PRINTED: 10/29/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		315174	B. WING		C 05/22/2024	
	ROVIDER OR SUPPLIER D CENTER FOR REHAB	ILITATION AND HEALTHCARE	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	33/22/23/2	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 000	INITIAL COMMENTS		F 00	0		
F 600 SS=E	the New Jersey Department of the New Jersey Department of the National Complaint #: NJ00163 NJ00165932, NJ0016 NJ00167718, NJ00168096, NJ0016 NJ00168955, NJ0017 NJ00170850, NJ0017 NJ00172429, NJ0017 Survey Dates: 05/20/3 Survey Census: 184 Sample Size: 31 THE FACILITY IS NO COMPLIANCE WITH 42 CFR PART 483, S LONG-TERM CARE IN THIS COMPLAINT VIFICE From Abuse and CFR(s): 483.12(a)(1) §483.12 Freedom from Exploitation The resident has the in neglect, misappropria	3933, NJ00165261, 36156, NJ00166810, 37847, NJ00168002, 38350, NJ00168593, 70216, NJ00170526, 71428, NJ00171739, 72472, and NJ00173828. 24 through 05/22/24. OT SUBSTANTIAL THE REQUIREMENTS OF UBPART B, FOR FACILITIES BASED ON ISIT. Neglect M Abuse, Neglect, and right to be free from abuse, tion of resident property,	F 60	0	6/17/24	
	includes but is not lim corporal punishment,	involuntary seclusion and ical restraint not required to edical symptoms.				
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE	

06/16/2024 **Electronically Signed**

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
			A. BUILDI				С	
		315174	B. WING			1	/22/2024	
DEPTFOR		ABILITATION AND HEALTHCARE	ID	15	TREET ADDRESS, CITY, STATE, ZIP CODE 511 CLEMENTS BRIDGE RD EPTFORD, NJ 08096 PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 600	physical abuse, co involuntary seclusi This REQUIREME by: C# NJ166810 C# Based on interview of facility policy, th residents (Resider 31 sampled reside free from resident-by R5. This had th safety at the facility Findings include: Review of R5's eletitled "Admission F" Profile" tab reveal the facility on NJ ex order 26 Review of R5's EN under the "Care Plindicated the resident of R5's EN under the "Care Plindicated the resident of R5's EN (MDS)" with an As	use verbal, mental, sexual, or proral punishment, or on; NT is not met as evidenced NJ167847 C# NJ168096 V, document review, and review e facility failed to ensure four at (R) 6, R9, R25, and R30) of ents NJ ex order 26.4b1 were to-resident NJ ex order 26.4b1 e potential to affect resident ed the resident was admitted to with diagnoses including ent had a NJ ex order 26.4b1 AR titled "Care Plan" located an" tab, dated ent had a NJ ex order 26.4b1 AR annual "Minimum Data Set sessment Reference Date	F	600	Element 1: Each respective individual resident (R6 R9, R25, and R30), NJ ex order 26.4b1 If rom Resident 5 (R5), and NJ ex order 26.4b1 NJ ex order 26.4b1 Other applicable interventions, if any substance been implemented, including residents behavior monitoring continue Element 2: All residents have potential to be affect by the deficient practice. The Director of Nursing will conduct a facility-wide assessment to identify other residents who may have experienced similar incidents or exhibit aggressive behaviors, and will implement behavior monitoring and or update care plans as appropriate.	uch æed		
		BIMS)" score of some of 15 eresident NJ ex order 26.4b1.			Element 3: The facility policy on abuse was review by facility administration. The facility is continuously in servicing staff on abuse and neglect. The education will include: a) Education on abuse, neglect,	all		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315174	B. WING _				C 22/2024	
NAME OF PROVIDER OR SUPPL DEPTFORD CENTER FOR		SILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096			1 00		
PREFIX (EACH DE	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	I SHOULD BE COMPLE		
(EMR) titled "A the "Profile" tal admitted to the NJ ex order Review of R6's under the "Car indicated the resuch as using Ti NJ ex order of NJ ex order of NJ ex order of NJ ex order an indicated the resuch as using I Ti NJ ex order of NJ ex order of NJ ex order of NJ ex order indicated the resuch as using I Ti NJ ex order of NJ ex order of NJ ex order indicated the resuch as using I Ti NJ ex order of NJ ex order of R6's of NJ ex order indicated the resuch as using I Ti NJ ex order indicated the resuch as using I Ti NJ ex order indicated the resuch as using I Ti NJ ex order indicated the resuch as using I Ti NJ ex order indicated in Notes" tab, reverse of R6, and the resuch as using I Ti NJ ex order indicated in Notes I tab, reverse order indicated in Note	6's eled dmiss or reverse facility 26.4 faci	cotronic medical record ion Record" located under aled the resident was y on "Secondar-seath" with diagnoses of the dated "Jecondar-seath" with diagnoses of the dated "Jecondar-seath" that