

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

PRINTED: 12/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315316		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/01/2023	
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BRAKELEY PARK, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ00163992, NJ00157854, NJ00161866, NJ00155616, NJ00158139, NJ00163824, NJ00159823, NJ00149794, and NJ00160741.</p> <p>Survey Dates: 05/28/23 - 06/01/23</p> <p>Survey Census: 105</p> <p>Sample Size: 23</p> <p>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.</p>			F 000			
F 908 SS=D	<p>Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure medical equipment was plugged into a wall electrical outlet or hospital grade extension cord for one of 23 residents (Resident (R) 19) reviewed. This failure puts the resident at risk of a malfunction of the equipment or a possible fire due to inadequate electrical wiring.</p> <p>Findings include:</p>			F 908	<p>No residents were immediately affected by this deficiency. The extension cord was immediately removed from resident #19 room. The responsibility party for resident #19 was educated that the use of extension cords in patient rooms is not allowable.</p> <p>All residents have the potential to be affected by this deficient practice. All</p>		7/14/23

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

TITLE

(X6) DATE

Electronically Signed

06/22/2023

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 908	<p>Continued From page 1</p> <p>During an observation on 05/31/23 at 1:55 PM R19's NJ Exec. Order 26:4.b.1 machine was plugged into a lightweight white household three-way extension cord along with R19's tablet.</p> <p>During an interview and observation on 05/31/23 at 2:00 PM, Unit Manager (UM) 1 observed the extension cord and stated R19's "daughter must have brought it in because they (residents) are not supposed to have extension cords" and that she would get maintenance up there immediately.</p> <p>During an interview on 06/01/23 at 10:30 AM the Director of Nursing (DON) stated an expectation that no extension cords would be used with medical equipment in patient rooms. In a follow-up interview at 3:45 PM regarding the fire safety policy provided, the DON stated that was the only policy that mentioned extension cords.</p> <p>Review of the facility policy "Fire Safety Prevention," revised 02/2023, showed: ". . . 3. The following fire safety precautions must be followed in the facility at all times: Electrical Precautions: a. Replace all frayed or worn electrical cords immediately. b. Do not run electrical cords under carpet or rugs, over doors, etc. c. Use only fuses of correct amperage or wattage. d. Do not overload circuits. e. Stay clear of fallen electrical wires. f. Never touch an electrical appliance when you are wet. g. Do not use defective equipment. h. Use the proper equipment for job assignments.</p>	F 908	<p>resident rooms were checked for extension cords and no others were found.</p> <p>The maintenance department will be educated on proper maintenance of all mechanical, electrical, and patient care equipment to ensure safe operating procedures.</p> <p>Facility staff were educated on proper maintenance of all mechanical, electrical and patient care equipment to ensure safe operating procedures without the use of extension cords.</p> <p>The Director of Maintenance or designee will complete an audit of 5 resident rooms, one time per week for eight weeks to ensure extension cords are not in use. All findings will be reported and reviewed by the QAPI committee monthly.</p>		

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F 908	Continued From page 2 ..." Review of the Centers for Medicare and Medicaid (CMS) Survey and Certification (S & C) memo 14-46 LSC, indicated, "...Power strips providing power to patient care-related electrical equipment must be Special purpose Relocatable Power Taps (SPRPT) listed as UL 1363A or UL 60601-1. ..." Review of the National Fire Protection Association (NFPA), 400-8 NFPA 70, showed, "Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of moveable patient-care-related electrical equipment (PCREE) and assemblies that have been assembled by qualified personnel and meet the conditions ... Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon the completion of the purpose for which it was installed and meets the conditions ..." NJAC 8:39-31.2 (e)	F 908			

New Jersey Department of Health

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S 000	Initial Comments Complaint #: NJ00163992, NJ00157854, NJ00161866, NJ00155616, NJ00158139, NJ00163824, NJ00159823, NJ00149794, and NJ00160741. Survey Dates: 05/28/23 - 06/01/23 Survey Census: 105 Sample Size: 23 The facility was not in compliance with the standards in the New Jersey Administrative code, 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 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: C #: NJ00155616, NJ00157854, NJ00158139, NJ00159823, NJ00160741 Based on facility document review on 5/28/23 through 6/1/2023, it was determined that the facility failed to ensure staffing ratios were met to	S 560	No residents were immediately affected by this deficiency. All residents have the potential to be affected by this deficient practice.	6/30/23

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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06/22/23

