

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 75A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2024
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NAME OF PROVIDER OR SUPPLIER FRIENDS VILLAGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE ONE FRIENDS DRIVE WOODSTOWN, NJ 08098
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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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00181728</p> <p>CENSUS: 31</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00181728</p> <p>Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the facility's policies and procedures titled, "Missing Resident (Elopement)" and "Elopements and Wandering Residents", for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 12/19/24 at 12:36 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), which indicated that on NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1, NJ ex order 26.4b1, Resident #2 NJ ex order 26.4b1, NJ ex order 26.4b1, and NJ ex order 26.4b1.</p> <p>On 12/30/24 at 11:36 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed Resident #2 moved into the facility on NJ ex order 26.4b1 with NJ ex order 26.4b1. Resident #2's Service Plan (SP) dated NJ ex order 26.4b1 revealed Resident #2 NJ ex order 26.4b1.</p> <p>On 12/30/24 at 12:48 p.m., the surveyor interviewed the Registered Nurse (RN) Nurse Manager regarding Resident #2's NJ ex order 26.4b1. The RN Nurse Manager stated that Licensed Practical Nurse (LPN) #1, who worked</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>in the NJ ex order 26.4b1, did not report the incident to administration the night of the incident. The RN Nurse Manager stated that LPN #1 did not consider the incident as an NJ ex order 26.4b1 as Resident #2 NJ ex order 26.4b1. The RN stated that LPN #2, who was assigned to the NJ Exec Order 26.4b1 the next morning NJ Exec Order 26.4b1 was the one who reported the incident to administration.</p> <p>On 12/30/24 at 2:09 p.m., the surveyor attempted a phone interview with LPN #1 but there was no answer. On 12/31/24 at 11:19 a.m., the surveyor interviewed LPN #1 via phone call and inquired about the NJ ex order 26.4b1. LPN #1 confirmed that she did not report the incident to administration on NJ Exec Order 26.4b1. LPN #1 stated that she reported the incident during a morning report to LPN #2 on NJ ex order 26.4b1 and informed LPN #2 that Resident #2 was NJ Exec Order 26.4b1 in the NJ Exec Order 26.4b1 by an aide. LPN #1 stated that LPN #2 then reported the incident to administration on NJ Exec Order 26.4b1.</p> <p>Continued surveyor review of Resident #2's Progress Notes (PN) revealed that there was no documentation in the PN that reflected a nurse assessment was completed after the NJ ex order 26.4b1. However, the surveyor observed a NJ ex order 26.4b1 at 2:34 p.m., which was completed prior to the resident's NJ ex order 26.4b1. There was no subsequent assessment completed after Resident #2's NJ ex order 26.4b1.</p> <p>At 2:16 p.m., the surveyor interviewed the RN Nurse Manager and inquired about a completed nursing assessment for Resident #2 after the NJ ex order 26.4b1. The RN Nurse Manager stated that if there was no</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>documentation of an assessment after the incident occurred, then there was no assessment completed.</p> <p>The surveyor reviewed an undated facility policy titled, "Missing Resident (Elopement)" provided by the RN Nurse Manager which revealed, " ... Elopement is defined as a situation in which a resident with impaired cognition or poor safety awareness or judgment successfully leaves the community or a secure area undetected or unsupervised by team members ... Procedure in the Event of a Missing Resident ... Upon notification of clinical director, clinical director will be responsible for ensuring family and physician are notified ..."</p> <p>Further surveyor review of the undated facility policy titled, "Missing Resident (Elopement)" which indicated, " ... Procedure in the Event of a Missing Resident ... 7. Upon finding the eloped resident, the nurse will evaluate the resident for injury and appropriate measures will be taken ..."</p> <p>Additionally, the surveyor reviewed a facility policy titled, "Elopements and Wandering Residents", dated 3/2024, which indicated, " ... 6. Procedure Post-Elopement a. A Nurse will perform a physical assessment, document, and report findings to a physician ..."</p>	A 310		
A 313	<p>8:36-3.4(a)(4) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>4. Ensuring the provision of staff orientation and staff education;</p>	A 313		

