

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061409	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2022
NAME OF PROVIDER OR SUPPLIER LINCOLN PARK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 499 PINE BROOK ROAD LINCOLN PARK, NJ 07035		
(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 000	Initial Comments A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities, infection control regulations and has implemented Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 6/24/22 Census: 467	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: Part A: Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the State of New Jersey. This was evident for 14 out of 42 shifts reviewed. Findings include: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for	S 560	Element One-Corrective Action Part A A staffing analysis was completed to identify by shift the minimum amount of direct care staff and licensed nursing staff required by regulatory requirements to meet the care needs of the residents based on the daily census. The staffing schedule was reviewed by the DON with the staffing coordinator to identify by shift the required number of staff. Agencies are contacted to fill vacant direct care Certified Nurse Aide positions and	7/26/22

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

TITLE

(X6) DATE

Electronically Signed

07/08/22

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S 560	Continued From page 1 nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) one direct care staff member to every ten residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) one direct care staff member to every fourteen residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including	S 560	licensed nurse positions while the facility advertises for new staff. Facility nursing staff are offered bonuses for picking up extra shifts when needed. The facility continues to run On-Line ads, offers sign on bonuses and generous referral bonuses to attract new staff. Interviews are being conducted daily as applicants apply both scheduled or walk-ins. The staffing coordinator reviews the daily, weekly, and monthly staff schedules with the DON to assure staffing levels meet regulatory requirements and to offer extra shifts to cover vacation and days off in advance. Part B COVID-19 booster and vaccination clinics continue monthly for both residents and staff. Element Two-Identification of at Risk Residents All residents have the potential to be affected by this practice Element Three-Systemic Change Part A DON/ADON review staffing daily and weekly to ensure all resources have been used to staff the facility as per State mandates on an on-going basis. The facility has entered into contracts with staffing agencies in order to assist the facility in meeting its staffing needs. Agencies are sent all staffing needs in advance and additional staff requested to cover in the event of call-outs.	

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S 560	<p>Continued From page 2</p> <p>certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>During entrance conference on 6/21/22 at 10:08 AM, the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA) and Infection Preventionist, informed the surveyor that the facility staffing was good. The DON stated that the facility used Agency staff as well as offered their staff overtime.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the weeks of 6/5/22 to 6/11/22 and 6/12/22 to 6/18/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <p>6/5/22 had 29 CNAs for 457 residents on the day shift, required 57 CNAs. (15.76 residents per CNA)</p> <p>6/6/22 had 50 CNAs for 457 residents on the day shift, required 57 CNAs. (9.14 residents per CNA)</p>	S 560	<p>The facility has reviewed its benefit package of nursing staff and has implemented the following:</p> <ol style="list-style-type: none"> 1. Salary increases 2. Incentives such as "sign-on bonus" <p>The facility is working with local vocational schools to recruit employees. Open house events have taken place and are being scheduled.</p> <p>The facility continues to work with a recruiter and to use digital media and other job posting sites to staff the facility in compliance with regulations. Administration has formed a staffing committee which will meet weekly and has conducted salary analyses and implemented creative strategies for attracting new employees. The staffing committee includes frontline staff and managers to identify ways that the facility can improve the work environment to retain and attract new employees. The Committee recommendations are shared with Regional and Corporate staff for review and implementation.</p> <p>The facility is utilizing all forms of digital media as well as Headhunters to identify and hire new staff.</p> <p>Element Three Part B A staff COVID vaccination tracking log that includes all vaccinations including boosters was implemented to ensure that all staff are vaccinated in accordance with the facility COVID-19 Vaccination Policy, CDC guidance and NJDOH regulations to</p>	