a history of behaviors order 26.4b1 e plan indicated R6 had of due to "Jecondar seath" e plan indicated the resident of due to "Jecondar seath" annual "MDS" with an ARD sed under the "MDS" tab, thad a "BIMS" score of "Jecondar seath" atted the resident was of the dated "Jecondar seath" are seather than the seather seather seather seather seather than the seather seather seather than the seather seather seather seather seather seather than the seather seath	F	600	mistreatment, and misappropriation, wispecific focus on resident-to-resident abuse, its definition, and identification. b) Education on informing administratimmediately of an allegation of any typabuse, including resident-to-resident allegation or of suspected abuse. c) Education on immediate separation residents when a suspected altercation resident-to-resident abuse is occurring d) Education on dealing with difficult behaviors. e) Education on de-escalation techniques. Element 4: The Administrator/ Director of Nursing/designee will interview 10 residents weekly x 4 weeks, and then monthly thereafter for a minimum of 6 months for any potential of a residen-to-resident abusive act. The findings of these audits will be presented at monthly QAPI.	e of on of n, or		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	(X:	3) DATE SURVEY COMPLETED
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F 600	documentation read a document with diagnoses with diagnoses and reported R9's EM under the "Care Pindicated the resident of the	EMR titled "Admission Record" "Profile" tab revealed the tted to the facility on Vex order 26.4b1 AR titled "Care Plan" located lan" tab, dated language lan	F	600		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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WW. 05 D	20/4252 02 01/22/452	315174	B. WING		TDEET ADDRESS SITU STATE TIP SORE	05/	22/2024
	ROVIDER OR SUPPLIER	ILITATION AND HEALTHCARE		15	TREET ADDRESS, CITY, STATE, ZIP CODE 511 CLEMENTS BRIDGE RD IEPTFORD, NJ 08096		
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F 600	titled "Investigation Rindicated R5 and R9 indicated R5 and R9 and an investigated to the NJ ex order 26.4bt The investigation find NJ ex order 26.4bt and was a documentation read, " 3. Review of R25's EIR Record" located under the resident was adminuted the resident was adminuted to the resident was ad	we port," dated Note of the record indicated of 26.4b1. The record indicated of 26.4b1. The record indicated of the event was an Note of 26.4b1. The in pertinent part, Note of 26.4b1. The interest part part part part part part part par	F	600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		315174	B. WING		0.5	C 5/22/2024	
	ROVIDER OR SUPPLIER D CENTER FOR REHA	BILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096			
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F 600	EMR under the "Prothird event, dated witnessed by staff of the NJ ex order 26.4 NJ ex order	gress Notes" located in the gress Notes" tab, indicated a during which R5 was at R25 and at R25 and on R25's Notes of the provided by the facility Report," dated Notes indicated a discrete facility Report," dated Notes indicated and services in the investigation was initiated and restricted for 26.4b1. The investigation findings der 26.4b1 and the interest of the "Profile" tab revealed mitted to the facility on page including NJ ex order 26.4b1. R titled "Care Plan" located on tab, dated NJ ex order 26.4b1. R titled "Care Plan" located on tab, dated NJ ex order 26.4b1.	F	600			
	indicated R30 NJ e.	x order 26.4b1 arterly "MDS" with an ARD of					
		d in the EMR under the					

	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		315174	B. WING _			05/:	22/2024
	PROVIDER OR SUPPLIER	BILITATION AND HEALTHCARE	,	STREET ADDRESS, CITY, STATE, ZIP CODI 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	E	1 00/1	
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F 600	"MDS" tab, indicated score of score of out of resident NJ ex order assessment indicated witnessed by staff stated documentation indicated witnessed by staff stated documentation indicated "[R5]'s NJ ex order 26.4b1 R30 NJ ex order 26.4b1 R30 NJ ex order 26.4b1 The NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The NJ ex order 26.4b1 The NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The NJ ex order 26.4b1 The documentation indicated R5 and R3 NJ ex order 26.4b1 The NJ e	the resident had a "BIMS" 15, which revealed the er 26.4b1 In the resident of the gress Notes of the resident of the gress Notes tab, indicated a during which R5 was anding over R30, of the resident of the gress Notes of the gress of the gress Notes of the gress of th	F	500			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		NSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 600	Continued review of NJ ex order 26.4 indicated the last incresident resident The record such as increased sures increased suresident to NJ ex order 26.4 indicated the last incresident for the property of NJ ex order 26.4 indicated the last increased suresident to NJ ex order 26.4 indicated the last increased suresident for NJ ex order 26.4 incidents of NJ ex order	R5's record indicated The record dent of potential resident to det to R5 occurred on indicated interventions, apervision of R5 and The record dent of potential resident to det to R5 occurred on indicated interventions, apervision of R5 and The record dent of potential resident to det to R5 occurred on indicated interventions, apervision of R5 and The record dent of potential resident to dent to R5 and The record dent of potential resident to dent to R5 and The record dent of potential resident to dent to R5 and The record dent of potential resident to dent to R5 and M, Unit dent R5 had been implemented since dent R5 had been the dent R5 had been the dent R5 had and dent R5 and confirmed R5 and confirmed R5 had a der R5 and other dent R5 and other	F	600				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETED
		315174	B. WING _			1	22/2024
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F 600	so we can intervene even happens. I know the completing an interview CNA14 confirmed stated R5 NJ ex order 26.4b1 R5 During an interview Licensed Practical Nas familiar with R5 been involved in NJ ex order 26.4b1 R5 NJ ex order 26.4b1 R5 During an interview Licensed Practical Nas familiar with R5 been involved in NJ ex order 26.4b1 R5 NJ ex order 26.4b1 R5 US FOIA (B) (B) (B) Was the completing the based on the invest stated R5 NJ ex order 26.4b1 R5 NJ ex order 26.4b1 R5	and in our line of site now, with him/her before anything ow [R5] and how to intervene." on 05/22/24 at 10:45 AM, he was familiar with R5 and rder 26.4b1 had NJ ex order 26.4b1 and NJ ex order 26.4b1 on 05/22/24 at 10:50 AM, Nurse (LPN) 8 confirmed she of and stated the resident had corder 26.4b1 but she had Nurse (LPN) 8 takes order 26.4b1 but she had Nurse (LPN) 8 takes order 26.4b1 but she had Nurse (LPN) 8 takes order 26.4b1 but she had Nurse (LPN) 8 takes order 26.4b1 she stated, "Nurse order 26.4b1 but she had Nurse (LPN) 8 takes order 26.4b1 she stated, "Nurse order 26.4b1 but she had Nurse (LPN) 8 takes order 26.4b1 con 05/22/24 at 11:55 AM, the stated the facility's ne US FOIA (B) (6), responsible for ensuring allegations were completed investigation findings report igation results. The Inspection of the order 26.4b1, a substantiated for any of the order 26.4b1, a substantiated for resident-to-resident	F6	500			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING 315174 B. WING 05/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE DEPTFORD, NJ 08096 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 600 Continued From page 9 F 600 to purposefully instigate NJ Ex Order 26.4(b) between residents, could not be substantiated. She stated, NJ ex order 26.4b referencing staff in all (of the investigations) and saying that the staff did not coerce any resident to NJ ex order 26.4b1 During an interview on 05/22/24 at 12:30 PM, the US FOIA (B) (6) stated his expectation was any resident NJ ex order 26.4b1 should be considered Review of the facility's policy titled, "Abuse," dated 12/22 and provided by the facility, indicated "The facility prohibits the mistreatment, neglect, and abuse of residents/patients and misappropriation of resident/patient property by anyone including but not limited to staff, family, friends and residents of the facility;" and "Physical Abuse: includes hitting, slapping, pinching, scratching, spitting, holding roughly, kicking, etc. It also includes controlling behavior through corporal punishment." NJAC 8:39-4.1(a)5 F 609 Reporting of Alleged Violations F 609 6/17/24 SS=E CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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DEPTFOR	D CENTER FOR REH	ABILITATION AND HEALTHCARE			511 CLEMENTS BRIDGE RD				
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F 609	Continued From pa	F	609						
	are reported imme	diately, but not later than 2							
		gation is made, if the events							
		gation involve abuse or result in							
	serious bodily injur	y, or not later than 24 hours if							
	the events that cau	use the allegation do not involve							
		esult in serious bodily injury, to							
		f the facility and to other							
		to the State Survey Agency and							
	adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established								
	procedures.	tate law through established							
	procedures.								
