

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

MAR 19 2013

PRINTED: 03/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

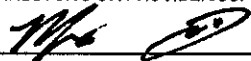
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/21/2013
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NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534
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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) COMPLETION DATE
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F 329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to discontinue the use of an antipsychotic medication, as ordered by the physician, for 1 of 10 residents (Resident #260) who were reviewed for unnecessary medications. Findings include:  02/05/13 Hospital Discharge Medication</p>	F 329	<p>F329</p> <p>Resident#260 attending physician was notified and order was obtained to discontinue the Sezoquel 50 mg by mouth daily on February 21<sup>st</sup>, 2013. The resident responsible party was notified on February 21<sup>st</sup> 2013.</p> <p>The facilities current residents physicians orders were reviewed for the last sixty days to ensure that all physician orders were transcribed, implemented and/or discontinued as directed by attending physician on March 20, 2013 by the Director of Nursing and unit managers.</p> <p>The facilities unit managers and/or weekend supervisor will review the physician orders from previous day to for completeness, transcribed to medication or treatment record and have been implemented for next thirty days.</p> <p>The facilities night nurse will review each medical record to ensure that each order that written for the day has been transcribed, implemented or discontinued per physician order. The night nurse will document the review on the twenty-four hour check sheet for next thirty days.</p>	<p>2-21-13</p> <p>3-20-13</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

NHA

(X6) DATE

3-15-13

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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NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
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F 329	<p>Continued From page 1</p> <p>Instructions documented Resident #260 was not receiving any antipsychotic medication at home prior to his hospital admission. However, the resident was placed on Risperdal 0.25 milligrams (mg) daily while in the hospital, and was discharged to the nursing home on this same amount of Risperdal.</p> <p>Resident #260 was admitted to the facility on 02/05/13 with documented diagnoses which included dementia with behavioral disturbances, altered mental status, depression, restless leg syndrome, and insomnia.</p> <p>A 02/06/13 physician order started Resident #260 on Seroquel (another antipsychotic medication) 50 mg daily.</p> <p>A Psychoactive Medication Consent for the administration of Risperdal and Seroquel was signed by a family member on 02/18/13. The form documented the target behaviors for the two antipsychotic medications were sundowning/restlessness, mental confusion, and resistance of care.</p> <p>02/18/13 Psychoactive Medication Evaluations documented Resident #260 was receiving Risperdal for dementia with behaviors that included sundowning and agitation/anxiety. They also documented the resident was receiving Seroquel for dementia with behaviors that included agitation/restlessness.</p> <p>On 02/18/13 "___ (name of resident) requires administration of psychoactive medication due to vasc (vascular) dementia with behaviors and the mood and behavior indicators of restlessness,</p>	F 329	<p>The facility Director of Nursing, Weekend supervisor and/or Unit manager will review each new admitted resident from previous day to ensure that orders are completed, transcribed to medication and/or treatment record and implemented for next thirty days.</p> <p>The facilities licensed nurses will be provided re- education on writing a complete physician orders, transcription of order and discontinuing physician's order on March 13, 2013 and completed by</p> <p>March 20, 2013 the facility Staff Development Coordinator. Any facility licensed nurse that does not receive the re- education will receive the education prior to working their next scheduled shift.. The facilities newly hired licensed nurses will receive the education during orientation.</p> <p>The facility Director of Nursing and/or Assistant Director of Nursing will complete 1- 2 random audits Monday- Friday to ensure that physician orders have been transcribed, implemented and/or discontinued per physician orders for period of thirty days.</p>	3-20-13