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A 313	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00181728</p> <p>Based on interview and review of facility documents, it was determined that the facility failed to ensure that care staff were educated and trained on elopement policy and procedures following an NJ Exec Order 26.4b1 for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 12/19/24 at 12:36 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), which indicated that on NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1</p> <p>On 12/30/24 at 11:36 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed that Resident #2 NJ ex order 26.4b1 with NJ ex order 26.4b1. Resident #2's Service Plan (SP) revealed that Resident #2 NJ ex order 26.4b1</p> <p>On 12/30/24 at 10:36 a.m., the surveyor interviewed the Resident Care Coordinator (RCC) and inquired about any in-services or staff education that may have been conducted following the resident NJ ex order 26.4b1. The RCC stated that she did not receive education regarding NJ Exec Order 26.4b1 following the incident.</p>	A 313		

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A 313	<p>Continued From page 5</p> <p>At 12:48 p.m., the surveyor interviewed the Registered Nurse (RN) Nurse Manager and inquired if any staff in-services were conducted following the NJ ex order 26.4b1. The RN Nurse Manager confirmed that there was no in-service or education were provided to the staff members after Resident #2's NJ ex order 26.4b1. Additionally, the RN Nurse Manager acknowledged that she did not re-educate staff members on NJ Exec Order 26.4b1 residents and NJ Exec Order 26.4b1 procedures after the NJ ex order 26.4b1.</p> <p>On 12/30/24 at 1:52 p.m. and 2:01 p.m., respectively, the surveyor interviewed Certified Nursing Assistant (CNA) #1 and CNA #2 via phone calls and inquired about any staff education that they received after the NJ ex order 26.4b1. Both CNA #1 and #2 stated that they did not receive staff education following the resident NJ ex order 26.4b1.</p> <p>The surveyor reviewed a facility policy titled, "NUR_026 Resident Safety Plan", dated 12/2014, which indicated, " ... PROCEDURE: ... 6. If there are educational opportunities identified upon review of the event, the Nurse Manager or designee will coordinate team member education to reduce the risk of a repeat of the event for the identified residents and all other residents at risk for a similar event ..."</p>	A 313		
A 749	<p>8:36-7.3(a) Resident Assessments and Care Plans</p> <p>(a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care</p>	A 749		

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A 749	<p>Continued From page 6</p> <p>provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00181728</p> <p>Based on interview and record review, it was determined that the facility failed to ensure the Service Plan (SP) was reviewed and revised as needed following an NJ Exec Order 26.4b1 for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 12/30/24 at 11:36 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed that Resident #2 NJ ex order 26.4b1, with diagnoses of NJ ex order 26.4b1. Resident #2's Service Plan (SP) dated NJ ex order 26.4b1 revealed that Resident #2 NJ ex order 26.4b1. The surveyor reviewed Resident #2's SP dated NJ ex order 26.4b1 with the "Next Review Date" of NJ ex order 26.4b1. The surveyor observed that there was no documentation to reflect the review, updates, or revisions to the SP after Resident #2 NJ ex order 26.4b1.</p> <p>Upon further review of Resident #2's MR, the surveyor observed a Nurse's Note dated NJ ex order 26.4b1 at 4:02 p.m., which revealed, " ... Resident is on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 will be in tomorrow." The surveyor further reviewed the SP and observed that the NJ Exec Order 26.4b1 were not included in the interventions listed. The RN Nurse Manager provided the surveyor with copies</p>	A 749		

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A 749	<p>Continued From page 7</p> <p>of the NJ ex order 26.4b1</p> <p>At 12:48 p.m., the surveyor interviewed the Registered Nurse (RN) Nurse Manager regarding the SP not being updated after the NJ ex order 26.4b1. The RN Nurse Manager stated that the SP was reviewed; however, the SP did not require updating since the SP already included interventions to address Resident #2's NJ ex order 26.4b1. During the interview, the surveyor inquired about how often a resident's SP should be reviewed. The RN Nurse Manager stated that SPs were completed on admission, re-admission, for change in resident condition, and every six months.</p> <p>At 3:20 p.m., the surveyor interviewed the RN Nurse Manager again and inquired about the NJ ex order 26.4b1. The RN Nurse Manager acknowledged that Resident #2's SP NJ ex order 26.4b1 and acknowledged that there was no documentation to reflect that Resident #2's SP was reviewed following Resident #2's NJ ex order 26.4b1.</p> <p>The surveyor reviewed a facility policy titled, "P&P Resident Assessment and General and Health Service Plans", dated 11/01/24, which indicated, " ... Procedure: ... f. The General Service Plan and, or Health Service Plan will be reviewed and updated at least semi-annually and quarterly, respectively, and, as necessary, to address any changes in the resident's physical or cognitive status ..."</p> <p>Additional surveyor review of the facility policy titled, "NUR_026 Resident Safety Plan Policy", dated 12/2014, which indicated, " ...</p>	A 749		