	\$483.12(c)(4) Rep	ort the results of all							
		e administrator or his or her							
		entative and to other officials in							
	accordance with S	tate law, including to the State							
		thin 5 working days of the							
		alleged violation is verified							
		tive action must be taken.							
	-,-	NT is not met as evidenced							
	by:				Flament 4:				
		NJ165932 C#NJ166156			Element 1:				
		J167718 C#167847 J168350 C#NJ168593			All NJ ex order 26.4b1				
	C#NJ171428	3100000 Omino 100000			involving Residents 6, 9,	25			
	0//10///120				and 30 were reported to the	20,			
	Based on interview	, document review, and review			administration and to the appropriate				
		e facility failed to ensure the			State officials immediately.				
		e results of their NJ Ex Order 26.4(b)(1)							
		e State Survey Agency (SSA)							
	within five working	days for 10 out of 13 residents							
		4, R5, R6, R9, R2, R11, R7,			Element 2:				
		rder 26.4b1 of 31 sampled			All residents have potential to be affect	ted			
		ure had the potential to delay			by the deficient practice.				
	corrective measures and appropriate response to								
	_	ensuring the safety of the			Medical records were reviewed for 6				
	residents.				weeks of progress notes that would				
	1				indicate a potential for abuse with no		I		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 03/	22/2024	
				15	11 CLEMENTS BRIDGE RD			
DEPTFOR	D CENTER FOR REHAI	BILITATION AND HEALTHCARE			EPTFORD, NJ 08096			
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F 609	Continued From pag	ne 11	F 6	809				
	Findings include:				indication of an identifiable reportable event identified for any other resident.			
	(EMR) titled "Admiss the "Profile" tab reve admitted to the facili				No other resident was identified.			
	under the "Care Plar indicated the resider	t titled "Care Plan" located n" tab, dated ^{NJ ex order 26.4b1} nt had a <mark>NJ ex order 26.4b1</mark> . The			Element 3: The policies on abuse, Facility Investigations were reviewed by administration.			
	Review of R3's EMR "Minimum Data Set Reference Date (AR under the "MDS" tab	d the resident ^{NJ ex} order 26.4b1			The facility initiated a new procedure in which grievances are reviewed in morr meeting. Any grievance that is determit to be an abuse allegation will have an incident report initiated with the abuse policy followed. The incident will be reported to the NJ DOH.	ning		
	of Number of 15 whin NJ ex order 26.4 indicated the resider	ch revealed the resident was b1. The assessment at NJ ex order 26.4b1.			Staff educator / designee will educate a staff on investigating abuse, neglect, mistreatment, and misappropriation; putting interventions in place to preven further potential abuse, neglect,	t		
	[RN] Assessment," of under the "Progress resident informed sta	Review of R3's EMR titled "Registered Nurse [RN] Assessment," dated and located under the "Progress Notes" tab, indicated the resident informed staff that a Licensed Practical Nurse (LPN) 4 [Nurse (LPN) 4]			mistreatment, or exploitation; reporting results of these investigations to the administrator; and reporting to the necessary authorities and the NJDOH; If allegation is substantiated, appropria corrective action is taken.			
