

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HARBOR T</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</b>
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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 #: NJ00171639</p> <p>CENSUS: 118</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

04/24/24

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and the facility's Policies and Procedures manual, it was determined that the facility failed to ensure that a comprehensive policy for Resident Emergency Response was developed and implemented. Additionally, the facility failed to consistently follow their Advanced Directive Policy and develop a consistent system for maintaining and identifying the Advanced Directives of the Residents. The deficient practice was evidenced by the following:</p> <p>During an interview on 2/26/2024 at 12:13 p.m., regarding the Advanced Directives and/or code status of the facility residents, LPN #4, stated that at one time there was a system in place that indicated which of the facility's residents had a Do Not Resuscitate (DNR) order in place, that included placing a red round sticker on the resident's apartment door. LPN #4 further stated that she did not think that system of identification was consistently being used any longer. During continued surveyor interview, LPN #4 stated that if the facility's aides want to know the code status of a resident, that they can ask one of the nurses. LPN #4 further stated she was not sure if there was a list or book containing the facility Resident's Advanced Directives.</p> <p>On 2/26/2024 at 1:48 p.m., the surveyor asked the Director of Nursing (DON) how and where the facility staff can locate the facility resident's Advanced Directives and she stated that she noticed the code status for the facility's residents are not located in the Electronic Medical Record</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>(EMR) but that the information was in the paper charts. The DON further stated that she plans to have the Resident's Advanced Directive information entered into the Resident's individual EMRs.</p> <p>On 2/26/2024, the surveyor reviewed a facility policy titled, "Advanced Directives Policy," with an effective date of 10/1/2020, that indicated the following: "An Advanced Directive is a document which states choices about medical treatment, or name someone to make decisions about medical treatment, if unable to make these decisions or choices..." Under Procedure: "...2. Resident (s) who do not have an advanced directive, a designated manager staff will provide education.3. Residents who have an Advanced Directive, the original copy of any Advanced Directives will be located in the Resident clinical record or on the back of the Resident's apartment door to make it readily available if it is needed for an emergency. 4. The Emergency Book at the reception desk will contain DNR status and any other Advanced Directives and medication list for each Resident..."</p> <p>Additionally the surveyor reviewed a facility policy titled, "First Aid &amp; Other Emergency Response Policy.," with an effective date of 10/1/2020, that indicated the following: "Licensed nursing staff and Wellness Assistants shall provide limited first aid to Resident with minor injuries..." Under Procedure: "... 3. In the event of an emergency, Wellness staff are to call 911 and the on-call nurse. Emergencies are considered to be, but are not limited to: anaphylaxis, chest pain unrelieved by medication, dislocation or fractures, fainting, frostbite, heatstroke, severe bleeding, deep cuts, poisoning, shock, spinal injury, stroke, injuries from falls, injuries as a result of abuse, head</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>trauma, hyper/hypoglycemic episode, significant change in mental status, etc. 4. Educational class, basic life support class will address areas including: Minor injuries including burns, sunburns and chocking, Gastroenteritis, Minor Cuts and Scrapes where the skin integrity is impaired, Minor Insect Bite or Sting, Minor Nosebleeds."</p> <p>The surveyor did not observe within the facility's Emergency Response Policy conditions for Cardiopulmonary Resuscitation (CPR) or use of Automatic External Defibrillator (AED).</p> <p>Additionally, the surveyor reviewed a facility policy titled, "Do Not Resuscitate (DNR) Policy," with an effective date of 10/1/2020 that indicated the following: "It is the policy of the New Standard Senior Living Community to recognize Comfort Care or Do Not Resuscitate (DNR) orders in compliance with state regulations for assisted living communities... in the event that a Resident suffers cardiac or respiratory arrest, take all efforts to preserve a Resident's life by contacting emergency medical services personnel (EMS)..."</p> <p>During an interview at 4:00 p.m., with the facility's Executive Director (ED) and DON, the ED stated that there was no policy that included Emergency Response/ Indication for Cardiopulmonary Resuscitation (CPR) or the use of the Autonomic External Defibrillator (AED) that she could find. In the presence of the surveyor, the ED conducted a phone interview with the facility's Corporate Compliance employee who also stated she was unable to find a policy that included CPR or the use of AED.</p>	A 310		

