

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: 315456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2021
NAME OF PROVIDER OR SUPPLIER MYSTIC MEADOWS REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 151 NINTH AVENUE LITTLE EGG HARBOR TW, NJ 08087		
(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 Survey date: 2/3/2021 Census: 99 Sample: 6 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 880 SS=E	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			4/20/21

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

TITLE

(X6) DATE

Electronically Signed

02/16/2021

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, review of medical record and the review of other facility documentation, it was determined that the facility failed to ensure that Personal Protective Equipment (PPE) was utilized in accordance with facility policy and in accordance with the Center for Disease control and Prevention (CDC) and New Jersey Department of Health (NJDOH) guidelines to prevent the spread of Covid-19.</p> <p>This deficient practice was identified for 7 of 9 staff members observed on [REDACTED] of [REDACTED] residents' units, during the Focused Infection Control Survey on 2/3/2021 and was identified by the following :</p> <p>On 2/3/21 at 09:47 AM, the surveyors conducted an entrance conference with the facility administrative team which included: the Director of Nursing (DON), the Licensed Nursing Home Administrator (LNHA) and the Assistant Director of Nursing (ADON) who was also the Infection Preventionist (IP).</p> <p>The IP informed the surveyors that the entire facility was on [REDACTED] and that they used N95 or KN95 masks with goggles/face shield for eye protection. The IP further stated that staff used face shield if they wore the KN95 mask and could use goggles if they wore N95 mask on all the units.</p> <p>The DON and the IP stated that the facility had</p>	F 880	<p>1.</p> <p>A. The housekeeper #1 in question was re-in serviced on the facility policy of requiring a face shield when wearing a KN95 or goggles when wearing an N95 Respirator mask, that eyeglasses were not suitable as eye protection and you still would need to wear a face shield or goggles when wearing glasses.</p> <p>B. The assistant director of maintenance was re-in serviced on the facility policy of requiring a face shield when wearing a KN95 or goggles when wearing an N95 Respirator mask, that eyeglasses were not suitable as eye protection and you still would need to wear a face shield or goggles when wearing glasses.</p> <p>C. The LPN in question was re-in serviced on the facility policy of requiring a face shield when wearing a KN95 or goggles when wearing an N95 Respirator mask, that eyeglasses were not suitable as eye protection and you still would need to wear a face shield or goggles when wearing glasses.</p> <p>D. The CNA #1 was re-in serviced on the facility policy of requiring a face shield when wearing a KN95 or goggles</p>		

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F 880	<p>Continued From page 3</p> <p>██████ residents' units which included: ██████ ██████.</p> <p>The IP stated that ██████ units were the ██████ and that ██████ ██████ was separated into three areas that included; ██████ area, ██████ unit and an area designated for ██████ ██████. The IP added that all staff members were expected to don N95/KN95 masks, goggles or face shield and gloves when they go into residents's rooms on ██████ ██████. She stated that staff were expected to don N95/KN95 masks, goggles or face shield, gown and gloves when they go into the rooms of residents on the ██████ ██████.</p> <p>1. On 2/3/21 at 10:15 AM, the surveyor went to the ██████ unit and observed a staff member in the hallway as she moved clean linen from the laundry cart onto the unit linen cart. The surveyor interviewed the staff member who identified herself as a housekeeper and laundry aide (HK/LA). The surveyor noted that the HK/LA wore a KN95 mask and her prescription eyeglasses instead of the face shield as required. The HK/LA was not wearing any other PPE, and according to facility policy, HK/LA did not need to wear other PPE because she was outside of a resident's room and on ██████ unit. When questioned about the use of prescription eyeglasses, she stated that was not aware that she was supposed to wear a face shield with the KN95 mask. The HK/LA added that she had training and was in-serviced in infection control measures and that she thought that her eye prescription eyeglasses was an appropriate eye protection with the KN95 mask.</p>	F 880	<p>when wearing an N95 Respirator mask, that eyeglasses were not suitable as eye protection and you still would need to wear a face shield or goggles when wearing glasses.</p> <p>E. The housekeeper #2 in question was re-in serviced on the facility policy of requiring a face shield when wearing a KN95 or goggles when wearing an N95 Respirator mask, that eyeglasses were not suitable as eye protection and you still would need to wear a face shield or goggles when wearing glasses.</p> <p>F. The CNA #2 was re-in serviced on the facility policy of requiring a face shield when wearing a KN95 or goggles when wearing an N95 Respirator mask, that eyeglasses were not suitable as eye protection and you still would need to wear a face shield or goggles when wearing glasses.</p> <p>G. The NA was re-in serviced on the facility policy of requiring a face shield when wearing a KN95 or goggles when wearing an N95 Respirator mask, that eyeglasses were not suitable as eye protection and you still would need to wear a face shield or goggles when wearing glasses.</p> <p>H. The assistant director of maintenance was re-in serviced on the facility policy of wearing approved PPE when entering a residents room that is on the ██████ or on the ██████ unit, which includes a N95 mask, approved eye</p>		