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F 329	<p>Continued From page 2</p> <p>unsafe movements, sadness, and flat affect" was identified as a problem on the resident's care plan. Approaches to this problem included "Periodic reviews of medications by interdisciplinary team to determine potential dose reductions."</p> <p>A 02/18/13 physician order documented Resident #260's Seroquel was to be discontinued.</p> <p>A review of the resident's February 2013 Medication Administration Record (MAR) documented Resident #260 continued to receive Seroquel on 02/18/13, 02/19/13, and 02/20/13. Behavior Monitoring Forms were initiated for the resident on 02/19/13, and documented Risperdal was being administered for the target behavior of combativeness, with no episodes documented.</p> <p>At 11:21 AM on 02/18/13 Resident #260 was in bed, introduced himself, and reported he had not been in the nursing home for very long. The resident was alert and conversational.</p> <p>At 2:13 PM on 02/21/13 Nursing Assistant (NA) #1, who cared for Resident #260 on first shift, stated the resident presented with mild confusion, was cooperative with care, and exhibited no behaviors or anxiety/aggression.</p> <p>At 2:17 PM on 02/21/13 Nurse #1, who cared for Resident #260 on first shift, stated the resident was alert and oriented x 1 (knew himself), but exhibited no behaviors. She reported the resident had a pleasant disposition, and liked to joke with the staff. This nurse commented the resident did not resist care for the hall staff, but she heard the resident's participation in therapy</p>	F 329	<p>The Director of Nursing will report findings of weekly audits to the Quality Assurance Committee weekly x 4 then bi-monthly x 2. Data will be reviewed and analyzed for patterns and trends. The QA&amp;A committee will evaluate the results and implement additional interventions as needed to ensure continued compliance.</p>	

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F 329	<p>Continued From page 3 was not always good.</p> <p>At 3:10 PM on 02/21/13, after reviewing Resident #260's February 2013 MAR, Nurse #1 stated since admission on 02/05/13 a couple of medications were added to the resident's regimen, but none of the resident's medications had been discontinued.</p> <p>At 3:18 PM on 02/21/13 a family member was removing Resident #260 from his room via wheelchair. The resident spoke to staff, including Nurse #1, as he was wheeled down the hall.</p> <p>At 3:22 PM on 02/21/13 NA #2, who cared for Resident #260 on second shift, stated the resident was a little confused at times, but was alert and oriented x 2 (to person and place). She reported the resident was very patient, positive, and pleasant. According to NA #2, Resident #260 did not exhibit any behaviors other than occasionally failing to call for assistance when transferring.</p> <p>At 3:40 PM on 02/21/13 Nurse #2, who cared for Resident #260 on second shift, stated the resident was confused at times, but the only behavior the resident exhibited was trying to get out of bed unassisted. She reported the resident was a short-term stay resident who would probably go home once he completing his prescribed therapy regimen.</p> <p>At 4:12 PM on 02/21/13 the acting Director of Nursing (DON) stated she had some concerns about all the medications Resident #260 was receiving nightly at 9:00 PM which included Risperdal 0.25 mg, Seroquel 50 mg, Benadryl</p>	F 329		

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F 329	Continued From page 4 (antihistamine which causes sedation) 25 mg, Requip (anti-Parkinson's agent often used to treat restless leg syndrome) 0.25 mg, and Trazadone (antidepressant with sedative properties) 100 mg. She reported the best she could remember, since the consultant pharmacist reviewed medications in the facility on 02/01/13 and 02/02/13 prior to Resident #260's admission on 02/05/13, she, the interim DON, two unit managers, and the Administrator reviewed Resident #260's medications during morning meetings. She commented they decided the first step in adjusting the medications was to discontinue one of the antipsychotics. According to the acting DON, in discussions with a family member she found out the resident had never been on antipsychotic medications prior to being hospitalized. The family member stated she thought the resident was placed on the Risperdal in the hospital because he was experiencing some anxiousness and falls in the late afternoons. The acting DON reported she talked to Nurse #1 in person about discontinuing the use of Resident #260's Seroquel. She was unable to explain why Nurse #1 had continued to provide the resident with Seroquel after their discussion.	F 329			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345343	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/19/2013
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE, GOLDSBORO, NC 27534	
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K 000	INITIAL COMMENTS	K 000		
K 018 SS=D	<p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system.</p> <p>The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70(a)</p>	K 018	<p>K018 Correction for the deficiency noted as: double doors from corridor into main dining room not positive latching - top strike plates have been removed: was to contract local locksmith to inspect and replace needed parts to insure positive latching. The Maintenance Director will survey the remainder of the building to identify any other like instances and make necessary repairs if needed upon discovery. Weekly checks will continue for the next three months and any negative findings will be reported to the facility Administrator immediately. A summary of all findings will be presented to and discussed at the next three monthly Safety Committee meetings. Reviews will then be conducted quarterly thereafter until next annual survey.</p>	5-3-13
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE
			NHA	4-3-13

