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).

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<th>Correction</th>
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<th>Date</th>
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ID Prefix Correction Reg. # Completed Date
F0810 ID Prefix 483.60(g) Completed 11/25/2019
F0761 ID Prefix 483.10(g)(14)(i)-(iv)(15) Completed 11/25/2019

REVIEWED BY STATE AGENCY REVIEWED BY CMS RO
REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)
DATE DATE
SIGNATURE OF SURVEYOR TITLE
DATE DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/31/2019

□ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
□ YES □ NO

Form CMS - 2567B (09/92) EF (11/06)