

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60a000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2025
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NAME OF PROVIDER OR SUPPLIER BROOKDALE FLORHAM PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 8 JAMES STREET FLORHAM PARK, NJ 07932
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00133457</p> <p>CENSUS: 61</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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.</p>	A 000		
A 235	<p>8:36-2.4(d) Licensure Procedures</p> <p>(d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and resident records and conferences with residents.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00133457</p> <p>Based on interview, record review, and review of</p>	A 235		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 235	<p>Continued From page 1</p> <p>pertinent facility documents, it was determined that the facility failed to provide the surveyor with full access to facility documents to complete an investigation, which impeded the survey process of the Department of Health (DOH) for 2 of 3 residents reviewed, Resident #s 1 and 2. This deficient practice was evidenced by the following:</p> <p>1. On NJ Exec Order 26.4b1, the DOH received a Facility Reportable Event (FRE) completed by the Executive Director (ED) on NJ Exec Order 26.4b1 for an NJ Exec Order 26.4b1 that occurred on NJ Exec Order 26.4b1. The FRE indicated that at 6:15 a.m., the facility's Dining Services Supervisor who was NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 Resident #1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1.</p> <p>On 11/19/25 at 10:39 a.m., the surveyor requested access to the facility's incident and accident reports.</p> <p>At 11:21 a.m., the surveyor requested access to the facility's incident and accident reports a second time. The ED then stated that incident and accident reports were internal facility documents that were not shared.</p> <p>At 12:12 p.m., the ED stated that the District Director of Operations confirmed that incident and accident reports were internal facility documents that were not shared with the DOH.</p> <p>At 2:14 p.m. and 2:34 p.m., the surveyor interviewed the ED regarding Resident #1's NJ Exec Order 26.4b1. The ED stated that Resident #1 NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 at 6:00 a.m., and that the resident NJ Exec Order 26.4b1. The surveyor inquired if concierge staff were present at the time of the NJ Exec Order 26.4b1 and the ED stated that concierge staff worked from 9:00 a.m. to 7:00</p>	A 235		
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A 235	<p>Continued From page 2</p> <p>p.m. The surveyor then inquired what security measures were in place when concierge staff were not present. The ED stated that all [redacted] were [redacted] however, the ED stated that the [redacted] NJ Exec Order 26.4b1 [redacted]. The surveyor then inquired if the facility's security system alerted staff if the [redacted] NJ Exec Order 26.4b1 [redacted] opened after hours, and the ED stated that [redacted] NJ Ex Order 26 [redacted] was sent to all direct care staff beepers. At this time, the surveyor requested the [redacted] NJ EX O [redacted] report to confirm that staff were alerted that the [redacted] NJ Exec Order 26.4b1 on [redacted] NJ Exec Order 26 [redacted] at 6:00 a.m., and the ED denied the surveyor access. The ED stated that the [redacted] NJ Exec [redacted] report was also an internal facility document that was not shared with the DOH.</p> <p>At this time, the surveyor asked the ED if staff responded to the [redacted] NJ Exec Order 26.4b1 [redacted], and the ED stated that staff were responding to the [redacted] NJ Exec Order 26.4b1 [redacted] as the Dining Services Supervisor arrived at the facility.</p> <p>At 2:46 p.m., the ED stated that she checked the call pendant/door alert report. The ED stated that on [redacted] NJ Exec Order 26.4b1 [redacted] was sent to direct care staff at 6:01 a.m., 14 minutes prior to the arrival of the Dining Services Supervisor.</p> <p>2. On 1/7/20, the DOH received another FRE completed by the former Health and Wellness Director on [redacted] NJ Exec Order [redacted] for an [redacted] NJ Exec Order 26.4b1 [redacted] that occurred on [redacted] NJ Exec Order [redacted]. The FRE indicated that [redacted] NJ Exec Order 26.4b1 [redacted] called the facility at 5:55 a.m. to inform staff that Resident #2 was [redacted] NJ Exec Order [redacted] at a [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>[redacted] NJ Exec Order [redacted]. The FRE also indicated that staff were not aware that Resident #2 [redacted] NJ Exec Order 2 [redacted] NJ Ex Order 26.4 [redacted] and that the resident [redacted] NJ Exec Order 26.4b1 [redacted] prior to NJ Exec Order 26.4b1.</p>	A 235		
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A 235	<p>Continued From page 3</p> <p>At 2:14 p.m., the surveyor interviewed the ED regarding the previously mentioned [redacted] NJ Exec Order 26.4b1. The ED stated that she was not employed at the facility at the time of Resident #2's [redacted] NJ Exec Order 26.4b1.</p> <p>The facility failed to provide the surveyor with hard copies of the call alert report and incident reports related to the [redacted] NJ Exec Order 26.4b1 of Resident #1 and Resident #2 upon request. The ED stated that the call alert report and incident reports were internal documents.</p> <p>The surveyor reviewed the facility's policy titled, "Resident Call System and Door Alarm Response -SE-14," revised in May of 2023, which indicated, "Associates should respond to resident call system alerts and door alarms in a reasonable and timely manner ... data may be utilized as part of performance improvement and tracking and trending for customer satisfaction and may not be shared unless state-required ... Door alarms: These systems alert staff when alarmed doors are opened ... 1. When a door alarm sounds, associates should respond immediately and follow the procedures below: a. Immediately go to the area where the door alarm has sounded ..."</p> <p>The surveyor reviewed the facility's policy titled, "BAIRS Incident Reporting Policy," revised in January of 2024, which indicated, "... In the event that a resident or visitor experiences an occurrence such as, but not limited to ... elopement ... the associate reporting along with the supervisor or management representative, must either complete the Preliminary Draft Notes of a Reported Incident ("Draft Incident Notes") or enter the incident into the BAIRS during the shift on the day of the incident ... The Completed Incident Report should not be printed unless state</p>	A 235		