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A 745  A 745	<p>Continued From page 4</p> <p>8:36-7.2(f) Resident Assessments and Care Plans</p> <p>(f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of medical records, and pertinent facility documents, it was determined that the facility failed to ensure that the initial health care assessment was documented and updated as required by the Registered Nurse (RN) for three out of three Residents sampled, Resident #1, Resident #2 and Resident #3. The deficient practice was evidenced by the following:</p> <p>On 2/26/2024 at 11:05 a.m., the surveyor reviewed Resident #1's Medical Record (MR) and observed on the "Transfer/Move Out Report", a move in date of <span style="background-color: black; color: cyan;">NJ Ex Order 26.4b1</span> and diagnoses of <span style="background-color: black; color: cyan;">NJ Ex Order 26.4b1</span></p> <p>A review of Resident #1's "Progress Notes (PNs)" in the MR revealed a PN dated <span style="background-color: black; color: cyan;">NJ Ex Order 26.4b1</span> at 6:51 p.m., written by a Licensed Practical Nurse (LPN #5), that revealed Resident #1 <span style="background-color: black; color: cyan;">NJ Ex Order 26.4b1</span>.</p> <p>Further review of the PNs indicated that Resident #1 <span style="background-color: black; color: cyan;">NJ Ex Order 26.4b1</span>. Review of the "Transfer/Move Out Report" indicated a <span style="background-color: black; color: cyan;">NJ Ex Order 26.4b1</span>. Surveyor</p>	A 745  A 745		

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A 745	<p>Continued From page 5</p> <p>review of the MR showed no indication of documentation that a <b>NJ Ex Order 26.4b1</b> was conducted by a RN on admission or during the time Resident #1 resided at the facility.</p> <p>On 2/26/2024, the surveyor reviewed Resident #2's MR and observed on the "<b>NJ Ex Order 26.4b1</b>" <b>NJ Ex Order 26.4b1</b>, a <b>NJ Ex Order 26.4b1</b> of <b>NJ Ex Order 26.4b1</b>, and <b>NJ Ex Order 26.4b1</b>.</p> <p>A review of Resident #2's MR revealed that there was no documentation of a comprehensive assessment conducted by the RN on admission or during the time that Resident #2 resided at the facility. Further review of the MR revealed Resident #2 <b>NJ Ex Order 26.4b1</b>.</p> <p>On 2/26/2024, the surveyor reviewed Resident #3's MR and observed on the "Transfer/Move Out Report", a <b>NJ Ex Order 26.4b1</b>, and a <b>NJ Ex Order 26.4b1</b>.</p> <p>A review of Resident #3's PNs in the MR revealed a PN dated <b>NJ Ex Order 26.4b1</b> at 5:59 p.m., by a facility LPN (LPN #2) that revealed at approximately 3pm [3:00 p.m.] <b>NJ Ex Order 26.4b1</b>.</p> <p>A review of an additional PN dated <b>NJ Ex Order 26.4b1</b> at 2:32 a.m., by a facility LPN (LPN #6), revealed that Resident #3 <b>NJ Ex Order 26.4b1</b>.</p> <p>Review of an additional PN dated <b>NJ Ex Order 26.4b1</b> at 9:25 a.m., indicated the Resident <b>NJ Ex Order 26.4b1</b>. The surveyor did not observe any</p>	A 745		