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S 560	Continued From page 3 6/7/22 had 46 CNAs for 457 residents on the day shift, required 57 CNAs. (9.93 residents per CNA) 6/8/22 had 40 CNAs for 457 residents on the day shift, required 57 CNAs. (11.42 residents per CNA) 6/9/22 had 42 CNAs for 457 residents on the day shift, required 57 CNAs. (10.88 residents per CNA) 6/10/22 had 42 CNAs for 457 residents on the day shift, required 57 CNAs. (10.88 residents per CNA) 6/11/22 had 37 CNAs for 458 residents on the day shift, required 57 CNAs. (12.38 residents per CNA) 6/12/22 had 28 CNAs for 458 residents on the day shift, required 57 CNAs. (16.36 residents per CNA) 6/13/22 had 30 CNAs for 458 residents on the day shift, required 57 CNAs. (15.27 residents per CNA) 6/14/22 had 37 CNAs for 458 residents on the day shift, required 57 CNAs. (12.38 residents per CNA) 6/15/22 had 43 CNAs for 458 residents on the day shift, required 57 CNAs. (10.65 residents per CNA) 6/16/22 had 30 CNAs for 465 residents on the day shift, required 58 CNAs. (15.50 residents per CNA) 6/17/22 had 43 CNAs for 465 residents on the day shift, required 58 CNAs. (10.81 residents per CNA) 6/18/22 had 37 CNAs for 465 residents on the day shift, required 58 CNAs. (12.57 residents per CNA) NJAC 8:39-5.1(a)	S 560	mitigate the spread of COVID-19. The Infection Control Preventionist (ICP) will be responsible for monitoring the results and ensuring compliance with COVID-19 vaccination protocols. Re-education was immediately provided to the facility Infection Control Team, LNHA and DON to assure the facility vaccination policy, CDC guidance, and CMS and NJDOH vaccination requirements are followed. Facility staff re-education regarding COVID-19 vaccination requirements per NJDOH, CDC, and CMS regulations was completed. Element Four-Quality Assurance Part A Daily staffing levels are reported to the Administrator and if there are any shortages, additional incentives are provided to employees to work an extra shift. The success of bonuses and incentives is being analyzed by the Administrator and DON who make recommendations to the Governing Body regarding what incentives or bonuses are productive. Staffing is discussed at morning operations meetings and recommendations solicited from the management team about ways to attract new hires to fill vacant positions. Human Resources (HR) and staffing coordinator/designee will track efforts and success of initiatives noted above and will report findings to the Administrator weekly for Four (4) months or until minimum staffing levels have been met on a	

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S 560	<p>Continued From page 4</p> <p>Part B:</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to follow facility policy to ensure all staff who were eligible for their COVID-19 booster vaccination received it by 5/11/22 or within three weeks of becoming eligible. This deficient practice was identified for 243 of 490 staff members reviewed for COVID-19 vaccination booster status and was evidenced by the following:</p> <p>Reference: New Jersey Executive Directive 290, dated 3/2/22: 2. b. All covered workers must provide adequate proof that they are up to date with their COVID-19 vaccination by May 11, 2022; provided however, that as to having received a booster dose, covered workers must provide adequate proof that they are up to date with their COVID-19 vaccinations by May 11, 2022, or within 3 weeks of becoming eligible for a booster dose, whichever is later.</p> <p>On 6/24/22 at 9:00 AM, the surveyors entered the facility and observed all staff and visitors entering the building. Upon entering the building, the visitors were screened. Upon screening, the visitors were asked if they were non-staff or staff. Non-staff members were offered a Covid-19 test and staff members were required to allow the facility to test them for Covid -19. The facility used a point of care rapid COVID-19 test (nasal swab that detected COVID-19 within fifteen minutes). All staff and visitors who were tested were required to wait in the lobby until the test results were known, and everyone entering the</p>	S 560	<p>consistent basis. The administrator will communicate findings to the Corporate staff for assistance and direction as appropriate.</p> <p>The Administrator/Designee will provide the audit statistics and relevant findings in aggregate at the quarterly QAPI meeting for action and further guidance as appropriate</p> <p>Part B</p> <p>Random audits of staff vaccination logs will be completed by the facility ICP weekly X 4 weeks then monthly on an on-going basis to ensure continued compliance with COVID-19 vaccinations of staff per NJDOH, CMS, and CDC requirements with results reported to the DON. The DON will provide the audit statistics in aggregate at the quarterly QAPI committee meeting for action and further guidance as appropriate</p>	

