The survey team entered the facility on 5/10/21 to conduct a Recertification survey. The survey team was onsite 5/10/21 and 5/12/21. Additional information was obtained offsite on 5/11/21. Therefore, the exit date was 5/12/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 48RB11.

The survey team entered the facility on 5/10/21 to conduct a recertification survey. The survey team was onsite 5/10/21 and 5/12/21. Additional information was obtained offsite on 5/11/21. Therefore, the exit date was 5/12/21. Event ID# 48RB11. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).

**Laboratory Director's or Provider/Supplier Representative's Signature**

Electronically Signed

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.