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S 560	<p>Continued From page 1</p> <p>maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 57 of 70-day shifts, 7 of 70 evening shifts and 13 of 70 night shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>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 as 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:</p> <p>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 of all staff members shall be CNAs and each direct staff member shall be signed into 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.</p> <p>1. For the week of staffing from 06/12/2022 to 06/18/2022, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts, deficient in total staff for residents on 2 of 7 evening shifts, and deficient in total staff for residents on 3 of 7 overnight shifts as follows:</p> <p>-06/12/22 had 9 CNAs for 109 residents on the</p>	S 560	<p>DON / Designee to in-service Staffing Coordinator on appropriate staffing levels. Additional per diem, part time and fulltime were scheduled to meet minimum staff to resident ratios. The facility has advertised open jobs through online recruitment platforms as well as traditional recruitment firms. The facility has conducted job fairs and has contracts with nursing staffing agencies.</p> <p>The Director of Nursing or designee will audit staffing levels three times a week for eight weeks. All findings will be reported and reviewed by the QAPI committee monthly</p>	

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S 560	<p>Continued From page 2</p> <p>day shift, required 14 CNAs. -06/12/22 had 10 total staff for 109 residents on the evening shift, required 11 total staff. -06/12/22 had 7 total staff for 109 residents on the overnight shift, required 8 total staff. -06/13/22 had 12 CNAs for 109 residents on the day shift, required 14 CNAs. -06/13/22 had 7 total staff for 109 residents on the overnight shift, required 8 total staff. -06/14/22 had 12 CNAs for 106 residents on the day shift, required 13 CNAs. -06/16/22 had 9 CNAs for 103 residents on the day shift, required 13 CNAs. -06/16/22 had 6 total staff for 103 residents on the overnight shift, required 7 total staff. -06/17/22 had 12 CNAs for 103 residents on the day shift, required 13 CNAs. -06/18/22 had 9 CNAs for 103 residents on the day shift, required 13 CNAs. -06/18/22 had 9.5 total staff for 103 residents on the evening shift, required 10 total staff.</p> <p>2. For the week of staffing from 09/04/2022 to 09/10/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-09/04/22 had 8 CNAs for 111 residents on the day shift, required 14 CNAs. -09/05/22 had 13 CNAs for 111 residents on the day shift, required 14 CNAs. -09/05/22 had 10 total staff for 111 residents on the evening shift, required 11 total staff. -09/05/22 had 7 total staff for 111 residents on the overnight shift, required 8 total staff. -09/06/22 had 11 CNAs for 111 residents on the day shift, required 14 CNAs. -09/07/22 had 11 CNAs for 111 residents on the</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>day shift, required 14 CNAs. -09/08/22 had 11 CNAs for 111 residents on the day shift, required 14 CNAs. -09/09/22 had 11 CNAs for 111 residents on the day shift, required 14 CNAs. -09/10/22 had 10 CNAs for 109 residents on the day shift, required 14 CNAs.</p> <p>3. For the week of staffing from 09/18/2022 to 09/24/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in total staff for residents on 2 of 7 evening shifts, and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-09/18/22 had 8 CNAs for 109 residents on the day shift, required 14 CNAs. -09/18/22 had 10 total staff for 109 residents on the evening shift, required 11 total staff. -09/19/22 had 9 CNAs for 109 residents on the day shift, required 14 CNAs. -09/20/22 had 12 CNAs for 109 residents on the day shift, required 14 CNAs. -09/21/22 had 12 CNAs for 109 residents on the day shift, required 14 CNAs. -09/22/22 had 11 CNAs for 109 residents on the day shift, required 14 CNAs. -09/23/22 had 10 CNAs for 109 residents on the day shift, required 14 CNAs. -09/24/22 had 10 CNAs for 109 residents on the day shift, required 14 CNAs. -09/24/22 had 10.5 total staff for 109 residents on the evening shift, required 11 total staff. -09/24/22 had 7 total staff for 109 residents on the overnight shift, required 8 total staff.</p> <p>4. For the week of staffing from 11/27/2022 to 12/03/2022, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts, deficient in total staff for residents on 1 of 7 evening shifts,</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>deficient in CNAs to total staff on 1 of 7 evening shifts, and deficient in total staff for residents on 5 of 7 overnight shifts as follows:</p> <p>-11/27/22 had 11 CNAs for 109 residents on the day shift, required 14 CNAs. -11/27/22 had 6.5 total staff for 109 residents on the overnight shift, required 8 total staff. -11/28/22 had 11.25 CNAs for 109 residents on the day shift, required 14 CNAs. -11/28/22 had 7.2 total staff for 109 residents on the overnight shift, required 8 total staff. -11/29/22 had 10.5 CNAs for 107 residents on the day shift, required 13 CNAs. -11/29/22 had 6.5 CNAs to 13.5 total staff on the evening shift, required 7 CNAs. -11/30/22 had 7.2 total staff for 107 residents on the overnight shift, required 8 total staff. -12/01/22 had 11.5 CNAs for 107 residents on the day shift, required 13 CNAs. -12/02/22 had 10.6 CNAs for 107 residents on the day shift, required 13 CNAs. -12/02/22 had 7.2 total staff for 107 residents on the overnight shift, required 8 total staff. -12/03/22 had 11 CNAs for 107 residents on the day shift, required 13 CNAs. -12/03/22 had 9.4 total staff for 107 residents on the evening shift, required 11 total staff. -12/03/22 had 7.2 total staff for 107 residents on the overnight shift, required 8 total staff.</p> <p>5. For the week of staffing from 01/23/23 to 01/29/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 2 of 7 overnight shifts as follows:</p> <p>-01/23/23 had 8.5 CNAs for 111 residents on the day shift, required 14 CNAs. -01/23/23 had 6 total staff for 111 residents on the</p>	S 560		