	titled "Investigation Findicated LPN4 NJ NJ ex order 26.4 was evidence which the NJ ex order 26.4b1 two hours. There was	ex order 26.4b1 b1 . There showed the facility reported made by R3 to the SSA within s no evidence in the			A lesson plan and sign in logs will be k on file for validation.	ept		
investigative file which showed the results of the		ch showed the results of the			Element 4:			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER	BILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		1 001		
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F 609	business days to the and Life in Care in the Incated under the "President was initially and diagnosis of Incated in the Incated a family mentated in the Incated a family mentated in the Incated a family mentated in the Incated in Incated i	were submitted within five SSA. NJ ex order 26.4b1 PN4 NJ ex order 26.4b1. AR titled "Admission Record" rofile" tab indicated the admitted to the facility on with a ser 26.4b1. Int provided by the facility eleport," dated NJ ex order 26.4b1. The provided by the facility eleport, dated NJ ex order 26.4b1. The provided by the facility eleport, and the provided by the facility eleport, and the provided by the facility eleport, and the provided by the facility eleport. The provided by the facility eleport, and the provided by the facility eleport. There is showed the facility reported eleported elevents. There was no electron to the standard by R4's family member on the provided by R4's family member on the provided by R4's family member on titled "Care Plan" located titled "Care Plan" located	F6	The Administrator/ Director of designee will perform monthly incident reports to ensure cor reporting requirements; Revie effectiveness of the reporting make adjustments as necess The monthly audits shall cont months. The results of these audits wi submitted at monthly QAPI.	y audits of mpliance wew the process a sary.	f with		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		315174	B. WING _			C 05/22/2024
	ROVIDER OR SUPPLIER	IABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP C 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	ODE	
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F 609	Review of R4's ENEvaluation," dated the "Progress Not member of the reswas afraid of CNA allegedly NJ ex order 26 the "Investigation indicated a family that on State of the investigation. Showed the facility made by R4's fam two hours. There investigative file w facility's investigative file w facility's investigative file w facility's investigative file w facility's investigation. During an interview INJ ex order 26.4bThe STOIA (B) (6 NJ ex or	The assessment revealed the x order 26.4b1. AR titled "Nursing Clinical and located under es" tab, indicated the family ident reported that the resident 4 since the staff member der 26.4b1 and NJ ex order 26.4b1 resident. The Report, " dated NJ ex order 26.4b1 resident. The Report, " dated NJ ex order 26.4b1 resident. The Report of the the staff member of the resident. The Report of the the staff member of the resident. The Report of the the staff member of the resident of the resident. The Report of the the staff member of the resident of the resident of the resident of the resident of the staff member of the s	F	609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		315174	B. WING			05/	22/2024
	ROVIDER OR SUPPLIER D CENTER FOR REHA	BILITATION AND HEALTHCARE		15	REET ADDRESS, CITY, STATE, ZIP CODE 111 CLEMENTS BRIDGE RD EPTFORD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 609	under the "Care Platindicated the residen NJ ex order 26.4 Review of R5's EMF of Maximum and local indicated the resident out of 15 which indicated the resident out of 15 which indicated the resident NJ ex order 26.4b1. The resident NJ Ex Or assessment references assessment references with diagnoses NJ control of R6's EMF with diagnoses NJ control of R6's EMF under the "Care Plating Indicated the Indicated Indicated the Indicated Indicated the Indicated	ed to the facility on New order 26.4b1 R titled "Care Plan" located no" tab, dated New order 26.4b1 R annual "MDS" with an ARD ated under the "MDS" tab, not had a "BIMS" score of cated the resident of assessment indicated the der 26.4b1 MR titled "Admission Record" Profile" tab revealed the ed to the facility on New order 26.4b1 R titled "Care Plan" located	F	609	DEFICIENCY)		
	The ca NJ ex order 26.4 Review of R6's EMF of Jacobian and local indicated the resider out of 15 which reverse	R annual "MDS" with an ARD ated under the "MDS" tab, nt had a "BIMS" score of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION		DATE SURVEY COMPLETED
		315174	B. WING _			C 05/22/2024
	ROVIDER OR SUPPLIER	ABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP COD 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	E	001212027