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A 745	Continued From page 6  further documentation regarding the resident's return to the facility.  A review of Resident #3's MR revealed there was no documentation of a <b>NJ Ex Order 26.4b1</b> conducted by the RN after a <b>NJ Ex Order 26.4b1</b> , on admission or during the time that Resident #3 resided at the facility.	A 745		
A 751	8:36-7.3(b) Resident Assessments and Care Plans  (b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and other pertinent facility documents, it was determined that the facility failed to ensure that a comprehensive Health Service Plan (HSP) that included goals and interventions for the care of a resident on dialysis services was developed for 1 of 3 residents, Resident #1.  On 2/26/2024, the surveyor reviewed Resident #1's Medical Record (MR) and observed the <b>NJ Ex Order 26.4b1</b> , that indicated Resident #1 had a <b>NJ Ex Order 26.4b1</b> of <b>NJ Ex Order 26.4b1</b> . Review of Resident #1's MR document <b>NJ Ex Order 26.4b1</b> , indicated that Resident #1 <b>NJ Ex Order 2</b>	A 751		

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A 751	<p>Continued From page 7</p> <p><b>NJ Ex Order 26.4b1</b></p> <p>A review of Resident #1's "Progress Notes" (PNs) in the MR dated <b>NJ Ex Order 26.4b1</b> at 3:12 p.m., revealed that Resident #1 <b>NJ Ex Order 26.4b1</b>. The PNs also indicated that Resident #1 <b>NJ Ex Order 26.4b1</b>.</p> <p>Further review of Resident #1's MR revealed a document titled, "<b>NJ Ex Order 26.4b1</b>", dated <b>NJ Ex Order 26.4b1</b>. The document noted that Resident #1 <b>NJ Ex Order 26.4b1</b>. The surveyor was unable to determine who conducted the assessment as the signature line at the end of the document was left blank and not signed.</p> <p>The surveyor reviewed Resident #1's MR document titled, "Service Plan" that indicated the following documented areas of focus: <b>NJ Ex Order 26.4b1</b>. Upon continued review of Resident #1's MR, the surveyor <b>NJ Ex Order 26.4b1</b> of Resident #1 who <b>NJ Ex Order 26.4b1</b> nor did the MR indicate communication between the <b>NJ Ex Order 26.4b1</b> and the facility.</p> <p>During interview on 2/26/2024 at 1:48 p.m., the DON indicated that in general, she had not seen</p>	A 751		

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A 751	<p>Continued From page 8</p> <p>separate Health Service Plans (HSPs) for the facility residents, and that the health care needs were noted within the General Service Plan (GSP) which the facility titles, "Service Plan". The DON further stated that there was no specific HSP for Resident #1's <b>NJ Ex Order 26.4b1</b>. Upon review of the facility Service Plan it did not include individualized or comprehensive information regarding <b>NJ Ex Order 26.4b1</b> for Resident #1.</p> <p>On 2/26/2024, the surveyor reviewed a Assisted Living Wellness Policy titled, "Resident Wellness Plan Policy:", with an effective date of 10/1/2020 that indicated the following: "An individually designed Resident Wellness Plan is developed with each Resident/family at time of move-in. Revision of the Resident Wellness Plan will be completed thirty (30) days after move-in if necessary, and whenever a change in condition occurs (e.g., following hospitalization). A formal review will take place whenever changes are made to the Resident's care assessment." Under Procedure: "...5. Identify the services included as appropriate, such as: Meals per day, Housekeeping..., Emergency response system, Frequency and specific service being provided. 6. Outside agencies providing services to the Resident should be listed."</p> <p>The facility was unable to provide the surveyor with a policy regarding resident Health Service Plans. The surveyor did not observe a comprehensive HSP that was initiated for Resident #1's <b>NJ Ex Order 26.4b1</b> to include interventions, care, <b>NJ Ex Order 26.4b1</b>, education for resident and caregivers, nutrition, <b>NJ Ex Order 26.4b1</b> and facility communications with <b>NJ Ex Order 26.4b1</b> information.</p>	A 751		

