STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315367	A. BUILDING _____ B. WING _____	C 04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY HERITAGE NURSING AND REHABILITATION CENTER	380 DEMOTT LANE SOMERSET, NJ 08873

(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 #s: NJ00185340, NJ00175616, NJ00183791 Census: 181 Sample Size: 5 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 842 SS=B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the	F 842		5/2/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/13/2025

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 842	Continued From page 1 records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and	F 842		

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F 842	Continued From page 2 (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #s: NJ00185340, NJ00175616, NJ00183791 Based on interviews, record review, and review of pertinent facility documents on 04/24/2025 and 04/28/2025, it was determined that the facility failed to accurately and consistently document all the Activities of Daily Living (ADLs) of Residents #1,#2, and #3 in the Certified Nursing Assistant [CNA]Observation Sheet (COS)according to their facility's policy and procedure on ADL flow sheets. This deficient practice was observed in three out of five residents reviewed for ADLs documentation and was evidenced as follows: 1.According to Resident's Face Sheet (FS), Resident #1 was admitted to the facility with following diagnoses that included but not limited to NJ Exec Order 26.4b1 [redacted] Review of the Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities and helps the facility identify residents' health problems, dated NJ Exec Order 26.4b1, showed that Resident #1 Brief Interview for Mental Status (BIMS) Summary Score is [redacted] which indicated Resident's [redacted] was NJ Exec Order 26.4b1. The	F 842	1. a. All nursing staff was re-inserviced on the importance of filling out documentation, ADL flow sheets and shower logs as a confirmation of the daily tasks routinely performed by the staff. b. ADL flow sheets and [redacted] logs were reviewed for that day on residents 1, 2, 3and filled out prior to the end of the shift. c. CNA 1 and LPN 1 were counseled 1:1 on completing documentation timely. 2. All residents in the facility have the potential to be affected. 3. a. A facilty wide review of all current ADL flow sheets and shower logs was conducted. b.Unit Clerks are now assigned the task to review the ADL flow sheets and shower books daily. c.The facility supervisorwill continue to monitor weekly for completion. 4. a. Nursing administration will review the ADL flow sheets and shower logs for accuracy monthly for 6 months, corrections will be made as needed. b. Re-inservice on the importance of documentation, with emphasis on ADL flow sheets and shower logs/ 1:1 counseling as needed. c. A quarterly report will be submitted to the QA committee for discusion and complaince and measures of success to QA qusrterly	

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F 842		F 842		

Continued From page 3

MDS further revealed in Section NJ Exec Order 26.4b1 that the Resident was NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1 in completing her/his ADLs.

Review of Resident #1's Care Plan (CP) dated NJ Exec Order 26.4b1 under Problem Type: ADL Function: Problem Description: NJ Exec Order 26.4b1 ; Approaches: ...provide set up, NJ Exec Order 26.4b1 ; set up supplies for NJ Exec Order 26.4b1; ...NJ Exec Order 26.4b1 and record, ...provide NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 as indicated on NJ Exec Order 26.4b1 [care record].

Review of Resident #1's COS with Month/Year NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 revealed blank boxes on the following dates associated with the type of ADLs that was provided to the Resident:

a. NJ Exec Order 26.4b1]:
-Breakfast: NJ Exec Order 26.4b1 .
- Lunch: NJ Exec Order 26.4b1 .
- Dinner: NJ Exec Order 26.4b1 .

b. NJ Exec Order 26.4b1 :
-11p-7a [night Shift]: NJ Exec Order 26.4b1 .
-7am-3pm [morning Shift]: NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1

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F 842	Continued From page 4 -3pm-11pm [afternoon shift]: NJ Exec Order 26.4b1 [redacted] was initialed. c. [redacted] -11p-7a: NJ Exec Order 26.4b1 -7am-3pm: NJ Exec Order 26.4b1 -3p-11pm: NJ Exec Order 26.4b1 . d. [redacted] -11pm-7am: NJ Exec Order 26.4b1 -7am-3am: NJ Exec Order 26.4b1 -3pm-11pm: NJ Exec Order 26.4b1 ; NJ Exec Order 26.4b1 was initialed. e. NJ Exec Order 26.4b1 [redacted]: -11pm-7am: NJ Exec Order 26.4b1 -7am-3pm: NJ Exec Order 26.4b1 -3p-11pm: NJ Exec Order 26.4b1 2. According to Resident's FS, Resident #2 was admitted to the facility with the following diagnoses that included but not limited to [redacted]. Review of the Resident MDS, dated NJ Exec Order 26.4b1 showed that Resident #2 BIMS Summary Score was [redacted] which indicated Resident's NJ Exec Order 26.4b1 was [redacted] The MDS further revealed in Section [redacted] that the Resident was NJ Exec Order 26.4b1 and required NJ Exec Order 26.4b1 in completing her/his ADLs. Review of Resident #2's Care Plan (CP) dated NJ Exec Order 26.4b1 under Problem Type: ADL Function: Problem Description: NJ Exec Order 26.4b1 [redacted]	F 842		

