

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/06/2024
NAME OF PROVIDER OR SUPPLIER CARNEGIE ASSISTED LIVING AT PRINCETON		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WINDROW DRIVE PRINCETON, NJ 08540		
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A 000	<p>Initial Comments</p> <p>Initial Comments: Revised TYPE OF SURVEY: Standard with Complaints</p> <p>COMPLAINT #: NJ00173856, NJ00155866, NJ00163735, NJ00153700</p> <p>CENSUS: 88</p> <p>SAMPLE SIZE: 10</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

09/12/24

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00173856</p> <p>Based on observation, interview, record review and pertinent facility documents, it was determined that the facility Administrator failed to implement its policy and procedures on [REDACTED] when the facility failed to notify family member of [REDACTED] NJ Ex Order 26.4(b)(1); and failed to implement and enforce its policy on call bell for 2 of 10 residents reviewed, Resident #3 and Resident #5. This deficient practice was evidenced by the following.</p> <p>On 6/5/24 at 10:35 a.m., during tour of the second floor the surveyor interviewed a Licensed Practical Nurse (LPN) regarding [REDACTED] concerns at the facility including [REDACTED] NJ Ex Order 26.4(b)(1). The LPN stated that there was [REDACTED] NJ ex order 26.4b1 in Resident #3's apartment sometimes in [REDACTED] NJ Exec Order 26.4b1 and that the resident apartment was [REDACTED] NJ Exec Order 26.4b1 and the resident no longer had [REDACTED] NJ Ex Order 26.4b1.</p> <p>At 10:50 a.m., the surveyor observed Resident #3 in his/her apartment. The surveyor was not able to interview the resident due to the resident's [REDACTED] NJ Ex Order 26.4(b)(1). Surveyor review of the resident's "Admission Record" revealed the resident was admitted to the facility [REDACTED] NJ ex order 26.4b1 [REDACTED]</p> <p>At 11:09 a.m., the surveyor interviewed the resident's Power of Attorney (POA) via telephone</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>and NJ ex order 26.4b1 in Resident #3's apartment. The POA stated that he/she visited the resident on NJ ex order 26.4b1 and observed Resident #3's NJ ex order 26.4b1.</p> <p>The POA stated that during the visit on NJ ex order 26.4b1 he/she spoke with a LPN who informed the POA that the resident's apartment NJ ex order 26.4b1.</p> <p>The POA stated that an email was sent to the Executive Director (ED) on NJ ex order 26.4b1 who also confirmed that the resident's NJ ex order 26.4b1. The POA stated that he/she was not notified of the above until the visit on NJ ex order 26.4b1.</p> <p>On 6/6/24 at 11:05, the surveyor interviewed the ED NJ ex order 26.4b1 in Resident #3's apartment. During the interview, the ED confirmed that the resident's POA was not notified until NJ ex order 26.4b1 when she received an email from the POA.</p> <p>The surveyor reviewed the facility's policy titled, "Bedbug management policy" which revealed, 3). "Staff is to prepare the apartment for treatment, including linen handling..."</p> <p>4). "The Director of Resident Care or designee will notify the family immediately."</p> <p>On 6/5/24 at 9:43 a.m., the surveyor interviewed Resident #5 regarding pendant call response time at the facility. Resident #5 stated it took a long time for staff to answer the pendant call, and sometimes the staff did not answer the pendant call at all. The surveyor pressed Resident #5's call pendant at 9:46 a.m. to observe the facility's pendant call response time. At 10:06 a.m., 20 minutes later, no one responded to the pendant</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>call.</p> <p>At 10:09 a.m., the surveyor interviewed Caregiver #1 to inquire how staff knew if a resident pressed his/her pendant. Caregiver #1 stated that the front desk had a screen that notified the staff when a resident pressed the pendant, then the front desk would alert the caregiver assigned to the resident on a walkie-talkie. On 6/6/24 at 10:24 a.m., the surveyor interviewed Caregiver #1 a second time and inquired about the pendant call response time. Caregiver #1 stated that pendant calls should be answered as soon as possible. Caregiver #1 added that if the staff member was busy, the staff member would inform the front desk so that the front desk would find another staff member to assist. Caregiver #1 stated that pendant calls should be answered within two minutes.</p> <p>At 10:12 a.m., the surveyor interviewed the receptionist at the front desk to inquire about the facility's pendant call system and the process. The receptionist stated that the facility used a system called NJ Ex Order 26.40 for their pendant calls. The receptionist explained that when a resident pressed his/her pendant, it would appear on the monitor, then the receptionist would alert the caregiver assigned to the resident, and the caregiver would assist the resident and then clear the pendant after assisting the resident.</p> <p>The surveyor observed the monitor with NJ Ex Order 26.40 which indicated Resident #5 pressed his/her pendant four times and waited for two hours. The surveyor then asked the receptionist if she called the caregiver assigned to Resident #5 when the resident pressed his/her pendant. The receptionist stated that she called Caregiver #2 who was assigned to Resident #5 at 9:45 a.m.,</p>	A 310			

