comfortable room temperature levels for residents in a nursing unit [NJ Exec Order 26.4b1]. This deficient practice was identified in 1 of 2 nursing units in [NJ Exec Or] floor and was evidenced by the following:</p> <p>On 12/13/2024 at 9:32 a.m. [morning], the Surveyor in the presence of the [U.S. FOIA (b)(6)] checked the temperatures on the Third Floor and the following were obtained:</p> <p>Room [NJ Exec P] - room temperature of 67.6 degrees Fahrenheit; occupied; radiator on with low cool air coming out; resident ambulatory; not in distress.</p>	F 584	<p>1. Corrective Action: (a) Director of Nursing and ADON reviewed all affected residents; none of the affected residents had a [NJ Ex Order 26.4(b)] or showed or complained distress or discomfort. (b) Maintenance director, Administrator and DON reviewed all other rooms/residents: no other rooms were affected other than those identified by the state surveyor (c) Residents in affected rooms were immediately moved to rooms that had temp of 71 degrees and above (d) Residents in affected rooms were assessed for distress and adverse effects resulting from exposure - non was noted with distress or adverse effect (e) Residents in affected rooms who refused to move (and who were</p>		

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F 584	Continued From page 2 Room [REDACTED] - room temperature of 68.1 degrees Fahrenheit; occupied; resident out of room; radiator on. Room [REDACTED] - room temperature of 69.4 degrees Fahrenheit; occupied; Certified Nursing Assistant (CNA) doing care; radiator on; resident not in distress. Room [REDACTED] - room temperature of 68.0 degrees Fahrenheit; occupied; radiator on with low cool air coming out; 2 residents not in distress. Room [REDACTED] - room temperature of 66.0 degrees Fahrenheit; occupied; radiator was on; resident not in distress. Room [REDACTED] - room temperature of 65.1 degrees Fahrenheit; occupied; resident not in room; radiator on with low cool air coming out. Room [REDACTED] - room temperature of 68.0 degrees Fahrenheit; residents not in room; radiator on with low cool air coming out. Room [REDACTED] - room temperature of 65.0 degrees Fahrenheit; occupied; radiator on with low cool air coming out; residents dressed warmly with blankets; residents not in distress. Room [REDACTED] - room temperature of 68.3 degrees Fahrenheit; occupied; radiator on with low cool air coming out; residents not in distress. Room [REDACTED] - room temperature of 64.7 degrees Fahrenheit; unoccupied; radiator on with low cool air coming out. Room [REDACTED] - room temperature of 64.0 degrees Fahrenheit; residents out of room; radiator on with low air coming out. Room [REDACTED] - room temperature of 68.0 degrees Fahrenheit; occupied; radiator on; residents not in distress. Room [REDACTED] - room temperature of 67.6 degrees Fahrenheit; unoccupied; radiator on with warm air started to come out. Room [REDACTED] - room temperature of 66.5 degrees	F 584	competent enough to refuse- BIMS 13+)were offered extra blankets, sweaters, socks and warm beverages. (f)Residents in affected rooms who refused to move were monitored frequently for adverse effects or distress; none was noted with distress or adverse effect (g) Adequate heat (71 degrees to 81 degrees) was restored in all parts of the building by 12/14/24. (h) Patients were returned to their rooms. (i) Maintenance director, Administrator and DON reviewed all the rooms/residents: no other residents/romms were affected other than those identified by the state surveyor  2. Residents with potentials to be affected by the deficient practice (a) All residents can potentially be affected by the alleged deficient practice  3. Systemic change/s to ensure deficient practice does not recur (a) U.S. FOIA (b) (6) was educated by RMD to ensure that weekly inspection of HVAC system is carried aout in timely fashion (b) U.S. FOIA (b) (6) was educated by RMD to "check maintenance log twice daily and address Heating/Air conditioning concerns immediately (c)HVAC (heating and airconditioning units) were purchased and installed (d) Monitor room temperature frequently to ensure they are with regulatory range 71 to 81 degrees (e) Check HVAC system frequently to		