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F 842	Continued From page 5 NJ Exec Order 26.4b1 Approaches: ...NJ Exec Order 26. ...provide assistance with NJ Exec Order 26.4b and NJ Exec Order 26.4 as indicated on NJ Exec Order 26 [care record]. Review of Resident #1's COS with Month/Year NJ Exec Ord of NJ Exec Order 26.4b1 revealed blank boxes on the following dates associated with the type of ADLs that was provided to the Resident: a. NJ Exec Order 26.4b1]: -Breakfast: NJ Exec Order 26.4b1 . - Lunch: NJ Exec Order 26.4b1 . - Dinner: NJ Exec Order 26.4b1 . b. NJ Exec Order 26.4b1 : -11p-7a [night Shift]: NJ Exec Order 26.4b1 . -7am-3pm [morning Shift]: NJ Exec Order 26.4b1 -3pm-11pm [afternoon shift]: NJ Exec Order 26.4b1 c. NJ Exec Order 26.4b -11p-7a: NJ Exec Order 26.4b1 -7am-3pm: NJ Exec Order 26.4b1 -3p-11pm: NJ Exec Order 26.4b1 d. NJ Exec Order 26 -11pm-7am: NJ Exec Order 26.4b1 -7am-3am: NJ Exec Order 26.4b1 -3pm-11pm: NJ Exec Order 26.4b1 . e. NJ Exec Order 26.4b1 : -11pm-7am: NJ Exec Order 26.4b1 -7am-3pm: NJ Exec Order 26.4b1 -3p-11pm: NJ Exec Order 26.4b1 . 3. According to Resident's FS, Resident #3 was	F 842		

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F 842	Continued From page 6 admitted to the facility with the following diagnoses that included but not limited to [redacted] Review of the Resident MDS, dated [redacted], showed that Resident #3 BIMS Summary Score was [redacted] which indicated Resident's [redacted] was [redacted]. The MDS further revealed in [redacted] that the Resident was [redacted] and required [redacted] in completing her/his ADLs. Review of Resident #3's Care Plan (CP) dated [redacted] under Problem Type: ADL Function: Problem Description: [redacted]; Approaches: ...[redacted], ...provide assistance with [redacted] and [redacted] as indicated on [redacted] [care record]. Review of Resident #1's COS with Month/Year [redacted] of [redacted] revealed blank boxes on the following dates associated with the type of ADLs that [redacted] to the Resident: a. [redacted]: -Breakfast: [redacted]. - Lunch: [redacted]. - Dinner: [redacted]. b. [redacted] Care:	F 842		

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F 842	Continued From page 7 -11p-7a [night Shift]: NJ Exec Order 26.4b1 . -7am-3pm [morning Shift]: NJ Exec Order 26.4b1 . -3pm-11pm [afternoon shift]: NJ Exec Order 26.4b1 c. NJ Exec Order 26.4b -11p-7a: NJ Exec Order 26.4b1 -7am-3pm: NJ Exec Order 26.4b1 -3p-11pm: NJ Exec Order 26.4b1 . d. NJ Exec Order 26 -11pm-7am: NJ Exec Order 26.4b1 -7am-3am: NJ Exec Order 26.4b1 -3pm-11pm: NJ Exec Order 26.4b1 . e. NJ Exec Order 26.4b1 -11pm-7am: NJ Exec Order 26.4b1 -7am-3pm: NJ Exec Order 26.4b1 -3p-11pm: NJ Exec Order 26.4b1 . On 04/24/2025 at 1:35 pm [afternoon], the Surveyor interviewed Licensed Practical Nurse (LPN) #1 assigned to Unit [name] High Side. LPN #1 stated the Certified Nursing Assistants (CNAs) document their tasks [activities of daily living] in a folder in the nurses station. The binder was labelled as CAN checklist with log sheets inside titled the CAN Observation Sheet (COS). LPN #1 further stated the CNAs initialed the sheet according to the NJ Ex Order 26.4(b)(1) in each ADL provided to the residents. LPN #1 the CAN would call her if it after CNAs gave NJ Ex Order 26.4(b)(1) to residents to check NJ Ex Order 26.4(b)(1) On 04/24/2025 at 2:13 pm, the Surveyor interviewed Certified Nursing Assistant (CNA #1), CNA#1 stated they had COS binder where they signed and initialed what ADL it was for the	F 842		