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A 310	<p>Continued From page 4</p> <p>and the caregiver stated he would take care of the resident. The receptionist stated that the facility staff had 10-15 minutes to respond to a pendant call.</p> <p>At 10:16 a.m., the surveyor observed the [REDACTED] monitor again, which showed that Resident #5's pendant call was still on and had not been answered, 30 minutes later. At 10:28 a.m., the surveyor returned to Resident #5's room to inquire if the resident's pendant call was answered, and Resident #5 stated it was not.</p> <p>At 10:42 a.m. and 10:57 a.m., the surveyor interviewed Resident #7 and Resident #6 to inquire about their pendant being answered in a timely manner. Resident #7 stated that if a problem was to arise, he/she would walk to the front desk, because in the past it had taken up to 45 minutes for a staff member to answer the pendant call. Resident #6 stated that he/she usually pressed the pendant twice a day for assistance with [REDACTED] NJ Ex Order 26.4(b)(1) . Resident #6 stated some days it took 20 to 30 minutes for a staff member to respond to the pendant calls and he/she would have to call the front desk for assistance.</p> <p>At 11:55 a.m., the surveyor in the presence of the Executive Director (ED) observed the [REDACTED] monitor, which revealed an un-sampled resident pressed his/her pendant at 11:15 a.m., and 39 minutes later, the pendant call was still not answered. The ED stated that staff answering the pendant calls in a timely manner had been an issue.</p> <p>At 11:57 a.m., and 12:41 p.m., the surveyor interviewed Caregiver #2 who the receptionist stated was assigned to Resident #5. In addition</p>	A 310			

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A 310	<p>Continued From page 5</p> <p>the surveyor inquired why the resident's pendant call was not answered and how long staff had to answer a pendant call. Caregiver #2 stated that Resident #5 was assigned to Caregiver #3 and that pendant calls were answered within five minutes. Caregiver #2 explained that if the staff member was busy, the staff member would radio the front desk to let them know to get someone else to assist the resident.</p> <p>At 12:00 p.m., the surveyor interviewed Caregiver #3 who was assigned to Resident #5 regarding Resident #5's pendant call not being answered in a timely manner. Caregiver #3 stated that she must have been in busy with another resident. The surveyor then inquired what the protocol was if a caregiver was busy when a resident called. Caregiver #3 stated that she would request a few minutes and if longer, she would page another staff member to answer to respond to the resident. The surveyor then inquired the reason Resident #5's pendant call was not answered for 2 hours. Caregiver #3 stated that she was not sure why she didn't answer Resident #5's pendant call and could not remember getting a page from the front desk.</p> <p>The surveyor reviewed the facility's "Detailed Event Report," from [redacted] to 6/6/24, which indicated that on [redacted] at 9:53 a.m., it took the staff 50 minutes to respond to a pendant call. In addition, the report indicated that the average response time was seven minutes and there were 27 occurrences when the pendant call response time was greater than six minutes.</p> <p>The surveyor also reviewed the facility policy titled, "Call Bell Response/Signaling," which indicated, "... A response to resident's call bell and/or pendant must be answered within six</p>	A 310		

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A 310	Continued From page 6 minutes. Call Bell and/or Pendant must be deactivated at time of arrival to the resident's room or location. Frequent rounding must be done routinely to minimize the reason for the call bell..."	A 310			
A 361	8:36-4.1(a)(4) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 4. The right to be treated with respect, courtesy, consideration and dignity; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00173856 Based on interview and record review it was determined that the facility failed to provide a dignified living area when a resident apartment was NJ Exec Order 26.4b1 and being NJ Exec Order 26.4b1 for 1 of 10 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 6/5/24 at At 10:50 a.m., the surveyor observed Resident #3 in his/her apartment. The surveyor was not able to interview the resident due to the resident's NJ ex order 26.4b1 . Surveyor review of the resident's "Admission Record" revealed the resident was admitted to the community NJ ex order 26.4b1 with diagnosis which NJ ex order 26.4b1 .	A 361			