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F 584	<p>Continued From page 3</p> <p>Fahrenheit; occupied; radiator was noted off; resident (in bed 2) stated he turned off radiator; residents not in distress.</p> <p>Room [REDACTED] - room temperature of 70.0 degrees Fahrenheit; occupied; radiator noted off; resident stated was on last night denied turning radiator off; checked radiator working and left on; residents not in distress.</p> <p><b>NJ Exec Order 26.4b1</b> Unit - hallway temperature of 73.5 degrees Fahrenheit</p> <p><b>NJ Exec Order 26.4b1</b> Unit - hallway temperature of 67.2 degrees Fahrenheit</p> <p><b>NJ Exec Order 26.4b1</b> - wall thermometer on the wall showed 77 degrees Fahrenheit.</p> <p><b>NJ Exec Order 26.4b1</b> - has temperature of 68.0 degrees Fahrenheit.</p> <p>On 12/03/2024 at 1:26 p.m. [afternoon], the Surveyor interviewed the <b>NJ Exec Order 26.4b1</b> stated "the first complaint for low heat was on 12/2/2024 and we had been monitoring the room temperatures and maintenance and corporate maintenance had been coming in to fix the problem. We had been monitoring the units and then last night there was a complaint from resident in [REDACTED] floor about no heat. I called the maintenance and that was why regional maintenance person [name] was here and the company fixing the radiator units. We are expecting the room temperatures to go up after the maintenance "bled" the system. Our target was 71 degrees Fahrenheit per room. There was no power outage nor interruption of service occurrence. I am aware of the recommended temperature of 71-81 degrees as per regulations."</p> <p>On 12/03/2024 at 3:42 p.m. [afternoon], the</p>	F 584	<p>ensure they are working properly and heating lines to ensure they are adequately protected</p> <p>(f) Make necessary repairs immediately and carry out routine maintenance when due.</p> <p>4. How to monitor systemic changes to ensure deficient practice does not recur</p> <p>(a) Maintenance to audit temperature of the affected rooms 3 times daily for 4 days to ensure newly installed HVAC systems are working properly</p> <p>(b) Maintenance will randomly audit 20% of the rooms and areas daily for 1 week, weekly for 4 weeks, bi-weekly for 8 weeks and monthly.</p> <p>(c) Heating system to be inspected monthly by maintenance to ensure the heating lines are protected and that the system is working properly</p> <p>(D) Activity director/designee will interview residents during monthly residents council meeting for heat concerns</p> <p>5. Result of audit and monitory to be submitted to QAPI committee meeting for necessary actions.</p>		

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F 584	<p>Continued From page 4</p> <p>Surveyor interviewed the <b>U.S. FOIA (b)(6)</b> in the presence of the <b>U.S. FOIA (b)(6)</b>. The <b>U.S. FOIA (b)(6)</b> were made aware of the low temperatures obtained in Unit <b>U.S. FOIA (b)(6)</b> in <b>NJ Ex 000</b> floor. The <b>U.S. FOIA (b)(6)</b> stated "we did a comprehensive check on the boiler, and we were "bleeding" the boiler. The <b>U.S. FOIA (b)(6)</b> further stated "in "bleeding" we pushed the cold air out from the pipes by flushing hot water into it from the boiler. With the low temperatures we do not want to increase the boiler temperature to 200 degrees Fahrenheit hot as this will cause the boiler to break so we do the flushing gradually and it takes quite a while for warm temperatures to kick in the PTACH [radiator]."</p> <p>A review of the facility's undated "Cold Stress Emergency Plan: Operational Procedures" provided by the facility "4. Other duties may be required. A. Maintenance. 1)Check heating system to ensure it is working properly ...3) Maintain proper room temperatures. 4) Check water lines to ensure they are adequately protected ...7) Make necessary repairs as soon as possible."</p> <p>NJAC 8:39 -31.2(h)</p>	F 584			

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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 12/16/2024, 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 14 of 14 day shifts, deficient in total staff for residents on 3 of 14 evening shifts, and deficient in total staff for residents on 8 of 14 overnight 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	1. Corrective Action: (a) Administrator met with staffing and HR and advised team to use agency as need be (b) Staffing Agency was engaged and contract signed on 10/08/24. Agency will provide additional staff to building whenever the need arises. (c) Staffing was reviewed by the Director of Nursing and Administrator; no residents were affected negatively by the deficient practice.  2. Residents with potentials to be affected by alleged deficient practice. (a) All residents can potentially be affected	1/13/25

