

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NE6M6S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF NORTHFIELD AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225		
(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
M 000	Initial Comments Type of Survey: Complaint Complaint #: NJ00163180 Census: 68 Sample Size: 4 The facility was not in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult and Pediatric Day Health Services. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	M 000		
M 235	8:43F-3.3(d)(1) Administration (d) A policy and procedure manual(s) for the organization and operation of the facility shall be developed, implemented, and reviewed at intervals specified in the manual(s). Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility to representatives of the Department at all times. The manual(s) shall include at least the following: 1. A written statement of the program's philosophy and objectives and the services provided by the facility; This REQUIREMENT is not met as evidenced	M 235		

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

TITLE

(X6) DATE

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M 235	Continued From page 1 by: Complaint #: NJ00163180 Based on observation, interview, and document review on 04/12/23 and 04/27/23, it was determined that the facility failed to ensure the policy and procedure (P&P) manual(s) for the organization and operation of the facility were developed, implemented, and reviewed. In addition, on the day of survey the facility failed to ensure each review of the manual(s) was documented, and an updated manual(s) was available to representatives of the Department of Health (DOH). This deficient practice was evidenced by the following: On 04/12/2023 at 09:40 a.m., during the entrance conference, the surveyor requested the P&Ps from the Administrator (ADM). On 04/12/2023 at 09:53 a.m., during tour of facility, the surveyor observed a child in the Director of Nursing (DON)'s office. The DON explained the child was her NJ ex order 26.4b1 and she was watching her for a few hours. The child stayed in the office until all participants were gone for the day and was also observed still in the facility at time of exit. On 04/12/2023 at 10:32 a.m., during document review, it was observed the P&Ps provided still contained the previous facility name. In addition, during document review the surveyor observed there was no form showing the P&Ps were reviewed. A policy on "PERSONAL VISITORS" was reviewed, which showed, "employees are not permitted to receive personal visitors while on duty....". On 04/12/2023 at 3:30 p.m., the surveyor	M 235		

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M 235	Continued From page 2 interviewed the ADM who stated the facility has used the same P&Ps and some of the same forms from the previous named facility since the transition two years ago, the ADM stated she did not have updated P&Ps for the facility. The surveyor mentioned the child in the nursing office and asked the ADM if children were present at the facility often. The ADM explained that sometimes children wait at the facility during parent switch off (an employee may bring their child to work so the other parent can pick the child up). The ADM stated no children were permitted to ride on the bus at any time. On 04/27/2023 at 1:40 p.m., the surveyor interviewed the Director of Operations (DOO), who stated there was a copying and printing company hired to create P&Ps for the facility. The DOO explained the P&Ps were almost done and expected to be completed by next week. The facility did not have updated P&Ps for facility available upon request from DOH on the day of survey. The ADM confirmed the facility did not have P&Ps under the current facility name and still used the P&Ps and some forms from the previous facility.	M 235		
M 437	8:43F-7.3(b)(c)(1-6) Nursing Services (b) The director of nursing services shall be responsible for the direction, provision, and quality of nursing services provided to participants. The director of nursing services shall be responsible for developing and implementing written objectives, standards of practice, policies and procedures and an organizational plan for the nursing service.	M 437		

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M 437	Continued From page 3 (c) Written policies and procedures shall include, but not be limited to, the following: 1. Procedures for the assessment of the health service needs of all participants; 2. Procedures for monitoring the conditions of the participants on a continuing basis; 3. Procedures for the notification of the administrator if there are significant changes in a participant's condition; 4. Procedures for the assessment of the participant's need for referral to a physician, advanced practice nurse or physician assistant; 5. Procedures for maintaining records as required by the facility; and 6. A policy statement that each nurse shall serve as a resource person and health educator to the participants and to the administrator of the facility. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00163180 Based on observation, interview, and document review on 04/12/23 and 04/27/23, it was determined that the Director of Nursing (DON) failed to develop and implement standards of practice regarding Participant (prt) diets and allergies to ensure facility staff were aware of the	M 437		