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S 560	<p>Continued From page 5</p> <p>building were required to wear an N95 (respirator) mask and face shield at all times while in the facility.</p> <p>During entrance conference on 6/21/22 at 10:08 AM, the Director of Nursing (DON) in the presence of Licensed Nursing Home Administrator (LNHA), Infection Preventionist/Registered Nurse (IP/RN #1), stated that all staff regardless of vaccination status were tested daily upon entrance to the lobby of the facility. The DON stated that prior to daily testing, all staff regardless of vaccination status were being tested twice a week. The DON stated that all staff and visitors were required to wear in the facility an N95 mask and face shield. The DON stated that the IP/RN was in charge of the facility's COVID-19 vaccination efforts.</p> <p>At this time, the survey team requested the facility complete the COVID-19 Staff Vaccination Matrix (VM; used to identify the vaccination status for all staff).</p> <p>On 6/21/22 at approximately 2:00 PM, the DON provided the surveyor team a document titled "Staff Vaccination Status for Providers" which included the COVID-19 vaccination status of 576 staff. The VM further revealed that out of 490 staff who were eligible to receive the COVID-19 booster, 243 staff members had not received their booster vaccination.</p> <p>On 6/23/22 at 2:30 PM, the surveyor interviewed the DON in the presence of the IP/RN #1 and the survey team, who stated each employee needed to be fully vaccinated plus receive a booster dose or have an exemption (medical or religious) to work without the vaccine. The DON continued</p>	S 560		

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S 560	<p>Continued From page 6</p> <p>that staff who were not fully vaccinated and boosted were contacted by the Human Resources Department to complete their vaccination series to ensure the staff were in compliance with the regulations. The DON acknowledged that it was ultimately her responsibility to ensure the staff that were working were up to date with their vaccine requirements and that anyone who was not up to date with their vaccinations would be removed from the schedule. At that time, the IP/RN stated she and IP/RN #2 were also responsible for ensuring the facility was following the vaccination mandates.</p> <p>On 6/24/22 at 10:54 AM, the DON stated that since December of 2020, the facility had offered thirty COVID-19 vaccination clinics which provided both primary vaccine series doses and booster vaccines. The education department calls staff and leaves messages to remind them of these clinics as well as staff were reminded when they were COVID-19 tested. The DON stated that she spoke with Human Resources yesterday to schedule another COVID-19 vaccine clinic. The DON acknowledged there was a breakdown in the facility's COVID-19 vaccination process.</p> <p>On 6/24/22 at 11:57 AM, the DON stated that the facility was unable to provide any evidence that each staff member who was eligible to receive their booster vaccine was spoken to.</p> <p>A review of the facility's testing logs, revealed that staff were being tested at least twice a week for COVID-19.</p> <p>A review of the facility's " COVID Vaccinations-</p>	S 560		

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S 560	Continued From page 7 Healthcare Workers policy and procedure" dated of 3/02/22, included all employees of the facility must be up to date with COVID-19 vaccine and receive a Booster vaccine by May 11, 2022, or within three weeks of becoming eligible per Executive Directive [ED]-283 and 290. Employees may file for religious or medical exemption and will not be permitted to work until the process has been completed and approved...All employees must receive a complete series of COVID-19 vaccine per the New Jersey Department of Health [NJDOH] ED schedule: Unvaccinated workers must obtain their first dose of the primary series by January 27, 2022, and provide proof to the facility. All employees must provide proof that they are up to date with their vaccine series by February 28, 2022. All employees must receive their booster by the April 11, 2022, deadline or within three weeks of becoming eligible... NJAC 8:39-5.1(a)	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061409	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/23/2022
NAME OF FACILITY LINCOLN PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 499 PINE BROOK ROAD LINCOLN PARK, NJ 07035	

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	07/26/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <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 6/24/2022		<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			