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PRUITTHEALTH-UNION POINTE 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). TEM	0.45500		D Wing					_{Y2} 8/15/2	2024 _{Y3}	
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REVIEWED BY SIGNATURE OF SURVEYOR **REVIEWED BY** DATE DATE STATE AGENCY (INITIALS) DATE TITLE DATE REVIEWED BY REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

7/1/2024

YES NO