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M 437	Continued From page 4 nutritional and therapeutic needs of all Participants. In addition, the DON failed to maintain a list of all Participant diets and allergies for staff to reference and failed to maintain education and training records as required. This deficient practice was evidenced by the following: On 04/12/2023 at 2:00 p.m., during an interview with the DON, she stated there was an index card with the food allergies of prts listed. The DON explained there was not a list with all prt diets and allergies. On 04/12/2023 at 2:43 p.m., the DON returned and stated she found a list with diets and allergies for all prts. Upon record review, the surveyor noticed 3 of 4 sampled prts were not included on the list. Participant #3 was admitted in [REDACTED] and was the only prt from the sample listed on the NJ ex order 26.4b1 provided by the DON. Participant #1 was admitted on NJ ex order 26.4b1 but was not listed. The surveyor compared the diets and allergies list submitted with the index card with food allergies posted on the bulletin board in the common area. Two of the fifteen prts with food allergies were not listed on the index card. On 04/27/2023 at 9:18 a.m., the surveyors toured the kitchen and then the serving area located in the common area searching for a list with diets and allergies for all prts but could not find one. On 04/27/2023 at 9:28 a.m., Activity Aide (AA) #2 was observed in the serving area preparing and serving food to prts. During an interview with AA #2, she explained she has been working at the facility for [REDACTED], so she knows who gets what. In addition, AA #2 stated if she didn't know the diet or allergies of a prt, there was an index card on the bulletin board she could refer to. AA #2	M 437		

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M 437	Continued From page 5 explained if it wasn't on the index card, she would ask the nurse. AA #2 also stated some of the prts know what they can and cannot have. On 04/27/2023 at 9:57 a.m., AA #1 was interviewed and stated she referred to the index card on the bulletin board for diet and allergies of prts. AA #1 explained that if she did not know the diet or allergies of a prt, and it wasn't listed on the index card, she would ask the nurse. AA #1 stated she did not see a list with diets and allergies of all prts. On 04/27/2023 at 10:15 a.m., a new Certified Nursing Assistant (CNA) was interviewed, who stated she started NJ ex order 26.4b1. The CNA explained she shadowed the Certified Medical Assistant (CMA) who's been at the facility a long time and referred to her for prt diets and allergies. The CNA also explained the Registered Nurse (RN) had files on prts if they need a prt's diet or allergies. On 04/27/2023 at 10:35 a.m., during an interview with the CMA, she stated she assisted with meals. The CMA explained if she wanted to know the diet or allergies of a prt she would look on the prt's history and physical or the diet orders. The CMA also stated she was told by the DON there was a book of diets in the kitchen. On 04/27/2023 at 10:44 a.m., the surveyors went back to the kitchen to look again for a diets and allergies list. At this time, a file folder with bold writing "Diets and Allergies" with the diets and allergies of all prts inside was observed on a serving cart in front of the bulletin board. The file folder was not observed on the serving cart during the initial tour of the kitchen at 9:18 a.m.	M 437		

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M 437	Continued From page 6 The surveyor conducted an interview on 04/27/2023 at 10:50 a.m. with the RN, she stated she sometimes assisted with lunch. The RN explained the facility used to have a diet book with all prt diets and allergies that staff could refer too but did not currently have an updated one. The RN stated the DON was now working on a new one. The RN explained the staff will ask the RN, DON, or Social Worker if they need to know a prt's diet and/or allergies, and sometimes prts know their diet. On 04/27/2023 at 10:56 a.m., the surveyors interviewed the DON, who stated she educated staff about diets thoroughly. The DON stated she did not have the education and in-services provided to staff documented. The DON explained to the surveyors she was on the floor during the duration of meals. The DON stated there is a diet and allergy list for staff to refer to on the serving cart in the kitchen. The DON explained the diet and allergy list was updated the day after the first survey which took place on 04/12/2023 and was available for staff to refer to. On 04/27/2023 at 11:27 a.m., during an interview with the ADM and DOO, the DOO stated if staff had questions regarding allergies, they asked the DON or CMA. The ADM then stated there was also a folder with a list of all prt diets and allergies in the kitchen. On 04/27/2023 at 1:01 p.m., during an interview with the DOO and DON, the surveyors informed them both that staff were not aware of a list with diets and allergies for all prts or where to find the list. The DON stated she told all staff about the list. The DON did not have documentation for staff education regarding the new list of prt diets and allergies. Surveyors stated the list was not	M 437			