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A 235	Continued From page 4 regulations require a hard copy be kept in a secure, private area that can be locked ..."	A 235		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00133457 Based on interview, record review, and review of pertinent facility documents, it was determined that the Executive Director (ED) failed to ensure the development and implementation of the facility's policy and procedure titled, "Admission/Discharge Policy- NJ-2," when facility staff failed to ensure that discharge information was documented in a resident's Medical Record (MR) for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:	A 310		

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A 310	<p>Continued From page 5</p> <p>On 11/19/25, the surveyor reviewed the MR of Resident #2, which revealed Progress Notes (PNs) that indicated that the resident [redacted] from the facility on [redacted]. The PNs also indicated that Resident #2 had [redacted] in the [redacted] and that the resident would be transported to a [redacted]. In addition, the surveyor reviewed PNs dated [redacted] to [redacted], which all indicated that Resident #2 was [redacted].</p> <p>The surveyor reviewed a PN dated [redacted] written by a Registered Nurse (RN), which indicated that Resident #2 required a [redacted] to [redacted] the resident's [redacted] upon return to the facility. The PN also indicated that Resident #2's Responsible Party (RP) stated that she would look into [redacted] placement for the resident.</p> <p>The surveyor reviewed another PN dated [redacted] written by the previously mentioned RN, which indicated that the RN discussed with Resident #2 the need for a [redacted]. The PN also indicated that the RN spoke with Resident #2's RP regarding [redacted] the resident to a different facility. The PN indicated that the facility's Executive Director (ED) would meet with Resident #2's RP on [redacted], however, the surveyor did not observe any PN or documentation regarding Resident #2's discharge plan.</p> <p>The surveyor reviewed Resident #2's "Admission Record" (Face Sheet), which indicated that Resident #2 was discharged on [redacted] however, the surveyor did not observe any PN or documentation that indicated where the resident was discharged to or when.</p>	A 310		
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A 310	Continued From page 6 The surveyor reviewed the facility's policy titled, "Admission/Discharge Policy- NJ-2," revised in November of 2025, which revealed that the facility did not have a discharge process for staff to follow.	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00133457 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident's right to live in safe conditions was enforced for 2 of 3 residents reviewed, Resident #s 1 and #2. This deficient practice was evidenced by the following: 1. On 3/17/25, the Department of Health (DOH) received a Facility Reportable Event (FRE) completed by the Executive Director (ED) on NJ Exec Order 26 for an NJ Exec Order 26, 4B1 that occurred on	A 401		