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S 560	<p>Continued From page 5</p> <p>overnight shift, required 8 total staff. -01/24/23 had 10 CNAs for 111 residents on the day shift, required 14 CNAs. -01/25/23 had 10 CNAs for 111 residents on the day shift, required 14 CNAs. -01/26/23 had 10 CNAs for 111 residents on the day shift, required 14 CNAs. -01/26/23 had 7 total staff for 111 residents on the overnight shift, required 8 total staff. -01/27/23 had 10 CNAs for 115 residents on the day shift, required 14 CNAs. -01/28/23 had 11 CNAs for 115 residents on the day shift, required 14 CNAs. -01/29/23 had 10 CNAs for 115 residents on the day shift, required 14 CNAs.</p> <p>6. For the week of staffing from 02/26/2023 to 03/04/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-02/26/23 had 9 CNAs for 106 residents on the day shift, required 13 CNAs. -02/27/23 had 9 CNAs for 106 residents on the day shift, required 13 CNAs. -02/27/23 had 10 total staff for 106 residents on the evening shift, required 11 total staff. -02/28/23 had 10 CNAs for 105 residents on the day shift, required 13 CNAs. -03/02/23 had 9.75 CNAs for 105 residents on the day shift, required 13 CNAs. -03/03/23 had 10 CNAs for 105 residents on the day shift, required 13 CNAs. -03/04/23 had 12 CNAs for 109 residents on the day shift, required 14 CNAs. -03/04/23 had 6 total staff for 109 residents on the overnight shift, required 8 total staff.</p>	S 560		

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S 560	<p>Continued From page 6</p> <p>7. For the 2 weeks of staffing from 04/23/2023 to 05/06/2023, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts and deficient in total staff for residents on 2 of 14 overnight shifts as follows:</p> <p>-04/23/23 had 8.5 CNAs for 109 residents on the day shift, required 14 CNAs. -04/24/23 had 10 CNAs for 109 residents on the day shift, required 14 CNAs. -04/25/23 had 10 CNAs for 109 residents on the day shift, required 14 CNAs. -04/26/23 had 6.5 total staff for 109 residents on the overnight shift, required 8 total staff. -04/27/23 had 11 CNAs for 109 residents on the day shift, required 14 CNAs. -04/28/23 had 11 CNAs for 109 residents on the day shift, required 14 CNAs. -04/29/23 had 10.5 CNAs for 109 residents on the day shift, required 14 CNAs. -04/29/23 had 7 total staff for 109 residents on the overnight shift, required 8 total staff. -04/30/23 had 10 CNAs for 109 residents on the day shift, required 14 CNAs. -05/01/23 had 11 CNAs for 109 residents on the day shift, required 14 CNAs. -05/03/23 had 13 CNAs for 109 residents on the day shift, required 14 CNAs. -05/06/23 had 8 CNAs for 102 residents on the day shift, required 13 CNAs.</p> <p>8. For the 2 weeks of staffing prior to survey from 05/14/2023 to 05/27/2023, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-05/14/23 had 11 CNAs for 102 residents on the day shift, required 13 CNAs. -05/14/23 had 5.75 total staff for 102 residents on</p>	S 560		

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S 560	Continued From page 7 the overnight shift, required 7 total staff. -05/15/23 had 10 CNAs for 102 residents on the day shift, required 13 CNAs. -05/16/23 had 10 CNAs for 99 residents on the day shift, required 12 CNAs. -05/21/23 had 10 CNAs for 96 residents on the day shift, required 12 CNAs. -05/22/23 had 11.5 CNAs for 96 residents on the day shift, required 12 CNAs. -05/22/23 had 11 CNAs for 98 residents on the day shift, required 12 CNAs. -05/26/23 had 11.5 CNAs for 101 residents on the day shift, required 13 CNAs. -05/27/23 had 10 CNAs for 101 residents on the day shift, required 13 CNAs.	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315316	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/14/2023
NAME OF FACILITY COMPLETE CARE AT BRAKELEY PARK, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865	

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 F0908	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.90(d)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/14/2023	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 6/1/2023

☐ 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 062106	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/14/2023
NAME OF FACILITY COMPLETE CARE AT BRAKELEY PARK, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865	

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	06/30/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/1/2023	<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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