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M 437	Continued From page 7 observed during first tour of the kitchen at 9:18 a.m. The DON explained the file folder with the list was on the silver shelf at first but was then moved to the serving cart. On 04/27/2023 at 2:29 p.m., during record review of the DON Job Summary provided by the DOO from the new policies and procedures manual for the facility, the surveyors read the list of DON Specific Duties, and one stated the DON was to, "develop and implement staff education and orientation programs [and another one stated the DON was to] develop an in-service training program for center personnel." On 04/27/2023 at 2:49 p.m., the ADM and DOO initiated in-service training for prt diets and allergies and where to locate the list for reference. The facility did not develop and implement standards of practice regarding Participant diets and allergies and did not maintain records as required by facility policy. Reference: M-0559 - 8:43F-10.5(c)(13)	M 437		
M 559	8:43F-10.5(c)(13) Dietary Services 13. A record shall be maintained in the serving area for each participant, identifying the participant by name, and including diet order, known allergies, and other information, such as meal patterns when on a calculated diet. This REQUIREMENT is not met as evidenced by:	M 559		

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M 559	Continued From page 8 NJ000163180 Based on observation, interview, and record review on 4/12/23 and 4/27/23 it was determined that the facility failed to ensure a Participant diet and allergy reference record was available to staff and located in the serving area. This deficient practice was evidenced by the following: On 4/12/23 at 9:57 a.m., the surveyor toured the facility kitchen and observed Activity Aide #1 (AA) preparing sandwiches. The surveyor interviewed AA #1 regarding where the Participant diet record was located for reference, she explained that hot meals were delivered to the facility and she, the AA, just made sandwiches for alternative meals and knew nothing about the Participant diets. On 4/12/23 at 12:15 p.m., the surveyor observed various staff including the Administrator (ADM) prepare and serve lunch plates with drinks to the Participants in the common dining area of the facility. The surveyor observed a menu posted on the wall behind the food tables where the plates were prepared but did not observe a list or record that displayed Participants diets or allergies. On 4/12/23 at 12:20 p.m., the surveyor observed the Bus Driver (BD) prepare and serve drinks to the Participants. Upon inquiry, the BD explained to the surveyor she, the BD, was not aware of where to find a Participant's diet and allergies but the Director of Nursing (DON) would tell staff what food and drink to give to a participant. Additionally, the BD mentioned the Participants who were on special diets (chopped, thickened liquids) were fed by nursing. On 4/12/23 at 12:30 p.m., the surveyor observed the Social Worker plating food and inquired how	M 559		

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M 559	Continued From page 9 she, the SW, knew what diet to serve to Participants and the SW explained the DON would educate staff on the Participants diets. On 4/12/23 at 2:00 p.m., the surveyor interviewed the DON regarding staff knowledge of Participants diets and allergies, and the DON explained there was no dietary reference record for staff to review when providing meal service. In addition, the DON mentioned the Participant diets and allergies were in their individual medical record. The DON stated she, the DON, verbally informed staff of Participant's diets and food allergies and conducted in-services but did not keep record. On 4/12/23 at 2:43 p.m., the DON submitted an outdated Participant diet and allergy list, which did not display all Participants diets and allergies. On 4/12/23 at 3:30 p.m., the surveyor interviewed the Administrator (ADM) who confirmed the DON informed the staff of what the Participants diets, and food allergies were during meal service. In addition, the ADM explained she, the ADM, would post the allergies with the menu on the bulletin board behind the menu and staff were aware. On 4/27/23 at 9:18 a.m., the surveyor toured the facility kitchen and observed a posted menu and empty serving tables. There was no diet or allergy record posted in the cabinet or walls in the facility's kitchen. On 4/27/23 at 9:20 a.m., the surveyor observed a posted menu and a posted card with participant allergies on the bulletin board behind the serving area located in the common dining area of the facility during Participant breakfast. The surveyor did not observe Participants diets listed in the	M 559		

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M 559	Continued From page 10 serving area for reference. On 4/27/23 at 9:28 a.m., the surveyor observed AA #2 preparing and serving meals to Participants. The surveyor interviewed AA #2 at this time, AA #2 explained she knew what the Participants diets and allergies were from working at the facility for two years. AA #2 stated that a card with the Participant allergies was located on the wall behind the meal serving tables and staff would have to go ask nursing for the diets. Additionally, AA #2 stated the diets were in the Participants' medical records (MR) and only the nurses could access Participants MR's. On 4/27/23 at 9:57 a.m., the surveyor interviewed AA #1 who stated Participant allergies were located on the bulletin board and if she, AA #1, needed information regarding Participant diets she would go ask nursing. On 4/27/23 at 10:15 a.m., the surveyor interviewed the Certified Nurse Aide (CNA) who explained that she was NJ Ex Order 26.4b1 and the staff member who oriented her verbally informed her of the Participants' diets and allergies. On 4/27/23 at 10:35 a.m., the surveyor interviewed the Certified Medical Aide (CMA) who explained that she assisted with meals and served food to Participants who required chopped diets. In addition, the CMA stated the Participants diets and allergies were located on their history and physical in the MR or in the book located in the kitchen. On 4/27/23 at 10:44 a.m., the surveyor toured the kitchen post interview with the CMA and observed a file folder titled Diets and Allergies dated for 4/23/23 in plain view on top of the serving table.	M 559		