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A 749	Continued From page 8 PROCEDURE: ... 3. The resident's Plan of Care will be reviewed and revised as appropriate upon completion of the Safety Investigation ..."	A 749		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00181728</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the Registered Nurse (RN) assessment was documented in the resident medical record (MR) following an NJ Exec Order 26.4b1 for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 12/30/24 at 11:36 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed that Resident #2 moved into the facility on NJ ex order 26.4b1, with diagnoses of NJ ex order 26.4b1 Resident #2's Service Plan (SP) dated NJ ex order 26.4b1 revealed that Resident #2 NJ ex order 26.4b1.</p> <p>Surveyor review of Resident #2's Progress Notes</p>	A1073		

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A1073	<p>Continued From page 9</p> <p>(PNs) revealed that there was no documentation in the PN that reflected a nurse assessment was completed after Resident #2 NJ ex order 26.4b1.</p> <p>At 1:20 p.m., continued surveyor review of Resident #2's MR NJ ex order 26.4b1 dated on NJ ex order 26.4b1, which was completed prior to Resident #2's NJ ex order 26.4b1. However, there was no documented evidence in the MR to indicate an assessment was completed following the NJ Exec Order 26.4b1 on NJ ex order 26.4b1 as documented in the facility's elopement policy.</p> <p>At 2:16 p.m., the surveyor interviewed the RN Nurse Manager and inquired about a completed nursing assessment for Resident #2 after the NJ ex order 26.4b1. The RN Nurse Manager stated that if there was no documentation of completed assessment after the NJ ex order 26.4b1 then there was no assessment completed.</p> <p>The surveyor reviewed an undated facility policy titled, "Missing Resident (Elopement)" which indicated, "...Elopement is defined as a situation in which a resident with impaired cognition or poor safety awareness or judgment successfully leaves the community or a secure area undetected or unsupervised by team members... Procedure in the Event of a Missing Resident ... 7. Upon finding the eloped resident, the nurse will evaluate the resident for injury and appropriate measures will be taken ..."</p> <p>Additionally, the surveyor reviewed a facility policy titled, "Elopements and Wandering Residents", dated 3/2024, which indicated, "... 6. Procedure Post-Elopement a. A Nurse will perform a physical assessment, document, and report</p>	A1073		

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A1073	Continued From page 10 findings to a physician ..."	A1073		



**FRIENDS
VILLAGE**
Welcome to Vibrant Living

A PREMIER FELLOWSHIP LIFE COMMUNITY

POC# 3
Rcd 2/21/25
accepted.

NJ Exec Order 26.4b1

Friends Village
Plan of Correction
Survey Date: December 30, 2024
COMPLAINT #: NJ00181728
POC resubmitted: February 20, 2025

A310

1. On ^{NJ Exec Order 26.4b1} Resident #2 ^{NJ ex order 26.4b1} The Registered Nurse (RN) Manager educated the ^{US FOIA (b) (6)} or ^{NJ ex order 26.4b1} on the following policies: the ^{NJ Exec Order 26.4b1} policy as well as ^{NJ Exec Order 26.4b1} resident policy.
2. All residents have the potential to be affected by this deficient practice.
3. Friends Village Assisted Living (AL) Administrator and RN Manager educated all nursing staff on the following policies: "Missing Resident (Elopement)" and "Elopements and Wandering Residents" from 1/13/2025 to 2/12/2025. Policies were placed in front of the Inter-shift Communication Logbook and readily available to all agency nurses, with key points outlined, along with a signature page acknowledging that the policy has been reviewed. The Inter-Shift Communication Logbook is used as part of the change of shift report process and off going nurses to educate agency nurses of need to review policies in front of the book and sign off on them on the signature page. These policies are reviewed upon hire by the AL Administrator and re-educated annually and as needed thereafter.
4. The signature pages for policy and procedure review will be audited by RN Manager weekly x4 weeks, to be completed by 2/28/2025. RN Manager will report the findings to the AL Administrator at monthly safety meeting/quarterly Quality Assurance Performance Improvement (QAPI) committee meeting.
5. Completion date of 2/12/2025.

accepted
2/21/25
NJ Exec Order

A313

1. Resident #2 ^{NJ ex order 26.4b1} and ^{NJ ex order 26.4b1} ^{NJ ex order 26.4b1} A documented assessment for Resident #2 was completed on ^{NJ Exec Order 26.4b1} following the ^{NJ Exec Order 26.4b1}
2. All residents have the potential to be affected by this deficient practice.



**FRIENDS
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3. The AL Administrator and Nurse Manager in-serviced all nursing staff on the following policies and procedures: "Resident Safety Plan" and "Elopement and Wandering" from 1/13/2025 to 2/16/2025. The policies will be placed in front of the Inter-shift Communication Logbook and readily available to all agency nurses, with key points outlined, along with signature page acknowledging that the policy has been reviewed. The Inter-Shift Communication Logbook is used as part of the change of shift report process and off going nurses to educate agency nurses of need to review policies in front of the book and sign off on them on the signature page. These policies are reviewed upon hire by the AL Administrator and re-educated annually and as needed thereafter.
4. The signature pages for review will be audited by RN Manager, comparing staff scheduled to signatures obtained weekly x4 weeks, then monthly x3 to be completed by 6/30/2025. The Administrator or Nurse Manager or designee will report findings at monthly safety meeting/quarterly QAPI committee meeting.
5. Completion date of 2/16/25.

*accepted
alillas*
NJ Exec Order 26.4b1

A749

1. Resident #2 service plan was not updated status post **NJ ex order 26.4b1** Resident #2's service plan on **NJ ex order 26.4b1** has been updated to reflect interventions that were put in place **NJ ex order 26.4b1**
2. All residents have the potential to be affected by this deficient practice.
3. All Service Plans will be audited by RN Manager to ensure all are current with review dates. All nurses were educated on general health service plans and resident safety plan policy and procedure on 2/16/25.
4. Resident medical records and all safety investigations will be audited by RN Manager to ensure that service plans are up to date. Weekly x4, then monthly x2, to be completed by 5/30/2025. The RN Manager will report the findings at the monthly safety meeting/quarterly QAPI committee meeting.
5. Completion date 2/14/2025.

*accepted
alillas*
NJ Exec Order 26.4b1



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A1073

1. The facility failed to ensure that the RN assessment was documented in the resident medical record following the [redacted NJ ex order 26.4b1] of Resident #2 on [redacted NJ ex order 26.4b1] as per facility policy titled "Missing Resident (Elopement)" and facility policy titled "Elopements and Wandering Residents" dated 3/2024. A documented assessment for Resident #2 was completed on [redacted NJ ex order 26.4b1] following the [redacted NJ Exec Order 26.4b1]
2. All residents have the potential to be affected by this deficient practice.
3. The Administrator and RN Manager in-serviced all nursing staff on facility policy "Missing Resident (Elopement)", and facility policy titled "Elopements and Wandering Residents" this included documentation in the medical record and was completed on 2/16/2025. All policies will be placed in front of the Inter-shift Communication Logbook and readily available to all agency nurses, with key points outlined, along with signature page acknowledging that the policy has been reviewed and will be audited by RN Manager weekly x4 weeks, then monthly x3 to be completed by 6/30/2025. All policies and procedures will be reviewed with all nursing staff upon hire by the Administrator and annually and as needed thereafter.
4. The signature pages will be reviewed by RN Manager weekly for x4 weeks, then monthly x3 to be completed by 6/30/2025. The Administrator, Nurse Manager or designee will audit medical record and safety investigations weekly for timely documentation of RN assessments x4 then monthly x3, to be completed by 6/30/2025. The Administrator or Nurse Manager or designee will report findings at monthly safety meeting/quarterly QAPI committee meeting, through July 2025.
5. Completion date of 2/16/2025.

accepted
2/16/25
[redacted NJ Exec Order 26.4b1]

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 75A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/30/2024
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NAME OF PROVIDER OR SUPPLIER FRIENDS VILLAGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE ONE FRIENDS DRIVE WOODSTOWN, NJ 08098
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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) COMPLETE DATE
{A 000}	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00181728</p> <p>CENSUS: 31</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	{A 000}		

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

TITLE

(X6) DATE

02/06/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 75A002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/30/2024
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NAME OF FACILITY FRIENDS VILLAGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE ONE FRIENDS DRIVE WOODSTOWN, NJ 08098
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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 A0310	Correction	ID Prefix A0313	Correction	ID Prefix A0749	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-3.4(a)(4)	Completed	Reg. # 8:36-7.3(a)	Completed
LSC	02/21/2025	LSC	02/21/2025	LSC	02/21/2025
ID Prefix A1073	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/21/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 12/30/2024		<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		