

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: 315274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/23/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT LAURELTON, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 475 JACK MARTIN BLVD BRICK, NJ 08724		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Complaint # NJ00181615, NJ00177959 Census: 104 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 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		2/3/25	

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

TITLE

(X6) DATE

Electronically Signed

01/20/2025

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 755	<p>Continued From page 1</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Complaint # NJ00181615, NJ00177959</p> <p>Based on observations, interviews, and record review, as well as a review of pertinent facility documents on 12/23/24, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards of practice by not ensuring that a medication [redacted] an [redacted] medication, was administered to a resident (Resident #1) in a timely manner as ordered by a physician. [redacted] was a medication to be administered before meals. This deficient practice was observed in 1 of 4 residents reviewed for medication administration and was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized</p>	F 755	<p>Residents affected by deficient practice:</p> <p>The Facility failed to provide a pharmaceutical services in accordance with professional standards of practice by not ensuring that a medication [redacted] an [redacted] medication, was administered to a resident, Resident #1, in a timely manner as ordered by a physician.</p> <p>Resident #1, MD was notified by Unit Manager and resident was assessed with [redacted] noted.</p> <p>Identify those individuals who could be affected by the deficient practice:</p> <p>All Residents receiving [redacted] have the potential to be affected.</p> <p>A facility- wide audit was conducted on 12/23/2024 to ensure all residents receiving [redacted] had appropriate orders and documentation in the Electronic Medical Records. No concerns were identified.</p>		

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F 755	<p>Continued From page 2 physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses including but not limited to: [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's [redacted] NJ Ex Order 26.4(b)(1), dated [redacted] NJ Ex Order 26.4(b)(1), indicated Resident #1's Brief Interview for Mental Status (BIMS) Score was [redacted] NJ Ex Order 26.4(b)(1) revealing the Resident's [redacted] NJ Ex Order 26.4(b)(1). The MDS further revealed in Section [redacted] NJ Ex Order 26.4(b)(1) and Goals that Resident #1 required assistance in his/her [redacted] NJ Ex Order 26.4(b)(1)</p> <p>A review of Resident #1's "Order Summary Report" (OSR) with Active Orders As of: [redacted] NJ Ex Order 26.4(b)(1) revealed an order for the following:</p>	F 755	<p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <p>The Director of Nursing/designee provided education to Licensed Nurses on the policy of Medication Administration and the importance of following Physician orders, and notifying Residents attending Physician. The education was initiated on 12/23/2024 and will be ongoing.</p> <p>Measures or systemic changes to ensure that the deficiency will not recur:</p> <p>Director of Nursing or designee will audit Physician orders and Medication Administration records for three Residents receiving Sucralfate, weekly x4 weeks then monthly x 2 months. Results of the audit will be reviewed by the Director of Nursing or designee at the monthly Quality Assurance Meeting and Quarterly meeting over the duration of the audit process in the next 3 months. Based on the results of these audits a decision will be made regarding the need for continued submissions and reporting.</p>		

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F 755	<p>Continued From page 3</p> <p>NJ Ex Order 26.4(b)(1)) Give 1 tablet by mouth before meals and at bedtime for NJ Ex Order 26.4(b)(1)) [REDACTED] [REDACTED] with an Order and Start Date of NJ Ex Order 26.4(b)(1) .</p> <p>A review of Resident #1's electronic "Medication Administration Record" (eMAR) dated NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) indicated the abovementioned medication was scheduled and to be administered as follows:</p> <p>NJ Ex Order 26.4(b)(1)) Give 1 tablet by mouth before meals and at bedtime for NJ Ex Order 26.4(b)(1) at 0730 [7:30 in the morning], 1130 [11:30 in the morning], 1630 [4:30 in the afternoon], and at bedtime 2100 [9:00 in the evening].</p> <p>A review of Resident #1's eMAR Resident Details (RD), under the Administration Details revealed that the above-mentioned medication was administered as follows:</p> <p>NJ Ex Order 26.4(b)(1)) was scheduled to be administered at 0730 [morning], 1130 [morning], 1630 [4:40 afternoon], and at 2100 [9:00 evening], however, on the following days the medication was given late as follows:</p> <p>NJ Ex Order 26.4(b)(1) 0730 - medication was administered at 08:45 [morning] NJ Ex Order 26.4(b)(1) 1130 - medication was administered at 13:52 [1:52 in the afternoon] NJ Ex Order 26.4(b)(1) 1630 - medication was administered at 17:26 [5:26 in the afternoon]</p>	F 755			

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F 755	Continued From page 4 <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 8:56 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 12:50 [afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 10:52 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1630 - medication was administered at 19:46 [7:46 in the evening] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 10:02 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1630 - medication was administered at 17:47 [5:47 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 09:14 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 10:18 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 13:17 [1:17 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 08:58 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 13:52 [1:52 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 1630 - medication was administered at 17:43 [5:43 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 09:37 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 14:00 [2:00 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 09:34 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1630 - medication was administered at 18:57 [6:57 in the evening] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 13:39 [1:39 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 1630 - medication was administered at 19:52 [7:52 in the evening] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 09:51 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered	F 755			