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M 559	Continued From page 11 On 4/27/23 at 10:50 a.m., the surveyor interviewed the Registered Nurse (RN) who explained to the surveyor the facility used to have a book which contained the Participant diets and allergies, but she didn't know what happened to the book. The RN stated the DON was currently working on updating a new list of Participant diets and allergies. Additionally, the RN confirmed the staff would ask nursing if there was a question regarding Participant diets and allergies. On 4/27/23 at 11:27 a.m., the surveyor interviewed the Director of Operations (DOO) in the presence of the ADM, the DOO explained the staff asked the nurses what the Participant diets were during meal service. The ADM then stated there was a diet and allergy list located in the kitchen that was updated by the DON. On 4/27/23 at 1:00 p.m., the surveyor requested a removal plan from the DOO and the ADM for not having an updated Participant diet and allergy record available in the meal service area for staff to reference and for staff not being aware of the location and existence of a diet and allergy reference record. On 4/27/23 at 2:29 p.m., the surveyor reviewed the facility Policy and Procedure titled "Dietary Requirements... page 25, [listed under number] 13. A record shall be maintained in the serving area for each participant, identifying the participant by name, diet order, and other information, such as meal patterns when on a calculate[d] diet and allergies." On 4/27/23 at 2:49 p.m., the facility submitted an acceptable removal plan and began implementation of the removal plan. The surveyor	M 559			

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M 559	Continued From page 12 observed an updated reference record of Participants diets and allergies posted on the bulletin board in the meal service area. The ADM conducted in-services on the existence and location of the Participants diets and allergies. The facility submitted a copy of staff in-services prior to surveyor departure on 4/27/23. On 4/28/23 at 3:19 p.m., the surveyor interviewed the ADM by telephone who stated 98% of staff were in-serviced due to two staff being on vacation. Reference: M-0437 - 8:43F-7.3(b)&(c)(1-6)	M 559		
M 813	8:43F-16.7(a)(1-23) Infection Control, Santation, Housekeeping (a) The following housekeeping, sanitation, and safety conditions shall be met: 1. The facility and its contents shall be free of dirt, debris, and insect and rodent harborages; 2. Nonskid wax shall be used on all waxed floors; 3. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors; 4. All participant areas shall be free of noxious odors; 5. Throw rugs or scatter rugs shall not be used in the facility;	M 813		