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F 609	Review of R5's "Pr and located in the Notes" tab, revealed with R6 in the From R6, and NJ ex order 20 R6 and NJ ex order 20 R6 and NJ ex order 20 R6 and NJ related to the NJ ex order 20 R6 by R5 timely, he in the investigative facility's investigative facility in the investigative facility in the investigative facility in the investigative facility investigative facilit	cogress Notes," dated NJ ex order 26.4b1 EMR under the "Progress and the resident NJ ex order 26.4b1 Which the resident he hallway, NJ ex order 26.4b1 Ex order 26.4b1 The record indicated esident related to the ex order 26.4b1 The record indicated esident related to the ex order 26.4b1 The record indicated esident related to the ex order 26.4b1 The record indicated esident related to the ex order 26.4b1 The record indicated esident related to the ex order 26.4b1 The record indicated esident related to the ex order 26.4b1 The record indicated esident related to the ex order 26.4b1 The record indicated esident related to the facility of the owever there was no evidence file to show the results of the on were submitted within five the SSA. EMR titled "Admission Record" Profile" tab revealed the ted to the facility on New Yorder 26.4b1	F	609		
	Review of R9's EM under the "Care Pli indicated the reside					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		TE SURVEY	
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	ROVIDER OR SUPPLIER	ILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096				
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F 609	Review of R9's quarter and located "MDS" tab, indicated score of out of 15 was NJ ex order 26.4b1 the resident NJ ex oassessment reference. Review of R5's "Prog EMR under the "Prog second event, dated reported R5 NJ ex order 26.4b1 R9 on to the condition of th	erly "MDS" with an ARD of in the EMR under the the resident had a "BIMS" which revealed the resident. The assessment indicated rder 26.4b1 during the e period. Tess Notes" located in the press Notes" tab, indicated a during which R9 order 26.4b1 during which R9 order 26.4b1 The provided by the facility eport, "dated NJ ex order 26.4b1 The record indicated to the related to the related to the related to the related to the which showed the facility order 26.4b1 The record indicated to the results of the were submitted within five SSA. The record from the powed a facility admission medical diagnoses that on the powed a facility admission medical diagnoses that on the powed on Notes of the results of the powed a facility admission medical diagnoses that on the powed on Notes of the the powed and the po	F	609			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER	HABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CO. 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	T ADDRESS, CITY, STATE, ZIP CODE LEMENTS BRIDGE RD	
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F 609	to the State Agen "Reportable Even showed the date of PM and today's d "NUEX ORDER 26.45" resident walking towards r NJ ex order 26.4b1 showed R2's repr on "NUEX ORDER 26.4b1 a investigation file s completed five-da the State Agency." 7. Review of R11' EMR "Profile Tab"	ility provided investigation report cy revealed the top sheet of the t Record/Report [aka AAS45]" of event was accumented as vestigation Form" revealed "On [R2's name] was observed nursing station of "Secondary and "The last page in the file esentative was notified of the ta:44 PM. Further review of the showed no evidence that the sy investigation Record" from the showed a facility admission	F	609		
	Review the "Prog "Progress Notes" 5:05 PM that R11 NJ ex order 26.4b1 foll medical practition NJ ex order 26.4b1. A review of the fa Record/Report [a event from the top and the "Today's	ress Notes" from the EMR tab, showed on Nuscorder 26.451 at NJ ex order 26.451 on Nuscorder 25.451 owing a Nuscorder 26.451 The er was notified, and an Nuscorder 26.451 cility provided "Reportable Event ka AAS45]" showed the date of the report was Nuscorder 26.451				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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		315174	B. WING			05/	22/2024	
	ROVIDER OR SUPPLIER D CENTER FOR REHAE	BILITATION AND HEALTHCARE		1	TREET ADDRESS, CITY, STATE, ZIP CODE 511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 609	not show evidence of investigation report by Agency. During an interview of stated "the dipage of the AAS45 is [of the incident]. The page will match the dipage, which is when call it within two hour any evidence or doct completed five-day in the State Agency, the company deleted em would contact the column way of retries the state Agency to PM, the stated the revidence of the subminvestigation reports. During an interview of regarding the State Agency and interview of regarding the State Agency and investigation is compaged to reportable, and we soon as we find some time frame; the AAS4 brief summary and list investigation is compagency] upon request a full investigname] sends it in."	The investigation file did if the completed five-day eing provided to the State on 05/22/24 at 11:00 AM, the ate of the event on the first when I am first made aware date called in on the third late of the event on the first I am made aware and will s." When asked if there was amentation that the experimentation was provided to explained that the ails after 30 days, but she reporate office to see if there eving emails. At 11:45 AM, regional office advised her retrieve the emails. At 12:07 med that there was no hission of the final to the state agency. On 05/22/24 at 12:49 PM regency report investigations, ted an expectation that "We have do the investigation. As eathing we call it in, within the last is sent in which gives a lasts interventions. A full letted and sent [to the State st. The State does not always gation, but I think [DON's	F	609				
