STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335734	A. BUILDING ______ B. WING ______	10/08/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIEDWALD CENTER FOR REHAB AND NURSING LLC	**475 NEW HEMPSTEAD ROAD** **NEW CITY, NY 10956**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 221 SS=D	483.13(a) PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility did not ensure that, 1) restraint use was limited to those circumstances in which a resident exhibited medical symptoms warranting the implementation of bilateral full siderail restraint use 2) the least restrictive devices were considered prior to initiating the use of a restraint 3) notification of and informed consent for the restraint device was addressed with the designated representative 4) the on-going use of the restraint was periodically assessed. This was evident for 1 of 6 residents reviewed for restraint use (Resident # 12). This resulted in no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings are: Resident # 12 was admitted to the facility on 9/25/07 with diagnoses including Dementia and Parkinson's Disease. Physician orders reviewed from 9/25/07 through 10/6/08 included the intervention of " 2 full siderails as an enabler " . A recent Physical Therapy assessment done on 9/18/08 showed the resident was able to ambulate 20 feet and transfer out of bed, both with moderate assistance of one person. .	F 221		11/7/08

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 221	Continued From page 1 Observations of the resident on 10/6/08 between 2:00 PM and 3: 15 PM reveal him to be in his bed with siderails in the up position along both sides of the bed. The siderails were in three sections (upper , middle and lower) with spaces between each siderail section. During these observations the resident was awake and calm. A review of the medical record revealed no documented evidence that initial and on-going assessments had been done to determine the least restrictive measures required to address the medical symptoms that had required the use of bilateral full siderails, extending to the feet, as an "enabler". There was no documented evidence that there had been a gradual reduction of full siderail use and that less restrictive interventions had been considered.There was no documented evidence revealing how the resident was utilizing the bilateral full siderails for bed mobility nor why the two full siderails, that extended to the feet, were implemented for this resident. Further review of the medical record revealed no documented evidence that the involved designated representative was provided education and notification with regards to full siderail use. The Licensed Practical Nurse (LPN) Charge Nurse was interviewed on 10/6/08 at 3:30 PM and she stated that the siderails were in use to prevent the resident from falling out of bed. She also stated that no other interventions were ever considered or implemented besides the full siderails and she was unaware of any past incidents of the resident falling from bed.	F 221		

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F 221	Continued From page 2 An interview on 10/6/08 at 3:50 PM with the Director of Nursing revealed that the Interdisciplinary Team had never done an initial or on-going assessments with concerns to the siderail use as an "enabler" and an informed consent had never been obtained from the designated representitive. She stated that this had all been " missed ". 415.4(a)(1)	F 221		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility did not ensure that a resident was provided the necessary care to maintain optimal health. Specifically, the dosage of an anticonvulsant drug administered to a resident was less than the dosage that the Physician intended for the resident to receive in order to prevent seizures (Resident # 14). This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. Findings are: Resident #14 has diagnoses including a Seizure	F 309		11/1/08

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F 309	Continued From page 3	F 309		

Disorder and is receiving Valproic Acid, an anticonvulsant drug, for the prevention of seizures.

An 8/19/08 laboratory report revealed that the resident's blood level for Valproic Acid was low (measured at 12.1 ug/ml, with a therapeutic reference range of 50 - 100ug/ml). On 8/22/08, the Physician ordered an increase in the resident's Valproic Acid dosage, from 500 mg twice a day, to 500 mg in the morning and 1000 mg in the evening.

On 9/5/08, two weeks after increasing the resident's dose of Valproic Acid, a repeat blood test revealed a Valproic Acid level was 23.3, demonstrating an increase, but still a subtherapeutic level at that time. On 9/9/08 the Physician gave a telephone order to discontinue the 500 mg dose and start giving Valproic Acid 500 mg twice a day. The order included no directions to discontinue or change the 1000 mg evening dose. This would result in an increase in the daily dose of Valproic Acid the resident was to receive, from 1500 mg per day to 2000 mg per day. The Physician also stated in his 9/12/08 visit note that the resident's dosage of Valproic Acid was increased.

