STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315005	A. BUILDING _____ B. WING _____	C 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING GROVE REHABILITATION AND HEALTHCARE CENTER	144 GALES DRIVE NEW PROVIDENCE, NJ 07974

(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 A Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). Complaint #: NJ00161957, NJ00162969, NJ00164284, NJ00164537, NJ00165542, NJ00166104, NJ00167068, NJ00167960, NJ00168013, NJ00171120, NJ00172035, NJ00172036, and NJ00172037. Survey Dates: 05/08/24-05/10/24 Survey Census: 97 Sample Size: 16 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 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: C#NJ00168013	F 689	#1. Resident #8 was re-evaluated by licensed nurse and remains at [redacted]	7/3/24

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

Electronically Signed | 07/03/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689	Continued From page 1 Based on observation, interview, record review, and review of facility policy, the facility failed to ensure one resident (Resident (R) 8) out of three residents investigated for [redacted] remained [redacted]. This had the potential to cause [redacted] to a resident with [redacted]. Findings include: Review of a policy provided by the facility titled "Falls-Clinical Protocol," dated 03/2018, failed to address falls that were not caused by a medical condition. The policy stated, "Falls often have medical causes; they are not just a "nursing issue." Review of a document provided by the facility titled "Profile Face Sheet," indicated R8 was admitted to the facility on [redacted] with diagnoses that included [redacted]). Review of a document provided by the facility titled "Care Plan," dated [redacted] indicated that R8 was [redacted] as to care due to [redacted] to [redacted] both [redacted] and [redacted]. R8 has [redacted] to both [redacted] and [redacted] and needs [redacted] for [redacted] needs, [redacted], other activities of daily living, and [redacted] and [redacted]. Care Plan, dated [redacted], indicated R8 had a [redacted] in [redacted] room. Nursing assessment was performed with noted [redacted] on the [redacted]. The intervention in place was to in-service staff on [redacted] and safety strategies when doing [redacted] and [redacted] residents.	F 689	The Interdisciplinary team reviewed Resident #8 plan of care to validate interventions accurately reflect resident needs and preferences to minimize risk of incidents. Rounds were performed by the DON/designee during resident #8□s care to validate care provided via [redacted] per plan of care. No further findings noted. CNA #4 is no longer employed at the facility. #2 Current residents requiring two-person assistance during care were identified by the DON/ designee. Rounds were made by the Clinical Leadership team to validate that 2 person assisted care was provided per plan of care with no further variances noted. #3 Nurse educator/ designee re-educated certified nursing assistants on providing resident care based on the individualized plan of care and to notify the licensed nurse or the DON if there are barriers to implementing interventions/plan prior to rendering care. #4 An audit to include 3 rounds will be conducted by the DON/Designee on nursing units at different times of the day to validate that certified nursing assistants were providing resident care based on the individualized plan of care to include but not limited to obtaining an additional staff person when a resident requires a 2 person assist for care. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then	

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F 689	Continued From page 2 Review of R8's quarterly "Minimum Data Set (MDS)" provided by the facility with an Assessment Reference Date (ARD) of [redacted] indicated the resident had a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated the resident was [redacted]. The MDS also indicated the resident needed [redacted] for [redacted] with care. An incident report was provided by the facility stating that on [redacted] at 8:30 AM, Certified Nursing Assistant (CNA) 4 was rendering care to R8 when he/she [redacted] on a [redacted] and [redacted] on the [redacted]. CNA 4 was using the [redacted] R8's [redacted] was present in the room and called out to staff that "My [redacted] is [redacted]." Licensed Practical Nurse (LPN) 3 entered the room and found R8 [redacted] and CNA 4 was at the bedside. The resident was assessed with [redacted] or [redacted] noted and was [redacted]. A [redacted] was noted on the [redacted]. The [redacted] was initiated with [redacted] notification. Resident received one dose of [redacted] for [redacted] and [redacted] at present time. Interview on 05/09/24 at 9:41 AM with the [redacted]) revealed that she wrote the incident report. The [redacted] stated "CNA 4 stated that she was putting a [redacted] on the resident. She was [redacted] and had [redacted] [him/her] on [his/her] [redacted]. The resident [redacted], [redacted] on the [redacted]." When the [redacted] was asked why CNA 4 was	F 689	monthly x 2 months. The findings of the audits will be submitted by the Administrator/Designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.	