	Department of Health	nent titled the "New Jersey n and Senior Services cilities Evaluation and						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE COMP	SURVEY LETED
		315174	B. WING _				22/2024
	ROVIDER OR SUPPLIER	BILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CO 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	DE	1 001	
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F 609	dated NJ ex order 2 R7 reported was and NJ ex order 2 Accord Agency (SA) was not at 10:30 AM Review of the "Investigation of report was submitted after the initial report During an interview of the SA. 9. Review of a docurn Department of Health Division of Health FalcicensingReportated ated NJ exception of the alleged NJ exception of the signature the NJ ex order 2 investigation report a show that the results	aled on "Jox order 20-45" at 9:00 AM, breakfast 6.4b1 ding to this report, the State tified of the allegation on M. tigation Form" signed by the with a signature date of the investigation was a no evidence in the report or ocumentation to show the ocumentation of the investigation of the ocupentation and object of the ocupentation and ocumentation and object of the ocupentation and object of occurrence of the ocupentation of the ocupen	Fé	609			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		X3) DATE SURVEY COMPLETED	PLETED			
		315174	B. WING _			C 05/22/2024				
	ROVIDER OR SUPPLIER	IABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP C 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	ODE	00/22/2024				
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIAT	(X5) COMPLETI DATE	ON			
F 609	verified she show she submitted to the SA. 10. Review of the Health and Senior Facilities Evaluation Event Record/Repevent date of by the stock According made aware on office that Resider US FOIA (B) (6) was unable to proper was made to at 4:19 PM within from the stock with signature the investigation verport and its attack support that the resent to the SA with was received. During an interview show she submitted to the SA. Review of the facilities and the facilities are shown she submitted to the SA.	w on 05/22/24 at 12:51 PM, the did not have any evidence to ed the result of the investigation "New Jersey Department of ServicesDivision of Health on and LicensingReportable ort," dated with an at 4:00 PM and completed led staff to resident with an at 4:00 PM and completed led staff to resident staff was by the U.S. FOIA (b) (6) at 14's wife alleged R14 by a by a by a . The family member vide specific dates. The initial of the State Agency on state Agency on an hour of finding out about the state Agency on change of the investigation channels lacked evidence to estilate of the investigation were nin five days after the sure days after the sults of the investigation were did not have any evidence to each the result of the investigation lity's policy titled, "Abuse," dated	F	609						
		d by the facility, indicated " ibits the mistreatment, neglect,								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION NG	(X:	(X3) DATE SURVEY COMPLETED				
		315174	B. WING			C 05/22/2024			
	ROVIDER OR SUPPLIER	BILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096					
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F 609	and abuse of resider to ensure the preven suspected or alleged neglect, mistreatmer propertyThe Admi Nursing are responsive reportingReport reproper authorities as There was no inform directed the facility to	nts/patients which strives tion and reporting of a resident/patient abuse, at, and/or misappropriation of nistrator and Director of tible for investigation and results of investigation to the required by State law" ation in the policy which of submit the results of their state Survey Agency (SSA)	F	609					

POST-CERTIFICATION REVISIT REPORT

	R / SUPPLI ATION NU			MULTIPLE CONS A. Building B. Wing	TRUCTION						Y2	DATE O 6/17/20	F REVISIT	
NAME OF DEPTFO		ER F		BILITATION AND	HEALTHC.	ARE		1511 C	ET ADDRESS, CIT CLEMENTS BRIDG FORD, NJ 08096					
program, corrected	to show the and the onumber a	nose of late su nd the	leficiencie uch correc	fied State surveyons previously repositive action was a stion prefix code p	orted on the ccomplishe	CMS-25 d. Each	67, Staten deficiency	nent of should	Deficiencies and be fully identifie	Plan of Corre d using either	ction, that have l the regulation or	LSC		
ITE	И			DATE	ITEM				DATE	ITEM			DATE	
Y4				Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0600			Correction	ID Prefix	F0609			Correction	ID Prefix			Correction	
Reg.#	483.12(a)	(1)		Completed	Reg. #	483.12(I (1)(4)	b)(5)(i)(A)(B)(c)	Completed	Reg. #			Completed	
LSC				06/17/2024 	LSC	<u>(</u>			06/17/2024 	LSC				
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FOLLOWUP TO SURVEY COMPLETED ON 5/22/2024							ED DEFICIENCIES (CMS-2567) SEN							