According to the September, 2008 Medication Administration Records (MAR), rather than administering an increased dosage of 2000 mg per day to the resident since ordered on 9/9/08, the daily dosage he was receiving had been decreased on that date to 1000 mg. The nurse who had transcribed the order was not available to be interviewed.

The Consultant Pharmacist (RPh) was

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F 309	Continued From page 4 interviewed at 10:15AM on 10/7/08 and stated that he did not identify any issues with the resident's medication therapy when he performed a review on 9/16/08. When asked by the surveyor to re-review the 9/9/08 order for Valproic Acid and its transcription to the MAR, the RPh stated that he thought the order meant to change the 500 mg morning dose to twice a day and to continue giving the 1000 mg dose in the evening. The RPh stated that orders are written differently, depending on the facility. He stated that, in this case, because the order referred only to the 500 mg portion of the resident's daily dosage, it was possible that the nurse picking up the order addressed only that portion without realizing there were no directions to discontinue or change the 1000 mg evening dose. The Physician was interviewed at 12:45PM on 10/7/08. He stated that he intended for the resident's dose of Valproic Acid to be increased to 2000 mg on 9/9/08 and was not aware that it had been decreased instead. 415.12	F 309		
F 329 SS=D	483.25(l) UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents	F 329		11/7/08

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F 329	Continued From page 5 who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, a resident receiving an antipsychotic and an antidepressant medication for the treatment of Depression was not provided with 1) adequate monitoring to evaluate the effectiveness of drug therapy and, 2) assessment to determine the appropriateness or contraindications for attempting gradual dose reduction. This was evident for 1 of 16 residents reviewed for the use of psychoactive medications (Resident #10). This resulted in the potential for more than minimal harm that is not immediate jeopardy. Findings are: Resident #10 has diagnoses including Major Depressive Disorder with psychotic features. The resident was observed lying in bed watching television at 9:00AM on 10/7/08 and at the nurses' station at 4:00PM on the same day. He was well groomed, smiled frequently and engaged in pleasant, fluent conversation with the	F 329		

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F 329	Continued From page 6	F 329		

surveyor and facility staff members at those times.

The Licensed Practical Nurse (LPN) in charge of the unit was interviewed several times from 11:45AM - 4:15PM on 10/7/08. She stated that the resident had a quiet demeanor and, although he preferred to spend most of his time in his room, he came out to the day room and nurses station occasionally, and visited another resident daily.

The current Physician's Orders, dated 9/23/08, revealed that the resident was receiving 2.5 mg of Zyprexa, an antipsychotic medication and 20mg of Celexa, an antidepressant, daily for the treatment of Depression. According to the Psychoactive Drug Use record, the resident had received the same dosages of Zyprexa since 10/24/06 and Celexa since 4/3/07.

1) Monitoring
The LPN was interviewed at 11:45AM on 10/7/08. She was asked what aspects of the resident's mood and behavior were being monitored in order to evaluate the effectiveness of the use of Zyprexa and Celexa. The LPN stated that no targeted mood or behavior monitoring was performed on a regular basis for the resident because he had no issues with behaviors. The LPN further stated that the nurses occasionally commented on the resident's behavior in the Monthly Resident Summary Notes, which were then reviewed from 1/08 - 9/08. Those documents included 6 entries over the period of 9 months that briefly stated the resident had no increased depression. There was one entry in that 9 month period that stated the resident had no behavior problems. The clinical record