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F 880	<p>Continued From page 4</p> <p>2. At 10:35 AM, the surveyor observed another staff member as he approached the nurses' station on the [REDACTED] unit. The surveyor noted that he wore a surgical mask with regular prescription eyeglasses. Upon interview, he identified himself as an Assistant Director of Maintenance (ADM#1). The ADM#1 was not wearing any other PPE which was in accordance with the facility policy. When questioned about his wearing a surgical mask with regular prescription eyeglasses, the ADM#1 stated that he believed that was the proper PPE for him to wear because he did not work with residents and because he was on [REDACTED] unit which was a [REDACTED] unit.</p> <p>3. At 10:38 AM, the surveyor observed a Licensed Practical Nurse (LPN), who was standing by the medication cart near a resident's room in the hallway on the [REDACTED] unit. The surveyor noted that the LPN wore a KN95 mask with her prescription eyeglasses instead of a face shield as required. When interviewed, she stated that she usually wore a KN95 mask with her prescription eyeglasses to go into residents' rooms because she was on the [REDACTED] unit, and that she was told that eyeglasses were an appropriate eye protection on [REDACTED], [REDACTED] unit. The LPN was not wearing any other PPE.</p> <p>4. At 10:51 AM, the surveyor observed as a staff member wheeled Resident [REDACTED] out of the bathroom in their room on the [REDACTED] unit. The surveyor noted that the staff member wore a KN95 mask with a prescription eyeglasses instead of a face shield as required. When interviewed, she identified herself as a Certified</p>	F 880	<p>protection, gloves and gowns. He was also re-in serviced on the proper way of disposing of the PPE when leaving the residents room.</p> <p>2. Since all residents have the potential to be affected by the deficient practice, an immediate observation of all staff was completed, and no further instances of improper PPE usage was found. All staff were re-in-serviced on proper PPE donning and doffing while in the [REDACTED] unit and the [REDACTED] unit. In addition, all staff were re-in-serviced on the proper usage of eye protection throughout our facility, in form of face shield and re-in-serviced that eyeglasses do not take place of proper eye protection. A Root Cause Analysis was completed and contributing factors identified were a knowledge gap in understanding that prescription eyeglasses were not sufficient eye protection as well as a knowledge gap in understanding the PPE requirements on the [REDACTED] unit and [REDACTED] unit. Also, inadequate comprehension of training and in-services as well as inadequate monitoring and oversight of PPE use across the facility. As part of our DPOC and per our Root Cause Analysis, top line staff were directed to complete the Nursing Home Infection Preventionist Training Course Module 1- Infection Prevention & Control Program, full compliance was completed by 4/20/2021. In addition, all staff were directed to view CDC Covid-19 Prevention Messages for Front Line Long-Term Care</p>		