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F 842	Continued From page 8 resident. The Surveyor requested for the COS binder and asked CNA#1 if there was another binder that would include the other ADLS. CNA#1 provided the COS binder and stated if the boxes were signed or initialed meaning it was done. CNA#1 further stated the[US FOIA (b)(6) redacted] would get the books at the end of the month for their meetings. On 04/24/2025 at 3:14 pm, the Surveyor interviewed the[US FOIA (b)(6) redacted] stated their CNAs document their ADLs in the ADL sheet in each Unit. The ADL sheet was the COS according to the[US FOIA (b)(6) redacted]. The[US FOIA (b) redacted] stated after each shift these, COS are being filled out by the CNAs.[US FOIA (b) redacted] further said the nurse supervisor would audit and go over the sheets and would perform in-services as needed.[US FOIA (b) redacted] further stated if COS not filled out,[US FOIA (b) redacted] said they would be omissions.[US FOIA (b)(6) redacted] stated if not filled out the ADLs were done but not documented. On 04/28/2025 at 1:40 pm, the Surveyor requested from facility for other documents pertaining to and would reflect the other ADLs such as[NJ Exec Order 26.4b1 redacted] care as indicated in Residents[NJ Exec Order 26 redacted] [care record]. The facility was unable to further provide any pertinent documentations. Review of the facility's policy titled, "Nursing Policy and Procedure", Subject: ADL Flow Sheet and updated 1/2025, states "The ADL flow sheets will have all pertinent information concerning each individual resident ...The ADL flow sheets, and shower book are an internal QA tool used by	F 842		

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F 842	Continued From page 9 nursing administration to help ensure highest practical level of care is provided by the certified nurse aides ..." NJAC 8:39- 27.1(a)	F 842		

New Jersey Department of Health

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	061801	A. BUILDING: _____ B. WING _____	C 04/28/2025

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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 04/24//2025 and 04/28/2025, 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	S 560	1. Immediate movement of ancillary staff to units to assist with tasks:call bells, trays, phones, transport, to enable nursing staff to concentrate on patient care. 2. all residents have the potential to be affected. 3. a. Administrator/Designee will review staffing and utilize available resources to ensure mandatory staffing is maintained. As needs change, immediate response by adjusting schedules and use of other departments to answer phones, call bells, deliver trays and transport. b. Administration to focus on mandatory	5/2/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/13/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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 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. The surveyor requested staffing for the weeks of 04/06/2025 to 04/12/2025 and 04/13/2025 to 04/19/2025. The facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -04/06/25 had 21 CNAs for 185 residents on the day shift, required at least 23 CNAs. -04/07/25 had 22 CNAs for 183 residents on the day shift, required at least 23 CNAs. -04/08/25 had 22 CNAs for 183 residents on the day shift, required at least 23 CNAs. -04/09/25 had 22 CNAs for 183 residents on the day shift, required at least 23 CNAs. -04/10/25 had 21 CNAs for 183 residents on the day shift, required at least 23 CNAs. -04/11/25 had 22 CNAs for 186 residents on the day shift, required at least 23 CNAs.	S 560	staffing and hiring by; -Utilizing agency to increase staffing numbers -Ads placed on several job sites and attendance to job fairs -Facility will offer incentives, increase rates, bonuses and food allowance -Facility to utilize other departments to answer call bells, pass trays, answer phones and transport residents 4.The administrator will review staffing ratios and acuities monthly for 6 months to determine the effacy of the interventons and adjust as needed, results to be submitted to QA for review and discussion. -The administrator will also review the use of resources, agency, ancillary staf and overtime to determine the effectiveness of ads, incentives, rate increases, bonuses and food allowance monthly for 6 months and make changes as needed, results will be submitted to QA quarterly for review and discussion.	

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REGENCY HERITAGE NURSING AND REHABIL	380 DEMOTT LANE SOMERSET, NJ 08873

(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 560	Continued From page 2 -04/12/25 had 18 CNAs for 185 residents on the day shift, required at least 23 CNAs. -04/13/25 had 17 CNAs for 183 residents on the day shift, required at least 23 CNAs. -04/15/25 had 22 CNAs for 183 residents on the day shift, required at least 23 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315367 Y1	A. Building B. Wing Y2	6/14/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY HERITAGE NURSING AND REHABILITATION CENTER	380 DEMOTT LANE SOMERSET, NJ 08873

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 F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/05/2025	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
4/28/2025	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061801 Y1	A. Building B. Wing Y2	6/14/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY HERITAGE NURSING AND REHABILITATION CENTER	380 DEMOTT LANE SOMERSET, NJ 08873

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	05/05/2025	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/28/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO