

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

PRINTED: 03/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/07/2021
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING & REHAB - MOUNTAINSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
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F 000	INITIAL COMMENTS Survey date: 09/07/2021 Census: 107 Sample: 5 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880			12/14/21

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

TITLE

(X6) DATE

Electronically Signed

09/25/2021

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 880	<p>Continued From page 1 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of records, it was determined that the facility failed to: a) practice appropriate hand hygiene for 5 of 7 staff; b) ensure that facility policy was followed with regards to use of personal protective equipment (PPE) for 2 of 4 staff; c) ensure that covered bins were available inside the Observation, Person Under Investigation (PUI) and on reverse isolation (or protective isolation, formerly common type of isolation designed to prevent contact between potentially pathogenic microorganisms and persons with seriously impaired resistance) for █ of █ rooms; d) ensure proper handling of gowns and linens; e) ensure that the signage for Observation, PUI, and reverse isolation residents were outside the door for █ of █ rooms observed, and f) ensure that comprehensive policies about an Outbreak Response, Emergency staffing, and Cohorting related to COVID-19 were in accordance with the Centers for Disease Control and Prevention guidelines for infection control to mitigate the spread of COVID-19.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the U.S. CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, page last updated 3/29/21, included "Key Points: ...A strong infection prevention and control (IPC) program is critical to protect both residents and</p>	F 880	<p>Root Cause Analysis No residents were affected by this practice Residents in the facility have the potential to be affected by this practice An Root Cause Analysis was written to identify the root cause of the deficient practice. Staff were deficient due to lack of education and lack of communication. Staff completed the following in-services: Top Line Staff and Infection Preventionist: Module 1 <input type="checkbox"/> Infection Prevention and Control Program Module 5 <input type="checkbox"/> Outbreaks Module 4 <input type="checkbox"/> Infection Surveillance Module 7 <input type="checkbox"/> Hand Hygiene Module 6A - Principles of Standard Precautions Module 6B <input type="checkbox"/> Principles of Transmission Based Precautions Youtu.be <input type="checkbox"/> Out! Youtu.be <input type="checkbox"/> Clean Hands Youtu.be <input type="checkbox"/> Use PPE Correctly for COVID-19 Front Line Staff and All Staff Youtu.be <input type="checkbox"/> Out! Youtu.be <input type="checkbox"/> Clean Hands Youtu.be <input type="checkbox"/> Use PPE Correctly for COVID-19 Module 7 <input type="checkbox"/> Hand Hygiene Module 6A <input type="checkbox"/> Principles of Standard Precautions</p>		

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F 880	<p>Continued From page 3</p> <p>healthcare personnel (HCP). Even as nursing homes resume normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death. Educate residents, healthcare personnel, and visitors about SARS-CoV-2, current precautions being taken in the facility, and actions they should take to protect themselves. Educate HCP about any new policies or procedures."</p> <p>According to the U.S. CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, page last updated 2/23/21, included "Personal Protective Equipment: HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection. Hand Hygiene: HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. HCP should perform hand hygiene by using ABHS with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR. Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location. Management of</p>	F 880	<p>Module 6B <input type="checkbox"/> Principles of Transmission Based Precautions Date of Completion: 12-14-21</p> <p>Infection Prevention and Intervention Plan No residents were affected by this practice Residents in the facility have the potential to be affected by this practice A system tracking tool is in place to monitor staff and residents for communicable, respiratory infection. Nursing leadership will be educated on these tools for continued compliance. The Infection Preventionist has completed the CDC's Infection Preventionist Training. Staff have been educated, via the CDC Directed Inservice trainings, on the proper use of PPE related to droplet precautions. Nursing leadership and Department heads continue with conducting rounds throughout the facility to ensure staff is exercising appropriate use of PPE and that infection control procedures are being followed. Ad hoc education is provided. Date of Compliance: 12-14-21.</p> <p>Directed In-Service Training No residents have been affected by this practice Residents in the facility have the potential to be affected by this practice. Staff have been instructed on how to obtain access and complete the Directed In-service trainings. Staff completed the following in-services: Top Line Staff and Infection Preventionist:</p>		

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F 880	<p>Continued From page 4</p> <p>laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures."</p> <p>On 9/7/21 at 9:42 AM, the Director of Nursing (DON), in the presence of the Licensed Nursing Home Administrator (LNHA), informed the surveyors that [REDACTED] residents [REDACTED] for [REDACTED] in the facility, which had been reported on [REDACTED] and one Certified Nursing Aide (CNA) that was reported on 9/1/21.</p> <p>On that same date and time, the DON and the LNHA informed the surveyors that the [REDACTED] had new residents on [REDACTED]. The DON stated that the [REDACTED] residents on [REDACTED] from a CNA who was tested positive on [REDACTED]. The DON further noted that the [REDACTED] residents and [REDACTED] residents were [REDACTED]. The staff must wear a complete PPE: a gown, gloves, an N95 mask, and a face shield before entering the resident's room. The DON indicated that there should be a "Stop" sign and PPE box outside the resident's room and covered bins inside the room for [REDACTED] rooms.</p> <p>At the same time, the surveyor asked the LNHA and DON for a copy of the facility's Outbreak Response, Emergency Preparedness regarding Staffing, and Cohorting Policy, and both stated that they would get back to the surveyors.</p> <p>On 9/7/21 at 10:51 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) informed the surveyors during a tour of the [REDACTED] that there were residents in the unit that were admitted within the [REDACTED]</p>	F 880	<p>Module 1 <input type="checkbox"/> Infection Prevention and Control Program</p> <p>Module 5 <input type="checkbox"/> Outbreaks</p> <p>Module 4 <input type="checkbox"/> Infection Surveillance</p> <p>Module 7 <input type="checkbox"/> Hand Hygiene</p> <p>Module 6A - Principles of Standard Precautions</p> <p>Module 6B <input type="checkbox"/> Principles of Transmission Based Precautions</p> <p>Youtu.be <input type="checkbox"/> Out!</p> <p>Youtu.be <input type="checkbox"/> Clean Hands</p> <p>Youtu.be <input type="checkbox"/> Use PPE Correctly for COVID-19</p> <p>Front Line Staff and All Staff</p> <p>Youtu.be <input type="checkbox"/> Out!</p> <p>Youtu.be <input type="checkbox"/> Clean Hands</p> <p>Youtu.be <input type="checkbox"/> Use PPE Correctly for COVID-19</p> <p>Module 7 <input type="checkbox"/> Hand Hygiene</p> <p>Module 6A <input type="checkbox"/> Principles of Standard Precautions</p> <p>Module 6B <input type="checkbox"/> Principles of Transmission Based Precautions</p> <p>Date of Completion: 12-14-21</p> <p>1. Residents affected by deficient practice</p> <p>No resident was affected by the deficient practice</p> <p>2. Other residents who could potentially be affected by deficient practice</p> <p>All residents could potentially be affected</p>		

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F 880	<p>Continued From page 5</p> <p>██████████ The LPN/UM stated that residents on observation had a PPE box and a "Stop" sign outside their doors and covered bins inside their rooms for infection control.</p> <p>A review of the facility floor plan provided by the LNHA showed that rooms ██████████</p> <p>At 10:56 AM, the surveyors, in the presence of the LPN/UM, observed the ██████████ (██████████) entered room ██████████ and performed handwashing for 7 seconds. The PTA informed the surveyors and the LPN/UM that handwashing should be at least 20 seconds.</p> <p>At 11:08 AM, the surveyors and the LPN/UM observed CNA#1 took out a clean gown inside a PPE box without performing hand hygiene. During an interview, CNA#1 stated to the surveyors that she should have performed hand hygiene before touching the clean gown inside the PPE box.</p> <p>At 11:10 AM, the LPN/UM informed the surveyors that room ██████████ was a new admission under observation and not fully vaccinated for COVID-19. There was a PPE box outside the door with no "Stop" sign. There was no covered bin inside the room. The LPN/UM acknowledged that there should be a "Stop" sign outside the door to inform the staff to go to the nurse to know what precautions and what PPE to use before entering the room. She further stated that there should be a covered bin inside the room. She indicated that she would notify the housekeeping department immediately to replace the uncovered bin inside the room.</p>	F 880	<p>by deficient practice</p> <p>3. Measures taken to ensure deficient practice does not recur. HAND HYGIENE: The 2 staff members identified (PT and CNA) were re-educated immediately on proper hand hygiene technique. DON/Designee re-educated all staff on proper hand washing procedure using the Hand Hygiene policy.</p> <p>PPE USAGE: The staff RD/OT and 2 PT staff members were immediately educated on proper use of PPE. DON/Designee re-educated all staff on proper use of PPE using the policy PPE Usage guide.</p> <p>COVERED BINS: Covered bins have been placed inside all isolation rooms. Staff were re-educated on doffing and disposing used PPE in Covered Bin using PPE usage guide.</p> <p>HANDLING LINEN: Immediately educated staff members (2 CNA's) for proper handling and transport of linen. DON/Designee re-educated nursing staff on proper handling , transport of linen using the policy from the infection control manual.</p> <p>SIGNAGE: Immediate appropriate, bold and legible</p>		

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F 880	<p>Continued From page 6</p> <p>At 11:13 AM, the surveyors and the LPN/UM observed CNA#2 exited room [REDACTED], directly walked to the hallway to get a towel, linen, and gown from the linen cart. CNA#2 carried the towel, linen, and gown toward her body, directly touching her uniform. CNA#2 entered room [REDACTED] without performing hand hygiene and did not don (put) PPE. CNA#2 was wearing an N95 mask with no gown, gloves, and face shield when she entered the room with a towel, linen, and gown.</p> <p>At that same time, the surveyors observed the LPN/UM immediately instructed CNA#2 to dispose of the towel, linen, and gown and stated, "you should not carrying them like that." The LPN/UM further stated to CNA#2, "you should wash your hands first and put on your PPE before entering the room." CNA#2 informed the surveyors and the LPN/UM that she was educated about infection control, COVID-19, and hand hygiene. CNA#2 stated that she should not "hugged" the towel, linen, and gown when handling them. She further said that she should have washed her hands before donning PPE before entering room [REDACTED]</p> <p>At 11:22 AM, the surveyors and the LPN/UM observed the [REDACTED] wearing a KN95 mask inside room [REDACTED] without a face shield, gown, or gloves and holding a resident while walking from bathroom to resident's bed. There was a "Stop" sign and PPE box outside the door of room [REDACTED]. During an interview, the PT stated that "I was not aware that the resident was in isolation. The PT further stated that she did not notice the "Stop" sign and PPE box outside the resident's door. The PT indicated that she should</p>	F 880	<p>signs were placed on the outside of the doors of all 'Observations, PUI and reverse isolation and isolation rooms at all times.</p> <p>DON/designee re-educated nursing staff on proper signage for transmission based precautions using Infection Control manual.</p> <p>Emergency/Temporary Staffing Resources Policy has been included in the Outbreak Response Plan tab in the Emergency Response Manual.</p> <p>COVID-19 Cohorting procedure and policy has been included in Outbreak Response Plan tab in the Emergency Response Manual.</p> <p>4. Plans to monitor corrective actions to ensure that solutions are sustained.</p> <p>DON/Unit Managers/Designee will round/observe 3 random staff perform hand washing, observe proper PPE usage, doffing and disposing of PPE, and handling of linen. Audits will be conducted 5 times a day, 5 days per week times 4 weeks, then 3 times a day for 2 months.</p> <p>DON/Designee will round and ensure that proper signage and covered bins are present in all rooms on transmission based precaution rooms Audits will be conducted 5 times a day, 5 days per week times 4 weeks, then 3 times a day 3 days per week for 2 months.</p>		

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F 880	<p>Continued From page 7</p> <p>have worn a gown, gloves, and a face shield before entering the resident's room. The LPN/UM immediately educated the PT and instructed her to perform hand hygiene and get an N95 mask.</p> <p>At 11:30 AM, the surveyors in the presence of the LPN/UM observed CNA#3 performed handwashing inside a PUI room for three seconds. During an interview, CNA#3 informed the surveyors that handwashing should be at least 20 seconds. CNA#3 acknowledged that she did not wash her hands appropriately.</p> <p>At 11:36 AM, the surveyors toured the [REDACTED] and observed room [REDACTED] with a "Stop" sign and PPE box outside the door. There was no covered bin inside room [REDACTED]</p> <p>At that same time, the LPN Supervisor informed the surveyors that room [REDACTED] was a [REDACTED]</p> <p>She further stated that there should be a covered bin inside the room and, "I don't know why there was no covered bin there."</p> <p>At 11:48 AM, the Registered Nurse/Unit Manager (RN/UM) informed the surveyors that [REDACTED] had [REDACTED] room on [REDACTED] with a "Stop" sign and PPE box outside the door and a covered bin inside the room for infection control.</p> <p>At that same time during the tour, the surveyors and RN/UM observed in the isolation room a PPE box outside the door. There was no covered bin inside the room and no "Stop" sign outside the door to identify the isolation precaution. The RN/UM stated, "I don't know why there was no covered bin inside and no "Stop" sign outside the door."</p>	F 880	All findings will be reviewed in QAPI meetings with committee x 3 months.		

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F 880	<p>Continued From page 8</p> <p>At 12:30 PM, the surveyors met with the LNHA and DON and made them aware of the above concerns. The DON informed the surveyors that she was the Infection Preventionist Nurse (IPN) of the facility and that the previous IPN resigned. The LNHA stated that the facility was in the process of hiring a new IPN.</p> <p>At 1:27 PM, the Rehab Director/Occupational Therapist (RD/OT) informed the surveyors that all therapists were fully vaccinated, educated about PPE use, COVID-19, and infection control. The RD/OT stated that the LNHA educated her that the KN95 mask should be worn when caring for Observation and PUI residents. She further noted that an N95 mask should be worn when caring for a positive COVID-19 resident. The RD/OT stated, "I take responsibility for that, my staff wearing the KN95 in the PUI room because that is what I told them."</p> <p>At 3:00 PM, the LNHA informed the surveyors in the presence of the DON, "to clarify; we have a total of two staff tested positive." The LNHA stated that "it was probably a miscommunication" about the KN95 and an N95 mask. He further noted that the staff was educated that an N95 mask must be used when caring for Observation/PUI and positive COVID-19 residents. Both the LNHA and DON stated that they need to provide education and competencies to staff because of the above concerns.</p> <p>On that same date and time, the surveyors informed the LNHA and DON that the cohorting policy included in the "COVID-19 Clinical Monitoring and Measures Plan COVID-19 Enhanced Measures & Monitoring" as part of their</p>	F 880			

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(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 880	<p>Continued From page 9</p> <p>Performance Improvement Plan (PIP) did not include specific COVID-19 cohorting program. The facility did not provide an Outbreak Response Plan and Emergency Response Plan for Staffing, and the LNHA stated that they would submit the needed policies via email tomorrow, on 9/8/21.</p> <p>A review of the facility Hand Hygiene Policy and Procedure that the LNHA provided with an updated date of 3/2020 included "When to wash hands or use an alcohol-based hand rub: before applying and after removing gloves; after having direct contact with patient's intact skin ...; moving from a contaminated body site to a clean body site during patient care; after contact with inanimate objects in the immediate vicinity of the patient. Handwashing: 1. Turn water on desirable temperature. 2. Wet hands with water. 3. Apply the recommended amount of soap to wash hands. 4. Rub hands vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. 5. Rinse hands with water and dry thoroughly with a disposable paper towel"</p> <p>A review of the facility's Personal Protective Equipment Usage Guide that was provided by the LNHA dated 8/13/21 included "When to use: N95 respirators are used: when providing care or services within six feet of patients with suspected or confirmed COVID-19 in transmission-based precautions including new admissions for quarantine period. Face shield/goggles when to use: ...Must be used when providing care or services within six feet of patients with suspected or confirmed COVID-19 in transmission-based precautions, including new admissions for the quarantine period. Gown when to use: ...when providing care or services within six feet of</p>	F 880			

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

PRINTED: 03/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/07/2021
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING & REHAB - MOUNTAINSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
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F 880	<p>Continued From page 10</p> <p>patients with suspected or confirmed COVID-19 in transmission-based precautions including new admissions for quarantine periodPPE is to donned and doffed according to CDC guidelines."</p> <p>At 3:41 PM, the surveyors met with the LNHA and DON. The facility provided no additional information.</p> <p>On 9/9/21 at 3:17 PM, the surveyors did not receive a comprehensive Outbreak response plan, cohorting, and Emergency response plan for staffing policies related to COVID-19.</p> <p>NJAC 8:39-19.4 (a) (1) (2) (n)</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315259	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/23/2021	Y3
NAME OF FACILITY PROMEDICA SKILLED NURSING & REHAB - MOUNTAINSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		

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 F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/14/2021	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	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/7/2021		<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			