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F 880	<p>Continued From page 5</p> <p>Nursing Assistant (CNA#1). The surveyor noted that CNA#1 was not wearing any other PPE. She stated that the facility gave her goggles but the goggles do not fit over her prescription eyeglasses. CNA #1 then reached into her pocket, pulled out the goggles and showed to the surveyor. She stated that she had not informed the IP or the DON that the goggles did not fit. According to facility policy, CNA#1 was supposed to wear a KN95 with a face shield in a resident's room on the [REDACTED] unit.</p> <p>Review of the medical record and [REDACTED] results showed that Resident [REDACTED] for [REDACTED] on a [REDACTED].</p> <p>At 11:05 AM, the surveyor interviewed the IP. She stated that CNA#1 should not have used her prescription eyeglasses in place of goggles or face shield and that regular prescription eyeglasses was not an appropriate eye protection for staff.</p> <p>5. On 2/3/21 at 11:27 AM, while the surveyor was on the [REDACTED] unit near the plastic curtain demarcation between the [REDACTED] unit and the [REDACTED] unit, a staff member exited through the plastic curtain from the [REDACTED] unit and walked onto the hallway of the [REDACTED] unit, wearing a KN95 mask and no other PPE. When interviewed, the staff member identified herself as a housekeeper (HK) and stated that she removed her gown and gloves before she left the [REDACTED] unit. At that time, she reached inside her pocket, retrieved her prescription eyeglasses and put them on. When asked about goggles or face shield, she stated that she had goggles and that "it might be in my car." The HK stated that she</p>	F 880	<p>Staff: Keep COVID-19 Out! Video (6 minutes) and CDC Covid-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for Covid-19 Video (12 minutes), full compliance was achieved by 4/20/2021.</p> <p>3. The facilities [REDACTED] emergency breakout plan was reviewed and revised with all new CDC guidelines pertaining to eye protection. As part of our DPOC from our RCA, The DON, ADON and all three (3) unit managers have an audit tool where they must audit all staff beginning of shift and once throughout shift. This audit will be ongoing until 100% satisfaction is met for at least 3 consecutive days.</p> <p>4. Administrator/Infection preventionist nurse will audit the audit sheets weekly and all findings will be reviewed monthly at Q.A.P.I. until 100% compliance is achieved and the administrator/Infection Preventionist Nurse deems necessary.</p>		

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F 880	<p>Continued From page 6</p> <p>did not have a face shield and that she had not asked for one. She added that she thought prescription eyeglasses was proper eye protection with the KN95 mask. She also acknowledged that she did receive training on infection control practices. The HK stated that she was going to the housekeeping room to obtain a new mop head and clean water. She did not enter into a resident's room.</p> <p>6. At 11:50 AM, on the [REDACTED] unit, the surveyor observed a staff member (CNA#2) as she exited Resident [REDACTED]'s room wearing an N95 mask with no gown and no eye protection or goggles. When interviewed, she stated that she removed her gown in the resident's room and that she had worn her prescription eyeglasses which she had just placed in her pocket. CNA#2 then reached into her pocket and retrieved her eye glasses. She stated that she only wore goggles or face shield if she was going into the [REDACTED] unit.</p> <p>Review of the medical record and test results showed that Resident [REDACTED] for [REDACTED]</p> <p>At 11:58 AM, the surveyor toured the [REDACTED] unit and observed a housekeeper in the hallway as she prepared to clean residents' rooms. The surveyor noted that she wore full PPE appropriately - gown, gloves, N95 mask and face shield.</p> <p>7. At 12:05 PM, the surveyor observed a staff member on the observation unit hallway. The surveyor noted that the staff member wore KN95 mask with a cloth mask covering the KN95. She was not wearing any other PPE. When interviewed, the staff member identified herself as</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>a non - Certified Nursing Assistant (NA). She stated that she just started to work at the facility two days ago and that she was on orientation with CNA #2. The NA stated that she normally wore goggles but because she was wearing her prescription eye glasses, the goggles did not fit over the glasses. She stated that she did not know that she was not supposed to use her prescription eyeglasses with the KN95 mask.</p> <p>Review of the facility's policy dated 8/2020 and titled: "Equipment- Using Eye glasses" indicated to use masks and eye protection devices such as goggles or glasses with solid side shields or chin-length face shield. The policy further reflected that eyeglasses should not be considered as adequate protective eye wear.</p> <p>8. On 02/03/21 at 11:43 AM, the surveyor observed Resident [REDACTED] room on the [REDACTED]. There was a sign on the wall next to the door to the resident's room noting that the resident was on respiratory/droplet precautions. The surveyor also observed a second sign on the wall which indicated that the required Personal Protective Equipment (PPE) to enter the room included; N95 mask or higher respirator, face shield or goggles, clean non-sterile gloves, and an isolation gown.</p> <p>The surveyor observed a staff member enter the room wearing a KN95 mask and prescription eyeglasses without gown or gloves. The surveyor observed the staff member use his bare hands to take the television remote control from the resident's table and start to work on the resident's television (TV). The surveyor also observed the staff member place his bare left hand directly onto Resident [REDACTED] dresser. When the staff</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>member finished fixing the resident's TV, he washed his hands and left the room. The staff member did not enter any other resident's room and went directly to the maintenance area.</p> <p>During an interview at 11:46 AM, the staff member identified himself as a maintenance worker (Assistant Director of maintenance-ADM#1). ADM#1 stated that the [REDACTED] unit, which was the [REDACTED] unit, had no isolation precautions. ADM#1 further stated if a resident was on precautions, there would be signs at the room and a plastic bin containing PPE needed to be worn in the room. The surveyor then walked with ADM#1 back to Resident [REDACTED] room entrance. At that time, ADM#1 saw the signs and PPE bin. He then stated that he had not noticed the plastic bin of PPE nor the isolation signs at the resident's room door. He stated that he was aware of the plastic barrier at the end of the hall that separated the [REDACTED] area from the other residents and that he was the one who hung the plastic barrier up. He added that he recently had an in-service about two weeks ago on how and when to wear PPE and that he only had to wear full PPE (gown, gloves and face shield) if he was on the [REDACTED] unit. He acknowledged that he directly touched the resident's environment with his bare hands and stated that he should have worn gloves.</p> <p>Review of the "[REDACTED] Record" for Resident [REDACTED] revealed that Resident [REDACTED] was [REDACTED] to the facility the [REDACTED] and had a [REDACTED]. The medical records also showed that another [REDACTED] was collected from the resident and sent out to</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>the laboratory with results pending. The surveyor noted that Resident [REDACTED] had a physician's order dated [REDACTED] until [REDACTED]. Resident [REDACTED]'s care plan revealed a focus for [REDACTED] precautions for respiratory/droplet and contact isolation with interventions that included but not limited to; staff to wear proper PPE- gown, mask, face shield, goggles and gloves in the resident's room.</p> <p>During an interview at 11:58 AM, the Registered Nurse Unit Manager (RN/UM) for the [REDACTED] unit stated that the unit housed residents who were admitted from the hospital and were on respiratory and droplet precautions for 14 days. The RN/UM stated that staff should wear masks, goggles or face shield, gowns and gloves in the residents' rooms and that regardless of discipline, all staff members must wear full PPE. The RN/UM stated that regular prescription eyeglasses was "ok" to be worn in the residents' rooms.</p> <p>During an interview at 12:03 PM, the IP stated that staff were required to wear gowns, gloves, and eye protection in the rooms on the [REDACTED] unit. The IP also acknowledged that prescription eyeglasses were not acceptable to wear in the respiratory and droplet precaution rooms because there are no solid sides to the glasses, and that glasses do not offer full protection. The IP added that she in-serviced all staff members on proper PPE to done and that staff probably misunderstood what eye wear meant. The IP and the DON did not address how staff were monitored to ensure they wore proper PPE consistently. The surveyor reviewed in-service education that was provided by the IP, and it showed that the above staff members</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: 315456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2021
NAME OF PROVIDER OR SUPPLIER MYSTIC MEADOWS REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 151 NINTH AVENUE LITTLE EGG HARBOR TW, NJ 08087		
(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 10</p> <p>received in-service education on infection control/PPE.</p> <p>During an interview at 12:17 PM, the staff member responsible for PPE supplies stated that the facility had multiple cases of face shields, goggles, N95 masks, disposable PPE gowns, surgical masks, gloves, and coveralls and that they did not have any issues with PPE supply. The surveyors inspected two supply rooms for PPE and noted that the facility had adequate PPE supplies.</p> <p>Review of the facility signage on the [REDACTED] unit and the [REDACTED] unit revealed that all employees who enter into [REDACTED] units must wear appropriate PPE and eye protection in the form of goggles or face shield, and N95 mask and to wear gowns and gloves when entering a resident's room.</p> <p>Review of the facility policy titled: "Coronavirus, Prevention and Control" policy dated 8/21/20, indicated that staff will don an N95 mask or equivalent when entering the room of a resident with suspected or confirmed coronavirus. And that Face shields will be utilized during procedures that generate splash or aerosol.</p> <p>Review of the facility policy titled: "Infection Control Protective Equipment-Using Gowns", dated 8/20, revealed to use gowns when indicated or instructed.</p> <p>NJAC 8:39-19.4; 27.1</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315456	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/28/2021
NAME OF FACILITY MYSTIC MEADOWS REHAB & NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 151 NINTH AVENUE LITTLE EGG HARBOR TW, NJ 08087	

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	04/20/2021	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	

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 2/3/2021

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