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A1031  A1031	<p>Continued From page 9</p> <p>8:36-14.1(d) Emergency Services and Procedures</p> <p>(d) The facility shall have an automatic external defibrillator (AED) on site. At least one employee trained in the use of the AED shall be available in the facility at all times.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and other pertinent facility documents, it was determined that the facility failed to have at least one employee trained in the use of the <b>NJ Ex Order 26.4b1</b> and available in the facility at all times. Additionally, the facility failed to initiate <b>NJ Ex Order 26.4b1</b> in accordance with the Resident's New Jersey Practitioner Orders for Life-Sustaining Treatment for 1 out of 3 Residents, Resident #2. The deficient practice was evidenced by the following:</p> <p>Surveyor review of a Facility's Reportable Event (FRE), (a New Jersey Department of Health document used by the healthcare facilities to report incidents) (NJDOH) dated <b>NJ Ex Order 26.4b1</b> and a "time of event" of 9:00 a.m., revealed the following:</p> <p>On <b>NJ Ex Order 26.4b1</b> at 9:00 a.m., a facility Certified Home Health Aide, (CHHA #1) went to check on Resident #2 <b>NJ Ex Order 26.4b1</b> <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> <b>NJ Ex Order 26.4b1</b>.</p> <p>On 2/26/2024 at 10:00 a.m., the surveyor reviewed Resident #2's Medical Record (MR) and</p>	A1031  A1031		

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A1031	<p>Continued From page 10</p> <p>observed on the "Move in Record", a move in date of [redacted], and diagnoses of [redacted]</p> <p>[redacted]</p> <p>On 2/26/2024 at 11:05 a.m., a review of Resident #2's "Progress Notes (PNs)" section of the Electronic Medical Record (EMR), revealed a [redacted] NJ Ex Order 26.4b1 at 9:32 a.m., written by a facility Licensed Practical Nurse (LPN #1), that indicated LPN #1 was called to Resident #2's room by CHHA #1, and found that Resident #2 [redacted] NJ Ex Order 26.4b1 at 9:32 a.m. The PN further revealed that LPN #1 [redacted]</p> <p>[redacted] Resident #2 and [redacted] NJ Ex Order 26.4b1 [redacted]</p> <p>Further review of the Resident #2's MR and PN revealed no documentation that indicated [redacted] NJ Ex Order 26.4b1 or [redacted] NJ Ex Order 26.4b1 Resident #2 [redacted] NJ Ex Order 26.4b1.</p> <p>The surveyor reviewed a document within Resident #2's MR titled, "New Jersey Practitioner Orders for Life Sustaining Treatment" (POLST), that indicated the following: A. Resident Goals of Care: [redacted] NJ Ex Order 26.4b1 [redacted] NJ Ex Order 26.4b1 [redacted] NJ Ex Order 26.4b1 [redacted]</p>	A1031		

