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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REVIEWED BY
STATE AGENCY
(REVIEWED BY
(CERTIFIED))
DATE
SIGNATURE OF SURVEYOR
DATE

REVIEWED BY
CMS RO
(REVIEWED BY
(CERTIFIED))
DATE
TITLE
DATE

FOLLOWUP TO SURVEY COMPLETED ON
5/27/2021

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)  Page 1 of 1