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NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
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K 018	Continued From page 1 By observallon on 3/19/13 at approximately noon the following corridor door was non-compliant; specific findings include; double doors from the corridor to the main dining did not have positive latching. The top strike plates had been removed.	K 018		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/19/13 at approximately noon the following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include;  A: The HVAC system did not shut down with fire alarm activation. Return located outside the administrator's office.  B. The emergency shut down switch did not shut down the HVAC unit. Return located outside the administrator's office.	K 067	K067 Correction for the alleged deficient practice noted as HVAC unit with return outside Administrator's office did not shut down during fire alarm was: to engage contractor to troubleshoot and repair system to shut down as needed. The Maintenance Director and contractor will test the remaining systems to verify proper shut down during fire alarm activation and systems will be rechecked during the next three monthly fire drills. Any negative findings will be immediately reported to the facility Administrator and a summary of all findings will be presented to and discussed during the next three monthly Safety Committee meetings. System checks and Safety Committee reviews will continue quarterly thereafter until next annual survey.	5-3-13

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345343	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02  B. WING _____	(X3) DATE SURVEY COMPLETED  03/19/2013
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
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K 000	<p>INITIAL COMMENTS</p> <p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system.</p> <p>The deficiencies determined during the survey are as follows:</p> <p>There were no life safety code deficiencies noted at time of survey.</p>	K 000		

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

TITLE

NHA

(X6) DATE

4-3-13

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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534</b>	
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system.</p> <p>The deficiencies determined during the survey are as follows:</p> <p>There were no life safety code deficiencies noted at time of survey.</p>	K 000		

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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534</b>	
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SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden 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 Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 345343	Provider/Supplier Name BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO
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Type of Survey (select all that apply)

A				
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

A				
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- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 20019	02/18/2013	02/21/2013	0.50	0.25	8.00	0.50	1.75	8.50
2. 18975	02/18/2013	02/21/2013	0.25	0.25	8.00	0.50	1.75	9.50
3. 26970	02/18/2013	02/21/2013	0.25	0.25	4.00	0.25	1.50	0.50
4. 29131	02/18/2013	02/21/2013	0.25	0.25	4.00	0.25	1.00	0.50
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

1.00

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

0.50

Total RO Clerical/Data Entry Hours.....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden 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 Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 345343	Provider/Supplier Name BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO
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Type of Survey (select all that apply)

I				
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

A				
---	--	--	--	--

- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 20019	02/18/2013	02/21/2013	0.75	0.50	25.00	0.50	2.50	0.50
2. 18975	02/18/2013	02/21/2013	0.25	0.50	25.00	0.50	2.50	3.50
3. 26970	02/18/2013	02/21/2013	0.25	0.50	29.00	0.75	3.75	0.50
4. 29131	02/18/2013	02/21/2013	0.25	0.50	29.00	0.75	3.25	0.50
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 4.00 Total RO Supervisory Review Hours..... 0.00

Total SA Clerical/Data Entry Hours..... 1.50 Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden 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 Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 345343	Provider/Supplier Name BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO
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Type of Survey (select all that apply)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- |                           |                         |                     |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification   |
| B Dumping Investigation   | F Inspection of Care    | J Sanctions/Hearing |
| C Federal Monitoring      | G Validation            | K State License     |
| D Follow-up Visit         | H Life Safety Code      | L CHOW              |
| M Other                   |                         |                     |

Extent of Survey (select all that apply)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 08661	03/19/2013	03/19/2013	0.50	0.00	3.00	0.00	2.00	2.00
2.								
3.								
4.								
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6.								
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8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.... 0.50      Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.50      Total RO Clerical/Data Entry Hours.... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No