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F 689	Continued From page 3	F 689		

providing care by herself when R8 is a [redacted] assist, and the [redacted] stated, "CNA 4 liked to do things herself."

Interview on 05/09/24 at 9:52 AM with the [redacted]) revealed "I was in the facility at the time of the incident. The CNA stated that she was waiting for assistance when while [redacted], the resident became [redacted] with care. [He/She] [redacted]. When the [redacted] entered the room and found [his/her] [redacted] on [redacted], [he/she] started [redacted]. "

Review of CNA 4's personnel file provided by the facility revealed a hire date of [redacted] with orientation on [redacted] that included resident safety. On 0[redacted] CNA 4 was [redacted] and then discharged due to violation of company policy and code of conduct..

Phone interview with CNA 4 on 05/09/24 at 12:03 PM, revealed "I was [redacted] the resident and had finished [his/her] [redacted]. I [redacted] the resident to [his/her] [redacted] to [redacted] [his/her] [redacted] and [he/she] [redacted] and [redacted] onto the [redacted]. [His/Her] [redacted] walked into the room and completely [redacted]. I opened the door and [redacted]." When CNA 4 was asked what kind of assistance the resident needed, she stated "[He/She] was a [redacted] and used the [redacted]." When asked why she did not wait for help, she stated "There is not enough help, and I just did it myself. I could not [redacted] [him/her] when [he/she] [redacted] because [he/she] was [redacted] and my hands were [redacted]

Phone interview with LPN 3 on 05/09/24 at 2:34 PM revealed "I heard the [redacted] of R8

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F 689	Continued From page 4 NJ Exec Order 26.4b1 from [his/her] room that [his/her] NJ Exec Order 26.4b1. I ran into the room and R8 was NJ Exec O. The NJ Exec was in a NJ Exec NJ Exec Order 26.4 CNA 4 stated to me that R8 NJ Exec Order 26.4 the NJ Exec O An assessment was completed and R8 had a NJ Exec Order 26.4b1." NJAC 8:39-27.1a	F 689		

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	062008	A. BUILDING: _____ B. WING _____	C 05/10/2024

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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: Complaint #: NJ00161957, NJ00162969, NJ00164284, NJ00164537, NJ00165542, NJ00166104, NJ00167068, NJ00167960, NJ00168013, NJ00171120, NJ00172035, NJ00172036, and NJ00172037. 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 for the day shift and evening shift as mandated by the State of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for the following weeks as follows: 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 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.	S 560	#1 No Residents were identified. #2 All residents have the potential to be affected by this deficient practice. #3 The Administrator/designee will conduct staffing meetings with the Staffing Coordinator/Human Resources Director and the Director of Nursing to review turnover, open positions, recruitment job postings, candidate interviews, and new hire start dates 5 days per week for 4 weeks. Recruitment and retention initiatives include but are not limited to sign-on bonuses, referral bonuses, pick up shift bonuses, rate adjustments, benefit adjustments and text message campaigns. The facility has developed a Culture Committee focused on recruitment and retention of staff by enhancing the employee experience. The facility participates in a weekly interdisciplinary Quality Care Resource call with consultants to review open positions, recruitment tactics, and changes to improve outcome.	7/3/24

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

Electronically Signed | 07/03/24

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S 560	Continued From page 1 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 CNA 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. For the week of complaint staffing from 09/03/2023 to 09/09/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -09/03/23 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -09/04/23 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -09/05/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -09/06/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -09/07/23 had 9 CNAS for 96 residents on the day shift, required at least 12 CNAs. -09/08/23 had 8 CNAs for 95 residents on the day shift, required at least 12 CNAs. -09/09/23 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. For the 2 weeks of Complaint staffing from 09/24/2023 to 10/07/2023, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -09/24/23 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs. -09/25/23 had 11 CNAs for 96 residents on the	S 560	The facility conducts an exit interview with any employee who resigns to better improve the employee experience and help with retention. The facility has implemented processes to increase communication with employees through monthly town hall meetings. #4 The Administrator/designee will review the minutes from monthly resident council meetings for 3 months to determine whether there are any concerns regarding care and services. The Human Resource Director/designee will report recruitment and retention data trends to QAPI committee monthly x 3 months. The results of the audits will be reviewed during QAPI Committee. The QAPI Committee will make recommendations based upon the results of the audits. Upon attaining consistent compliance, the QAPI committee will determine the continuation of the audits.	