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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
M 813	Continued From page 13 6. All furnishings shall be clean and in good repair, and mechanical equipment shall be in working order. Equipment shall be kept covered to protect from contamination and accessible for cleaning and inspection. Broken or worn items shall be repaired, replaced, or removed promptly; 7. All equipment shall have unobstructed space provided for operation; 8. All equipment and materials necessary for cleaning, disinfecting, and sterilizing shall be provided; 9. Thermometers which are accurate to within three degrees Fahrenheit shall be maintained in refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration; 10. Pesticides shall be applied in accordance with N.J.A.C. 7:30; 11. Articles in storage shall be elevated from the floor and away from walls; 12. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room that is used for no other purpose; 13. Combustible materials shall not be stored in heater rooms or within 18 feet of any heater located in an open basement; 14. Paints, varnishes, lacquers, thinners, and all other flammable materials shall	M 813		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER PRESTIGE OF NORTHFIELD AMDC			STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225		
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M 813	Continued From page 14 be stored in closed metal cabinets or containers; 15. Unobstructed aisles shall be provided in storage areas; 16. A program shall be maintained to keep rodents, flies, roaches, and other vermin out of the facility; 17. Toilet tissue, soap dispenser, paper towels or air dryers, and waste receptacles shall be provided in each bathroom at all times; 18. All solid or liquid waste that is not regulated medical waste, garbage, and trash shall be collected, stored, and disposed of in accordance with the rules of the New Jersey Department of Environmental Protection and the New Jersey Department of Health and Senior Services. Solid waste shall be stored in insect-proof, rodent-proof, and fire-proof, non-absorbent, watertight containers with tight-fitting covers and collected from storage areas regularly, so as to prevent nuisances such as odors. Procedures and schedules shall be established and implemented for the cleaning of storage areas and containers for solid or liquid waste, garbage, and trash, in accordance with N.J.A.C. 8:24; 19. Garbage compactors shall be located on an impervious pad that is graded to a drain. The drain shall be unobstructed and connected to the sanitary sewage disposal system;	M 813			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER PRESTIGE OF NORTHFIELD AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225		
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M 813	Continued From page 15 20. Plastic bags shall be used for solid waste removal. Bags shall be of sufficient strength to safely contain waste from point of origin to point of disposal and shall be effectively closed prior to disposal; 21. Draperies, upholstery, and other fabrics or decorations shall be fire-resistant and flameproof; 22. Wastebaskets and ashtrays shall be made of noncombustible materials; 23. Latex foam pillows shall be prohibited. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00163180 Based on observation and interview on 04/12/23 and 04/27/23, it was determined the facility failed to ensure bathroom stalls and urinals were repaired promptly and in working order for 3 of 9 stalls in the women's restroom and 1 of 4 urinals in the men's restroom. This deficient practice was evidenced by the following: On 04/12/2023 at 10:15 a.m., during surveyor tour of the facility, in the presence of the Director of Nursing (DON), the surveyor observed 3 of 9 stalls in the women's bathroom were out of order. Two of the three stalls out of order were taped shut with blue tape. One of the three stalls out of order was the only handicapped stall, which was missing its door. In the men's bathroom, the	M 813		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NE6M6S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
NAME OF PROVIDER OR SUPPLIER PRESTIGE OF NORTHFIELD AMDC		STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225		
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M 813	Continued From page 16 surveyor observed that 1 of 4 urinals was out of order and taped off with blue tape. At 10:17 a.m., during an interview with the DON while touring bathroom, the DON stated the Director of Operations (DOO) was working on contacting a company to come in to make repairs. On 04/12/2023 at 3:30 p.m., during the exit conference interview with the Administrator (ADM) and DON, the ADM stated the door to the handicapped stall was in the back hall near the kitchen awaiting repair. The ADM stated she was uncertain how long the handicapped stall door had been broken. The ADM explained the DOO was working on getting the handicapped stall door repaired. On 04/27/2023 at 9:39 a.m. during an interview with the DOO, he stated someone was coming to the center to fix the bathroom stall door but did not state when. The facility failed to ensure bathroom stalls and urinals were repaired and in working order for Participant use. Additionally, the facility failed to have the handicapped stall repaired and available to Participants.	M 813		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER NE6M6S	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/27/2023
NAME OF FACILITY PRESTIGE OF NORTHFIELD AMDC	STREET ADDRESS, CITY, STATE, ZIP CODE 331 TILTON ROAD NORTHFIELD, NJ 08225	

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 M0235 Correction		ID Prefix M0437 Correction		ID Prefix M0559 Correction	
Reg. # 8:43F-3.3(d)(1) Completed		Reg. # 8:43F-7.3(b)(c)(1-6) Completed		Reg. # 8:43F-10.5(c)(13) Completed	
LSC 06/26/2023		LSC 06/26/2023		LSC 06/26/2023	
ID Prefix M0813 Correction		ID Prefix Correction		ID Prefix Correction	
Reg. # 8:43F-16.7(a)(1-23) Completed		Reg. # Completed		Reg. # Completed	
LSC 06/26/2023		LSC 		LSC 	
ID Prefix Correction		ID Prefix Correction		ID Prefix Correction	
Reg. # Completed		Reg. # Completed		Reg. # Completed	
LSC 		LSC 		LSC 	
ID Prefix Correction		ID Prefix Correction		ID Prefix Correction	
Reg. # Completed		Reg. # Completed		Reg. # Completed	
LSC 		LSC 		LSC 	
ID Prefix Correction		ID Prefix Correction		ID Prefix Correction	
Reg. # Completed		Reg. # Completed		Reg. # Completed	
LSC 		LSC 		LSC 	
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 4/27/2023		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			