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A 361	Continued From page 7 At 11:09 a.m., the surveyor interviewed the resident's Power of Attorney (POA) via telephone and inquired about NJ Ex Order 26.4(b)(1) in Resident #3's apartment. The POA stated that he/she visited the resident on NJ ex order 26.4b and observed Resident #3's NJ ex order 26.4b1 . The POA added that the resident NJ Exec Order 26.4b1 in the living area of the apartment from NJ ex order through NJ ex order 26.4b when the NJ ex order 26.4b1 . On 6/6/24 at 11:05 a.m., and 6/12/24 at 2:15 p.m., the surveyor interviewed the ED regarding the NJ Ex Order 26.4(b)(1) and the resident's living condition while the apartment was being NJ Exec Order 26.4b1 . The ED stated that the resident was kept outside of the apartment during the 3 hours the bedroom was NJ Exec Order 26.4b1 . She explained that Resident #3 was offered a temporary room change but declined due to the resident's NJ ex order 26.4b1 . However, the ED failed to notify the resident's POA in order to incorporate the resident's temporary room change with his/her POA. Additionally, the ED acknowledged that the resident should have been provided a dignified temporary living area while the apartment was being NJ Exec Order 26.4b1 . Refer to 8:36-3.4(a)(4)	A 361		
A 901	8:36-10.5(c)(4) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a	A 901		

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A 901	<p>Continued From page 8</p> <p>conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to post menus with portion sizes in the kitchen preparation area as evidenced by the following:</p> <p>On 6/5/2024 at 10:20 a.m., during tour of the facility's kitchen, the surveyor observed that there was no menu with portion sizes posted in the food preparation area.</p> <p>At 10:21 a.m., the surveyor interviewed the facility's Cook #1, who stated that the facility did not utilize menus with portion sizes when plating the residents' meals. The Cook also stated that he utilized four-ounce scoops to plate the residents' meal.</p> <p>At 11:12 a.m., the surveyor interviewed the facility's Cook #2, who also stated that the facility did not utilize a menu with portion sizes when preparing the residents' meals but instead utilized the four-ounce scoops to make residents' plate.</p> <p>At 11:30 a.m., the surveyor interviewed the facility's Food Service Director (FSD) who confirmed that the facility did not use menus with portion sizes to plate the facility's resident meals.</p>	A 901			

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A 901	Continued From page 9 The FSD explained that the facility did not need to utilize the portion specific menus or guides. Surveyor review of the facility's policy titled, "Portion Sizes" revealed, "Policy: All food must be measured or weighed and portion monitored. Standards: Portion sizes shall be indicated on the menus or separate sheet ..."	A 901			
A 907	8:36-10.5(c)(7) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 7. Between-meal snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented by a physician in the resident's health care plan; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to ensure that snacks and beverages were available for residents at all times. The deficient practice was evidenced by the following: On 6/5/2024 at 11:00 a.m., the surveyor toured the facility and observed that there were no snacks or beverages available for the residents at all times. At 1:00 p.m., the surveyor interviewed an unsampled resident who stated that the facility did not have snack or beverages available to the residents at all times.	A 907			

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A 907	Continued From page 10 At 1:15 p.m., the surveyor interviewed the facility's Food Service Director (FSD) and inquired about snack and beverages availability for the residents. The FSD stated that the facility previously had snacks and beverages available for the residents but that the snacks and beverages were removed due to the construction on the first floor lobby area. At 1:18 p.m., and 1:19 p.m., the surveyor interviewed the receptionist and the Activity Director (AD) regarding snacks and beverages availability to the residents. The receptionist stated that the facility did not have snacks or beverages available to the residents but that the AD provided the residents with snacks and drinks during scheduled activities. The AD stated that she provided the residents with snacks and beverages during scheduled activities and explained that prior to the construction in the lobby, snacks and beverages were available to the residents. Surveyor review of the facility's policy titled, "Snacks " revealed, "Policy: Snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented by a health care provider. Standards: In each community there shall be at least one designated area where resident's can find snacks and beverages. Snacks must be available at all times for all residents desiring them or in accordance with physician's or other prescriber's orders ... Water and other beverages must be available at all times ..."	A 907		
A 975	8:36-11.7(a)(1) Pharmaceutical Services	A 975		

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A 975	<p>Continued From page 11</p> <p>(a) The administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the storage of medications that are not self-administered by the residents. The storage area requirement may be satisfied through the use of a locked medication cart.</p> <p>1. The storage area shall be kept locked when not in use.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00153700</p> <p>Based on observation and interview it was determined that the facility Licensed Practical Nurse (LPN) failed to lock the medication refrigerator located in the Wellness Office on the second floor as evidenced by the following:</p> <p>On 6/5/24 at 10:10 a.m., the surveyor toured the Wellness Office with the LPN and observed that the medication refrigerator was unlocked. The surveyor interviewed the LPN regarding the refrigerator being unlocked. The LPN stated that she was unable to lock the medication refrigerator because she did not know the whereabouts of the key.</p> <p>At 10:45 a.m., the surveyor interviewed the Executive Director (ED) regarding the medication refrigerator being unlocked. The ED stated that the medication refrigerator should be locked</p>	A 975			