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F 329	Continued From page 7 contained no evidence that specific targeted behaviors or indicators of mood were monitored on a regular basis. 2) Gradual Dose Reduction A Psychiatrist performed a consultation on 10/13/07 and documented that the resident had a flat affect, that the resident stated that his mood was "ok," and that he demonstrated no symptoms of psychosis or behavior problems. The resident's clinical record was reviewed including Physician's Orders, Progress Notes and Psychiatric Consultation forms. Those records revealed that the Physician had ordered psychiatric consultations for the resident on 5/1/08, 7/1/08 and 8/26/08 with a Doctor other than the one who had evaluated the resident on 10/13/07. There was no evidence that those consultations, to determine the continuing need and possibility of reducing psychoactive medications, had been performed as ordered. Additionally, there was no evidence in the Physician's Progress Notes or elsewhere in the record that the effectiveness of Zyprexa and Celexa use had been evaluated, or whether attempts at gradual dose reduction had been considered for the resident. The LPN was interviewed at 11:45AM on 10/7/08 and asked how the Psychiatrist would know there was an order for him to evaluate the resident. The LPN stated that the nurse would fill out a form and put in the Psychiatrist's mailbox in the nursing office. Upon further interview that day, the LPN stated that she had since found the forms still in the Psychiatrist's mailbox without evidence that the consultations had been done. The Psychiatrist was interviewed at 3:15PM on	F 329		

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F 329	Continued From page 8 10/7/08. He stated that he was aware of the requests for him to evaluate the resident. The Psychiatrist stated that he had informed the nursing staff that he was not going to perform the consultations because the resident's unit was covered by another Psychiatrist. He stated that he thought the nursing staff would arrange for the consults to be done by that doctor. The LPN currently in charge of the unit was interviewed at 3:00PM on 10/7/08 and stated that she was not aware that the psychiatric consults had not been done. The Assistant Director of Nursing, who occupies the office where the Doctors' mailboxes are located was interviewed at 9:30AM on 10/8/08 and stated that the psychiatrist had not informed her that he did not intend to evaluate the resident. The nurse who had been in charge of the unit from 5/08 - 9/08, when the requests for consultation were made, was interviewed at 10:00AM on 10/8/08. The former charge nurse stated that she had contacted the psychiatrist several times to notify him of the requests for consultation for the resident and he had not informed her that he would not be performing them. The resident's Physician was interviewed by telephone at 3:45PM on 10/7/08. He stated that he did not recall having been informed that the Psychiatrist did not intend to perform consultations for the resident, and that he was not aware the consultations had not been done. A psychiatric evaluation was done in the afternoon on 10/7/08. The Psychiatrist documented that the resident's psychiatric condition had improved and recommended a reduction in Zyprexa dosage.	F 329		

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F 329	Continued From page 9 415.12(l)(1)	F 329		

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
335734	A. Building B. Wing	12/2/2008

Name of Facility	Street Address, City, State, Zip Code
FRIEDWALD CENTER FOR REHAB AND NURSING LLC	475 NEW HEMPSTEAD ROAD NEW CITY, NY 10956

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0221 Reg. # 483.13(a) LSC	11/14/2008	ID Prefix F0309 Reg. # 483.25 LSC	11/14/2008	ID Prefix F0329 Reg. # 483.25(l) LSC	11/14/2008
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
10/8/2008

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a): The facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code (LSC) ofthe National Fire Protection Association (NFPA).	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility did not ensure that there is no impediment to the closing of doors protecting corridor openings in that corridor doors are impeded from closing when the bathroom doors located in resident rooms are fully opened. This was evidenced in 44 out of 52 rooms	K 018		11/14/08

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

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K 018	Continued From page 1 observed on three of three nursing units (floors 1, 2, 3). This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. Findings are: On 10/3/08 between 12:00 PM and 1:00 PM, it was determined that, in some resident rooms, the bathroom doors impede the closing of the corridor doors. In particular, bathroom doors which, when fully opened, (approximately 80% opened) would impede the corridor door from closing or from being opened easily by a resident trying to exit from the room. This was noted in 44 of 52 rooms observed. Examples include but are not limited to: 1st floor: Rooms # 103, 117, 126, 139 2nd floor: Rooms # 205, 208, 213, 226 3rd floor: Rooms # 304, 307, 324, 330 In an interview on 10/3/08 at 12:30 PM, the Maintenance Director concurred with these observations. 2000 NFPA 101-19.3.6.3 711.2(a)(1)	K 018		
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded	K 050		11/14/08

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FRIEDWALD CENTER FOR REHAB AND NURSING LLC	**475 NEW HEMPSTEAD ROAD** **NEW CITY, NY 10956**

