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).

<table>
<thead>
<tr>
<th>ITEM</th>
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<tr>
<td>ID Prefix: F0561</td>
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<td>Reg. #: 483.10(f)(1)-(3)(8)</td>
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<td>LSC: 09/09/2021</td>
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</table>

For each item, the ID prefix, regulation number, and LSC date are listed along with whether the item was corrected and the completion date. The report is signed by qualified State and CMS surveyors with their initials and dates.

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

FOLLOWUP TO SURVEY COMPLETED ON 8/12/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES 
NO