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A 401	<p>Continued From page 7</p> <p>NJ Exec Order 26.4b1. The FRE indicated that at 6:15 a.m., the facility's Dining Services Supervisor who was NJ Exec Order 26.4b1, observed Resident #1 NJ Exec Order 26.4b1.</p> <p>The FRE also indicated that Resident #1's NJ Exec Order 26.4b1 were NJ Exec Order 26.4b1 around the resident and that the resident NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1.</p> <p>On 11/19/25, the surveyor reviewed the Medical Record (MR) of Resident #1, which revealed a Progress Note (PN) dated NJ Exec Order 26.4b1, written by the Clinical Services Specialist (CSS), which indicated that the CSS received a phone call from a Certified Medication Assistant (CMA) around 6:30 a.m., who stated that Resident #1 was NJ Exec Order 26.4b1 by a staff member NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1.</p> <p>At 2:14 p.m. and 2:34 p.m., the surveyor interviewed the ED regarding Resident #1's NJ Exec Order 26.4b1. The ED stated that Resident #1 NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 at 6:00 a.m., and that the resident NJ Exec Order 26.4b1.</p> <p>The surveyor inquired if concierge staff were present at the time of the NJ Exec Order 26.4b1 and the ED stated that concierge staff worked from 9:00 a.m. to 7:00 p.m. The surveyor then inquired what security measures were in place when concierge staff were not present. The ED stated that all NJ Exec Order 26.4b1, however, the ED stated that the NJ Exec Order 26.4b1 could be opened from the NJ Exec Order 26.4b1. The surveyor then inquired if the facility's security system alerted staff if the NJ Ex Order 26.4(b)(1) after hours, and the ED stated that a NJ Exec Order 26.4b1 was sent to all direct care staff beepers. At this time, the surveyor requested the NJ Exec Order 26.4b1 report to confirm that staff were alerted that the NJ Exec Order 26.4b1 at 6:00 a.m., and the ED</p>	A 401		
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A 401	<p>Continued From page 8</p> <p>denied the surveyor access. The ED stated that the NJ Exec Order 26.4b1 report was an internal facility document that was not shared with the DOH.</p> <p>At this time, the surveyor asked the ED if staff responded to the NJ Exec Order 26.4b1, and the ED stated that staff were responding to the NJ Exec Order 26.4b1 as the Dining Services Supervisor arrived at the facility.</p> <p>At 2:46 p.m., the ED stated that she checked the NJ Exec Order 26.4b1 report. The ED stated that on NJ Exec Order 26.4b1, a NJ Exec Order 26.4b1 was sent to direct care staff at 6:01 a.m., 14 minutes prior to the arrival of the Dining Services Supervisor.</p> <p>2. On 1/7/20, the DOH received another FRE completed by the former Health and Wellness Director on NJ Exec Order 26.4b1 for an NJ Exec Order 26.4b1 that occurred on NJ Exec Order 26.4b1. The FRE indicated that NJ Exec Order 26.4b1 at 5:55 a.m. to inform staff that Resident #2 was NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1. The FRE also indicated that staff were not aware that Resident #2 NJ Exec Order 26.4b1 and that the resident was NJ Exec Order 26.4b1 prior to NJ Exec Order 26.4b1.</p> <p>On 11/19/25, the surveyor reviewed the MR of Resident #2, who was admitted to the facility in NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 with diagnoses of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The surveyor reviewed a PN dated NJ Exec Order 26.4b1, written by a nursing staff member, which indicated that NJ Exec Order 26.4b1 the resident NJ Exec Order 26.4b1 to the facility at 6:00 a.m., after the resident was NJ Exec Order 26.4b1 at a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1).</p> <p>The PN also indicated that Resident #2 had shown NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 in the past week and that the resident thought staff</p>	A 401		
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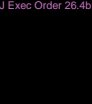
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A 401	<p>Continued From page 9</p> <p>members NJ Exec Order 26.4b1". Lastly, the PN indicated that Resident #2 NJ Exec Order 26.4b1 the facility a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 the resident NJ Exec Order 26.4b1 to the facility.</p> <p>Further review of Resident #2's MR revealed an undated "Physician/Healthcare Provider Visit Form," which indicated, "[Resident #2] is NJ Exec Order 26.4b1 + NJ Exec Order 26.4b1".</p> <p>At 2:14 p.m., the surveyor interviewed the ED regarding the previously mentioned NJ Exec Order 26.4b1. The ED stated that she was not employed at the facility at the time of Resident #2's NJ Exec Order 26.4b1 and that she did not know anything about the resident or the resident's NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed a document titled, "Assisted Living Facility Residents' Rights," dated 5/15/25, provided by the ED, which indicated, "... To live in safe and clean conditions in an environment that is not overcrowded ..."</p>	A 401		