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K 050	Continued From page 2 announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: 2000 NFPA 101 Chapter 19.7.1.2- Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. 2000 NFPA 101 Chapter 19.7.2.1- For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy' s fire safety plan. 2000 NFPA 101 Chapter 19.7.2.2- A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms	K 050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335734	A. BUILDING 01 B. WING	10/08/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 050	Continued From page 3 (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire 2000 NFPA 101 Chapter 19.7.2.3- All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person (2) During a malfunction of the building fire alarm system Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan. Based on observation, interview, and record review, it was determined that the facility did not ensure that fire drills were conducted as per code in that: 1. Fire drill reports revealed that the facility did not vary the time that fire drills were conducted during the day, evening and night shifts. 2. All staff members interviewed were not familiar with the in case a fire was discovered or upon discovery of a fire. This resulted in no actual harm with the potential	K 050		

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K 050	Continued From page 4	K 050		

for more than minimal harm that is not immediate jeopardy.

Findings are:

1. On 10/6/08 at 10:00 AM, review of the facility's documentation for drills conducted between October 2007 and the present, revealed that the facility did not vary the time of the drills on three of three shifts. For example,

- Four of five drills conducted during the day shift took place between 10:25 AM and 10:50 AM;
- Three of four drills conducted during the evening shift took place between 3:15 PM and 3:35 PM;
- Two of four drills conducted during the night shift took place at 6:30 AM and the other two drills took place at 11:10 PM and 11:20 PM respectively.

In an interview on 10/6/08 at 3:00 PM, the Maintenance Director concurred with this observation.

2. Staff interviews conducted on 10/3/08 at 11:45 AM and on 10/6/08 between 10:30 AM and 3:00 PM revealed that 4/21 staff members were not familiar with all components of the facility's policy regarding discovery of a smoke or fire emergency. The facility's policy includes: R-A-C-E, or Rescue, Alarm, Confine and Extinguish. (Staff members interviewed included housekeepers, nurses, Certified Nurse Aides (CNAs), recreation and physical therapists, dietary staff, and the receptionist.) The following was noted:

- One housekeeper interviewed on the 2nd floor was not familiar with the facility's code phrase

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	335734	A. BUILDING 01 B. WING	10/08/2008

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FRIEDWALD CENTER FOR REHAB AND NURSING LLC	**475 NEW HEMPSTEAD ROAD** **NEW CITY, NY 10956**

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K 050	Continued From page 5 "Dr. Red" and stated that she would yell "Fire" upon discovery of a fire or smoke situation. She further stated that she would check the room for residents and then proceed to get a fire extinguisher. She did not mention activation of the fire alarm pull station or that she would close the door to the room of the simulated fire. In addition, she did not know the location of the nearest fire alarm pull station. - Two of two nurses interviewed on the 2nd floor Ventilator unit were not familiar with all of the components of R-A-C-E. In particular, both nurses stated that they would move residents out of the unit, check the rooms, and call the receptionist. However, neither of them indicated that they would activate the fire alarm system or use the code phrase "Dr. Red" to alert other staff members. - One physical therapist interviewed stated that she would evacuate residents directly outside the exterior door in the therapy room, and call the receptionist. However, she did not say that she would use the facility's code phrase for 'fire', and did not indicate that she would activate a fire alarm pull station as part of her response. In addition, she could not locate the pull station in the physical therapy room. In an interview on 10/6/08 at 11:00 AM, the Maintence Director agreed that additional training was needed. 2000 NFPA 101 LSC; 19.7.1 NYCRR 415.26	K 050		

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
335734	A. Building B. Wing 01 - FRIEDWALD CTR. FOR REHAB & NURSING	12/2/2008

Name of Facility	Street Address, City, State, Zip Code
FRIEDWALD CENTER FOR REHAB AND NURSING LLC	475 NEW HEMPSTEAD ROAD NEW CITY, NY 10956

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix Reg. # NFPA 101 LSC K0018	11/14/2008	ID Prefix Reg. # NFPA 101 LSC K0050	11/14/2008	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 10/8/2008

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**