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S 560	Continued From page 2	S 560		

day shift, required at least 12 CNAs.
-09/26/23 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-09/27/23 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-09/28/23 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.
-09/29/23 had 8 CNAs for 98 residents on the day shift, required at least 12 CNAs.
-09/30/23 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs.

-10/01/23 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.
-10/02/23 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs.
-10/03/23 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.
-10/05/23 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.
-10/06/23 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs.
-10/07/23 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs.

For the 2 weeks of Complaint staffing from 10/15/2023 to 10/28/2023, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:

-10/15/23 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs.
-10/16/23 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.
-10/17/23 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs.
-10/20/23 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs.
-10/21/23 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs.

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S 560	Continued From page 3 -10/22/23 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs. -10/23/23 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. -10/25/23 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -10/27/23 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. For the 6 weeks of Complaint staffing from 02/04/2024 to 03/16/2024, the facility was deficient in CNA staffing for residents on 38 of 42 day shifts as follows: -02/04/24 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. -02/05/24 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. -02/06/24 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. -02/08/24 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -02/09/24 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. -02/10/24 had 8 CNAs for 88 residents on the day shift, required at least 11 CNAs. -02/11/24 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. -02/12/24 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. -02/13/24 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. -02/14/24 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. -02/15/24 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -2/16/24 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs.	S 560		

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S 560	Continued From page 4 -02/17/24 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs. -02/18/24 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs. -02/19/24 had 7 CNAs for 88 residents on the day shift, required at least 11 CNAS. -02/20/24 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs. -02/22/24 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -02/23/24 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs. -02/24/24 had 7 CNAs for 84 residents on the day shift, required at least 10 CNAs. -02/25/24 had 6 CNAs for 84 residents on the day shift, required at least 10 CNAs. -02/26/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/27/24 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -02/28/24 had 10 CNAs for 85 residents on the day shift, required at least 11 CNAs. -02/29/24 had 6 CNAs for 85 residents on the day shift, required at least 11 CNAs. -03/01/24 had 7 CNAs for 85 residents on the day shift, required at least 11 CNAs. -03/02/24 had 7 CNAs for 85 residents on the day shift, required at least 11 CNAs. -03/03/24 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAs. -03/04/24 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -03/05/24 had 6 CNAs for 91 residents on the day shift, required at least 11 CNAs. -03/07/24 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -03/08/24 had 9 CNAs for 97 residents on the day	S 560		

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S 560	Continued From page 5	S 560		

shift, required at least 12 CNAs.
-03/09/24 had 8 CNAs for 97 residents on the day shift, required at least 12 CNAs.

-03/10/24 had 7 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-03/11/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-03/12/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-03/14/24 had 7 CNAs for 97 residents on the day shift, required at least 12 CNAs.
-03/15/24 had 7 CNAS for 97 residents on the day shift, required at least 12 CNAs.
-03/16/24 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs.

For the 2 weeks of staffing prior to survey from 04/21/2024 to 05/04/2024, the facility was deficient in CNA staffing for residents on 14 out of 14 day shifts as follows:

-04/21/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.
-04/22/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-04/23/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-04/24/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-04/25/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-04/26/24 had 8 CNAs for 98 residents on the day shift, required at least 12 CNAs.
-04/27/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.

-04/28/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.
-04/29/24 had 9 CNAs for 96 residents on the day

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	062008	A. BUILDING: _____ B. WING _____	C 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING GROVE REHABILITATION AND HEALTHCARI	144 GALES DRIVE NEW PROVIDENCE, NJ 07974

(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 6 shift, required at least 12 CNAs. -04/30/24 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs. -05/01/24 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -05/02/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -05/03/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. -05/04/24 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315005	A. Building B. Wing	7/17/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING GROVE REHABILITATION AND HEALTHCARE CENTER	144 GALES DRIVE NEW PROVIDENCE, NJ 07974

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 F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 07/03/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
5/10/2024	☐ 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 (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
062008	A. Building B. Wing	7/17/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING GROVE REHABILITATION AND HEALTHCARE CENTER	144 GALES DRIVE NEW PROVIDENCE, NJ 07974

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 07/03/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 5/10/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ **YES** ☐ **NO**