BROOKDALE
SENIOR LIVING SOLUTIONS

ROL #3 NCD
3/12/26
acceptable



Brookdale Florham Park
8 James Street
Florham Park, NJ 07932

Survey Date- November 19, 2025

A235 8:36-2.4 (d) Licensure Procedures

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**
Resident #1's Registered Nurse evaluation, personal service plan and care assignment reviewed and updated on 3/16/2025 by Health & Wellness Director. Resident #2 no longer resides in the community and discharged on [redacted]. The Executive Director was educated by the Area Director on 1/15/26 regarding the community procedure and guidelines regarding requirements of New Jersey administrative code 8:36-2.4 (d) Licensure Procedures.
- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?**
All residents have the potential to be affected by this deficient practice.
- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**
The Executive Director was educated by the Area Director on 1/15/26 regarding the community procedure and guidelines regarding requirements of New Jersey administrative code 8:36-2.4 (d) Licensure Procedures. The Executive Director retrained all managers on community procedure and guidelines regarding requirements of New Jersey administrative code 8:36-2.4 (d) Licensure Procedures, on 1/23/26 and 1/27/26.
- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**
Executive Director or designee will verify compliance to this requirement during survey visits.

COMPLETION DATE: 1/31/26

A310 8:36-3.4(a)(1) Administration

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**
Resident #2 no longer resides in the community and discharged on [redacted].
- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?** All residents have the potential to be affected by this deficient practice.
- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**
The Executive Director reviewed with Health & Wellness Director, Registered Nurse, and Health & Wellness Coordinator on 1/23/26 & 1/27/26 regarding the discharge process. Health & Wellness Director or designee will ensure that discharge notes, along with their discharge destination are charted in PCC accordingly by running PCC report on a weekly basis starting 1/22/2026. Health & Wellness Director provided in-service on timely PCC

documentation on 1/27/2026. No other residents identified during PCC documentation audit completed by Health and Wellness Director on 1/21/2026.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

Health & Wellness Director will run the PCC weekly progress notes and discharge notes audit starting week of 1/26/2026. Executive Director or designee to monitor compliance monthly for 3 months and as needed thereafter.

COMPLETION DATE: 1/31/26

A401 8:36-4.1(a)(22) Resident Rights

- **HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED TO THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?**

Resident #1 was sent out to the **NJ Exec Order 26.4b1** Resident #1's Registered Nurse evaluation, personal service plan and care assignment reviewed and updated on **NJ Exec Order 26.4b1** by Health & Wellness Director. Health & Wellness Director informed, Power of Attorney and Primary Care Physician on **NJ Exec Order 26.4b1** Health Service Plan in place. Resident #2 no longer resides in the community and discharged on **NJ Exec Order 26.4b1** Resident #2 was sent to **NJ Exec Order 26.4b1** recommended **NJ Exec Order 26.4b1** and discussed with Power of Attorney need for a **NJ Exec Order 26.4b1** care in order to adequately meet residents care needs. Resident #2 did not return to the community.

- **HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?**

All residents have the potential to be affected by the deficient practice. Registered nurse assessment completed on residents under Psychiatrist services and on Health Service Plans on 3/16/25 by Health & Wellness Director. No other residents found to have high elopement risks at this time.

- **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WOULD NOT RECUR?**

Elopement Drill was completed on 1/21/26 for Certified Home Health Aides, Certified Medication Aides and Certified Nursing Assistants by **NJ Exec Order 26.4b1** On January 23, 2026, Health & Wellness Director provided the Registered Nurse, Health & Wellness Coordinator, Certified Home Health Aides, Certified Medication Aides and Certified Nursing Assistants an in-service on: Elopement policy & door alarms. Education also included all change in conditions need to be communicated to both Executive Director and Health & Wellness Director immediately. All associates trained on policy and procedures are responsible for monitoring door alerts on time during their shifts. Executive Director reviews three times weekly and addresses as needed. Health and Wellness Director or designee review door alarms daily. Health and Wellness Director or designee will review provider notes at least once a month. On January 23, 2026, the Executive Director retrained all managers on reportable events policy, door alarms and elopement policy, with a focus on the need for education after all elopements within the community.

- **HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?**

Health & Wellness Director or designee will monitor interventions and outcomes. Executive Director will conduct audits monthly for two (2) months to ensure compliance and as needed thereafter.

COMPLETION DATE: 1/31/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60a000 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/2/2026 Y3
NAME OF FACILITY BROOKDALE FLORHAM PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 8 JAMES STREET FLORHAM PARK, NJ 07932	

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 A0235	Correction	ID Prefix A0310	Correction	ID Prefix A0401	Correction
Reg. # 8:36-2.4(d)	Completed	Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed
LSC	03/02/2026	LSC	03/02/2026	LSC	03/02/2026
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/19/2025		<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		