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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HARBOR T</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</b>
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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
A1031	<p>Continued From page 11</p> <p>the POLST was signed by Resident #2 and there was a date of <b>NJ Ex Order 26.4b1</b>.</p> <p>On <b>NJ Ex Order 26.4b1</b> at 12:00 p.m., in the presence of a facility CHHA, (CHHA #2), the surveyor observed an <b>NJ Exec C</b> on the first floor mounted to the wall of a nurse's station. The surveyor did not observe documentation that a battery check was being performed on the <b>NJ Exec C</b>. The surveyor observed that the paper charts were also being kept at this nurse's station in cabinets with locks. CHHA #2 stated that this nursing station is not currently being used. The surveyor observed that this nursing station where the <b>NJ Exec C</b> and paper charts are being kept, is a long hallway distance away from the first floor nurse's station that is functional and currently in use.</p> <p>On 2/26/2024 at 12:13 p.m., in the presence of the facility LPN #4 who was working on the second-floor, the surveyor asked if there is an <b>NJ Exec C</b> on the second floor. LPN #4 indicated that the <b>NJ Exec C</b> was located behind the nursing station desk. The surveyor observed that the <b>NJ Exec C</b> was being kept in the corner, behind the nurses's station and was not readily visible or mounted. The surveyor did not observe documentation that the <b>NJ Exec C</b> battery was being checked. Upon interview, LPN #4 stated that there was no documentation and battery checks were not being done.</p> <p>During an interview on 2/26/2024 at 12:25 p.m., CHHA #3 indicated that he was not sure what an <b>NJ Exec C</b> was or where it was located. When the surveyor provided clarification on the acronym <b>NJ Exec Order 26.4b1</b> and it's purpose, CHHA #3 repeated that he was unsure of what it was or where it was located.</p>	A1031		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2024</b>
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
NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HARBOR T</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</b>
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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
A1031	<p>Continued From page 12</p> <p>During an interview at 1:48 p.m., the Director of Nursing (DON) stated that she is [redacted] facility and has not yet seen the designations of which employees are currently [redacted] certified, and that Human Resources takes care of keeping track of the [redacted] certifications. The DON further stated that there are two [redacted] located in the facility, one on the first floor, and one on the second floor, and that she was not aware that the [redacted] batteries required routine checking.</p> <p>The surveyor asked the DON how and where the facility staff can locate the facility resident's Advanced Directives and she stated that just this week, she noticed the code status for the facility's residents are not located in the Electronic Medical Record (EMR) and that this information was located in the paper charts. The DON further stated that she will working on entering POLST information into the facility resident EMR's.</p> <p>During an interview at 2:58 p.m., LPN #2 stated that no one went to retrieve the [redacted] upon finding Resident #2 <b>NJ Ex Order 26.4b1</b> [redacted]. LPN #2 further stated that when the [redacted] arrived, a squad member asked the facility staff if [redacted] was in progress and LPN #2 stated, no it was not.</p> <p>On 2/26/2024 at 3:45 p.m., the surveyor reviewed the nursing schedules provided by the DON and Executive Director (ED) and list of facility staff members who are [redacted] certified that was provided by the facility's human resources employee. Upon review of four weeks of staffing between the dates of 2/4/2024 through 3/2/2024 the facility failed to provide documentation that there at least one employee trained in the use of the [redacted] and available in the facility on 2/4/2024, 2/17/2024 and 3/2/2024 during the day (7:00</p>	A1031		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HARBOR T</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</b>
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A1031	<p>Continued From page 13</p> <p>a.m.-3:00 p.m.) shift; 2/4/2024, 2/7/2024, 2/8/2024, 2/9/2024, 2/14/2024, 2/16/2024, 2/17/2024, 2/18/2024, 2/19/2024, 2/20/2024, 2/23/2024, 2/26/2024, 2/28/2024, 2/29/2024, 3/1/2024 during the evening (3:00 p.m.- 11:00 p.m.) shift; and 2/5/2024, 2/10/2024, 2/11/2024, 2/16/2024, 3/1/2024 and 3/2/2024 during the night (11:00 p.m.- 7:00 a.m.) shift. Upon surveyor interview, neither the DON nor the ED was able to provide any further documentation regarding  certifications.</p> <p>On 3/14/2024, the surveyor did a revisit and verified the facility implemented the removal plan.</p>	A1031		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101 <span style="float:right">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/13/2024 <span style="float:right">Y3</span>
NAME OF FACILITY NEW STANDARD SENIOR LIVING AT EGG HARBOR TOWNSHIP	STREET ADDRESS, CITY, STATE, ZIP CODE 6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234	

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 05/10/2024	ID Prefix A0745 Reg. # 8:36-7.2(f) LSC	Correction Completed 05/10/2024	ID Prefix A0751 Reg. # 8:36-7.3(b) LSC	Correction Completed 05/10/2024
ID Prefix A1031 Reg. # 8:36-14.1(d) LSC	Correction Completed 05/10/2024	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
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 3/14/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right"> <input type="checkbox"/> YES <input type="checkbox"/> NO                 </span>		