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F 755	<p>Continued From page 5</p> <p>at 09:30 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 14:57 [2:57 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 09:38 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 13:29 [1:29 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 10:01 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 09:04 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 13:45 [1:45 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 8:52 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 13:23 [1:23 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 08:53 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 14:29 [2:29 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 09:12 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 14:06 [2:06 in the afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 10:46 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 0730 - medication was administered at 09:04 [morning] <small>NJ Ex Order 26.4(b)(1)</small> 1130 - medication was administered at 12:57 [afternoon] <small>NJ Ex Order 26.4(b)(1)</small> 1630 - medication was administered at 17:58 [5:58 in the afternoon]</p> <p>A review of Resident #1's Progress Notes (PN) from <small>NJ Ex Order 26.4(b)(1)</small> to <small>NJ Ex Order 26.4(b)(1)</small> showed no documentations that the Resident's attending physician (AP) was notified that the medication was not administered according to the scheduled</p>	F 755			

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F 755	<p>Continued From page 6</p> <p>time on the aforementioned dates. The PN further indicated there was no evidence of harm to Resident #1 from the late administration of medications.</p> <p>In an interview of the Surveyor with Resident #1 in his/her room on 12/20/2024 at 1:49 p.m. [afternoon] regarding his/her medication, Resident #1 stated, "they do not always come on time, my medication NJ Ex Order 26.4(b)(1) was always late especially in the morning. It has been frequent the last month."</p> <p>In an interview of the Surveyor with Licensed Practical Nurse (LPN #1) on 12/20/24 at 12:28 p.m. [afternoon], LPN #1 stated that for every after medication administration, "in the eMAR, the nurse clicked on the Check [sign], then clicked the Save [box] and it will turn green meaning the medication was administered and given to the resident. For every after administration of medication, I tried to make it [box] green right away."</p> <p>In an interview of the Surveyor with Registered Nurse (RN #1) Unit Manager, RN #1 stated that in the eMAR if the medication boxes are "yellow" that means the medications are due for that time. Once it is green, the nurse had already clicked the Save button which means the medication was administered." RN #1 also stated that if the medications were not administered according to the scheduled time or running late with medications or if the resident refuses, nurse would document that the medication was given late and would call the doctor to notify that the medication was not administered according to the scheduled time."</p>	F 755			

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F 755	Continued From page 7 NJAC 8:39-29.2 (d)	F 755			

New Jersey Department of Health

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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 12/23/2024, 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 9 of 14 day 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 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	S 560	Residents affected by deficient practice: Facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio. No Residents were identified. Identify those individuals who could be affected by the deficient practice: All Residents have the potential to be affected. All Residents were monitored for any adverse effects with none noted. Director of Nursing, Human Resources,	2/3/25

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

Electronically Signed

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S 560	<p>Continued From page 1</p> <p>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 12/01/2024 to 12/07/2024 and 12/08/2024 to 12/14/2024.</p> <p>The facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -12/01/24 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -12/02/24 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -12/03/24 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs. -12/04/24 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. -12/05/24 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs. -12/07/24 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs. -12/08/24 had 11 CNAs for 99 residents on the 	S 560	<p>and Staffing Director were educated on the minimum staffing requirements by the administrator on 1/16/2025.</p> <p>What corrective actions will be accomplished for those residents affected by the deficient practice:</p> <p>The facility implemented an expedited, but robust on boarding process.</p> <p>The facility will use agency staff as needed to meet staffing needs. The facility will continue to participate in biweekly recruitment calls to review open positions, recruitment tactics, and changes to improve outcomes. All these efforts will provide an opportunity to meet the required staffing minimums.</p> <p>Measures or systemic changes to ensure that the deficiencies will not occur. Administrator/Designee will conduct two audits weekly for four weeks, then twice monthly for two months to ensure adequate staff is scheduled to accommodate resident needs. results of the audits will be reviewed at the monthly quality assurance performance improvement meeting, and quarterly over the duration of the audit process 3 months to ensure compliance. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>	

New Jersey Department of Health

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S 560	Continued From page 2 day shift, required at least 12 CNAs. -12/09/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. -12/10/24 had 5 CNAs for 98 residents on the day shift, required at least 12 CNAs.	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315274	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/4/2025	Y3
NAME OF FACILITY COMPLETE CARE AT LAURELTON, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 475 JACK MARTIN BLVD BRICK, NJ 08724		

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 F0755	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/03/2025	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 12/23/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061532	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/4/2025
NAME OF FACILITY COMPLETE CARE AT LAURELTON, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 475 JACK MARTIN BLVD BRICK, NJ 08724

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 _____	02/03/2025	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 12/23/2024	<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
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