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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 11/24/2024 to 11/30/2024 and 12/01/2024 to 12/07/2024.</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 3 of 14 evening shifts, and deficient in total staff for residents on 8 of 14 overnight shifts as follows:</p> <p>-11/24/24 had 9 CNAs for 156 residents on the day shift, required at least 19 CNAs. -11/24/24 had 10 total staff for 156 residents on the evening shift, required at least 16 total staff. -11/24/24 had 8 total staff for 156 residents on the overnight shift, required at least 11 total staff. -11/25/24 had 10 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p>	S 560	<p>by alleged deficient practice.</p> <p>3. Systemic change/s to ensure alleged deficient practice doe not recur. (a) The Director of Human Resources (HR) initiated an expedited on-boarding process for all new hires. (b) Interviews will be conducted on the spot with job offer (contingent of criminal background check). (c) Job openings are posted on all recruitment cites and facility bulletins. (d) Meeting with DON/designee will review staffing with staffing coordinator and collectively work to fill out any open shifts and callouts. (e) Bonuses are offered to staff as needed. (f) HR manager will contact and work with nursing and CNA schools within the area to recruit staff. (g) Building has partnered with Nursing school - Best Care College - and provided building for clinical rotation to foster recruitment of graduates. (h) Director of Nursing will continue to contact more nursing schools to partner to be a training facility for nursing school and CNA and offer positions once students graduate. (i) facility is paying upfront for staff to go to nursing school.</p> <p>4. How to monitor corrective actions (a) The DON/Designee will monitor staffing ratios daily and document a review of staffing weekly for 2 months.</p> <p>5. Audits will be presented to the Administrator weekly.</p>	
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S 560	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-11/26/24 had 11 CNAs for 155 residents on the day shift, required at least 19 CNAs.</li> <li>-11/27/24 had 10 CNAs for 155 residents on the day shift, required at least 19 CNAs.</li> <li>-11/27/24 had 9 total staff for 155 residents on the overnight shift, required at least 11 total staff.</li> <li>-11/28/24 had 12 CNAs for 154 residents on the day shift, required at least 19 CNAs.</li> <li>-11/28/24 had 9 total staff for 154 residents on the overnight shift, required at least 11 total staff.</li> <li>-11/29/24 had 12 CNAs for 154 residents on the day shift, required at least 19 CNAs.</li> <li>-11/30/24 had 8 CNAs for 154 residents on the day shift, required at least 19 CNAs.</li> <li>-11/30/24 had 12 total staff for 154 residents on the evening shift, required at least 15 total staff.</li> <li>-11/30/24 had 8 total staff for 154 residents on the overnight shift, required at least 11 total staff.</li>   <li>-12/01/24 had 7 CNAs for 154 residents on the day shift, required at least 19 CNAs.</li> <li>-12/01/24 had 13 total staff for 154 residents on the evening shift, required at least 15 total staff.</li> <li>-12/02/24 had 12 CNAs for 152 residents on the day shift, required at least 19 CNAs.</li> <li>-12/03/24 had 12 CNAs for 152 residents on the day shift, required at least 19 CNAs.</li> <li>-12/03/24 had 8 total staff for 152 residents on the overnight shift, required at least 11 total staff.</li> <li>-12/04/24 had 4 CNAs for 152 residents on the day shift, required at least 19 CNAs.</li> <li>-12/04/24 had 7 total staff for 152 residents on the overnight shift, required at least 11 total staff.</li> <li>-12/05/24 had 12 CNAs for 152 residents on the day shift, required at least 19 CNAs.</li> <li>-12/06/24 had 14 CNAs for 152 residents on the day shift, required at least 19 CNAs.</li> <li>-12/06/24 had 10 total staff for 152 residents on the overnight shift, required at least 11 total staff.</li> <li>-12/07/24 had 8 CNAs for 152 residents on the</li> </ul>	S 560	<p>Audits will be discussed at the monthly QAPI meetings to determine if continued auditing is needed. Once compliance is achieved for 2 consecutive months, the plan will be amended as needed.</p>	

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S 560	<p>Continued From page 3</p> <p>day shift, required at least 19 CNAs. -12/07/24 had 7 total staff for 152 residents on the overnight shift, required at least 11 total staff.</p> <p>For the 2 weeks of AAS-12 staffing from 11/24/2024 to 12/07/2024, the facility was deficient in total staffing for 14 of 14 days as follows:</p> <p>For the week of 11/24/24 Required Staffing Hours: 449.75</p> <p>-11/24/24 had 272 actual staffing hours, for a difference of -177.75 hours. -11/25/24 had 400 actual staffing hours, for a difference of -49.75 hours. -11/26/24 had 400 actual staffing hours, for a difference of -49.75 hours. -11/27/24 had 376 actual staffing hours, for a difference of -73.75 hours. -11/28/24 had 352 actual staffing hours, for a difference of -97.75 hours. -11/29/24 had 424 actual staffing hours, for a difference of -25.75 hours. -11/30/24 had 280 actual staffing hours, for a difference of -169.75 hours.</p> <p>For the week of 12/01/24 Required Staffing Hours: 442.25</p> <p>-12/01/24 had 296 actual staffing hours, for a difference of -146.25 hours. -12/02/24 had 400 actual staffing hours, for a difference of -42.25 hours. -12/03/24 had 368 actual staffing hours, for a difference of -74.25 hours. -12/04/24 had 304 actual staffing hours, for a difference of -138.25 hours. -12/05/24 had 416 actual staffing hours, for a difference of -26.25 hours.</p>	S 560		

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S 560	Continued From page 4 -12/06/24 had 424 actual staffing hours, for a difference of -18.25 hours. -12/07/24 had 288 actual staffing hours, for a difference of -154.25 hours.	S 560		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315204	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/16/2025	Y3
NAME OF FACILITY CANTERBURY AT CEDAR GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 398 POMPTON AVENUE CEDAR GROVE, NJ 07009		

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 F0584	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/13/2025	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 _____	

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 12/16/2024		<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 060729	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/16/2025
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NAME OF FACILITY CANTERBURY AT CEDAR GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 398 POMPTON AVENUE CEDAR GROVE, NJ 07009
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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	01/13/2025	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	

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 12/16/2024		<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		