A complaint investigation survey was conducted during a revisit survey on 9/26/2019. There were seventeen allegations investigated and they were all unsubstantiated. Event ID AS2O11.
**SUMMARY STATEMENT OF DEFICIENCIES**

An on-site revisit was conducted on 9/26/2019 and the facility is back in compliance effective 08/26/2019. Event ID J33L12.

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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.