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A 975	Continued From page 12 when not in use. Additionally, the ED stated that she was not made aware by the staff that the key to the medication refrigerator on the second floor was lost or misplaced.	A 975		
A1067	8:36-15.6(a)(2) Resident Records (a) Each resident's record shall include at least the following: 2. The resident's name, last address, date of birth, name and address of sponsor or interested agency, date of admission, date of discharge (and discharge destination) or death, the name, address and telephone number of physician to be called, and the name and address of nearest relative, guardian, responsible person, or interested agency, together with any other information the resident wishes to have recorded; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00153700 Based on interview, record review, and review of pertinent facility documents it was determined that the facility failed to ensure the discharge information was documented in the resident's medical record (MR) for 1 of 10 residents, Resident #1 as evidenced by the following: On 6/6/24 at 9:15 a.m., the surveyor reviewed the closed Medical Record (MR) of Resident #1 which revealed the resident was admitted into the	A1067		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2024
NAME OF PROVIDER OR SUPPLIER CARNEGIE ASSISTED LIVING AT PRINCETON			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WINDROW DRIVE PRINCETON, NJ 08540		
(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
A1067	<p>Continued From page 13</p> <p>facility in NJ ex order 26.4b1 with diagnoses that included NJ ex order 26.4b1. According to the resident's "Move In Record," the resident was discharged from the facility in NJ Ex Order 26.4(b)(1)</p> <p>During review of the MR, the surveyor observed that there were no documented evidence of date and time of discharge, reason for discharge, condition at discharge, and or destination of discharge written in the MR.</p> <p>At 12:40 p.m., the surveyor interviewed the Executive Director (ED) regarding Resident #1's discharge documentation in the MR. The ED stated that the Social Worker who no longer worked at the facility informed her and the staff not to document the details of the resident's discharge in the MR. However, the ED was able to provide the surveyor with the resident's 30-day discharge notification letter dated for NJ ex order 26</p> <p>The surveyor reviewed the facility policy and procedure titled, "Discharge/Transfer Procedure for Staff" which revealed, "Discharging Nurse will document discharge/transfer information in the resident's record including the following: (a) time of discharge/transfer b) mode of transportation c) who accompanied resident d) destination e) condition of resident upon discharge."</p>	A1067			
A1249	<p>8:36-17.7</p> <p>Housekeeping-Sanitation-Safety-Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be</p>	A1249			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/06/2024
NAME OF PROVIDER OR SUPPLIER CARNEGIE ASSISTED LIVING AT PRINCETON		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WINDROW DRIVE PRINCETON, NJ 08540		
(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
A1249	<p>Continued From page 14</p> <p>kept free from fire hazards and other hazards to resident's health and safety.</p> <p>This REQUIREMENT is not met as evidenced by: Revised Based on observation and interview, the facility failed to maintain a fire suppression system as required by New Jersey Administrative Code 8:36-16.6. This deficient practice had the potential to affect all residents who currently resided in the facility.</p> <p>Findings included:</p> <p>During a concurrent observation and interview on 06/05/2024 at 10:00 AM, there were three fire sprinkler heads within the walk-in freezer in the main kitchen had paper towels stuffed into the deflector heads, which rendered them inoperable. The Director of Facilities confirmed the observation and stated the facility did not have written environmental surveillance rounds policies in place that would ensure the noted observation would be found and corrected. The Executive Director stated she was unaware that there were stuffed paper towels in three fire sprinkler heads in the walk-in freezer.</p>	A1249		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90112	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/3/2024
NAME OF FACILITY CARNEGIE ASSISTED LIVING AT PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WINDROW DRIVE PRINCETON, NJ 08540	

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 08/01/2024	ID Prefix A0361 Reg. # 8:36-4.1(a)(4) LSC	Correction Completed 08/01/2024	ID Prefix A0901 Reg. # 8:36-10.5(c)(4) LSC	Correction Completed 08/01/2024
ID Prefix A0907 Reg. # 8:36-10.5(c)(7) LSC	Correction Completed 08/01/2024	ID Prefix A0975 Reg. # 8:36-11.7(a)(1) LSC	Correction Completed 08/01/2024	ID Prefix A1067 Reg. # 8:36-15.6(a)(2) LSC	Correction Completed 08/01/2024
ID Prefix A1249 Reg. # 8:36-17.7 LSC	Correction Completed 08/01/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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 6/6/2024		<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			