Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL058-022 B. WING 04/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE AMANI RESIDENTIAL WILLIAMSTON, NC 27892 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on April 17, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION DHSR - Mental Health REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall MAY 2 1 2019 only be administered to a client on the written order of a person authorized by law to prescribe Lic. & Cert. Section drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug: (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

STATE FORM

GY9011

(X5) COMPLETE

Division	of Health Service R	egulation			PRINTED FORM	): 05/01/ APPRC
Division of Health Service Regulation  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	(X3) DATE	(X3) DATE SURVEY		
			1 656 6	G:	The second secon	PLETED
					1 1	3
		MHL058-022	B. WING _		1	7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY	, STATE, ZIP CODE		
AMANI F	RESIDENTIAL		ERSON DR	×		
	1		STON, NC	27892		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPL DATE
V 118	Continued From pa	nge 1	V 118			
	with a physician.					
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered			Amani Residential Ensu	was the	+
				all medications will be	TAE LINE	.\ 
				in medications will be	adminis	Thed
		for 2 of 3 clients (#1 & #3); a		in accordance and compli	ant w/	
	medication was self administered when authorized by a physician & MARs was kept current for 1 of 3 audited clients (#3). The findings are:			Rule 276.0209(C)		
				all prescription and no	in-pre	scuph
				drugs shall only be ado	ninister	ed
	Review on 4/17/19 of	of client #1's record revealed:		to a client on a written or	der of	
		facility on 4/1/19		aperson authorized by law	v to	
		sruptive Mood Disorder;		Prescibe dauge		
	Attention Deficit Hyperactivity Disorder and Conduct Disorder		4	Amani will ensure medi	cations	
				Shall be self-administered	ناء سال	EWTS
	Review on 4/17/19 of client #3's record revealed:			only when authorized in		
		facility on 10/16/17 ost Traumatic Stress Disorder;		by the clients physician		,
	Oppositional Defiant			will ensure that	all me lu	ication
	A. The following is example of medications administered without physician orders:			including injections, sha	iche.	
				administred only by licer	ISEL PEN	esons
				or by unlicensed persons.	Laures	
		ng morning (can treat		by a registlyed nurse, phase	macist	or
	schizophrenia, bipola			other lecally qualified per	rson an	d
	<ul> <li>Clonidine 1mg ir treat high blood pres</li> </ul>	n the morning & bedtime (can		privileged to prepare an	rd adm	i nisteu
		g everyday (can treat		medications.		_
						-

depression)

reported:

physician orders

client #1 was admitted to the facility without

During interview on 4/17/19 the Licensee

Amani will ensure that a MAR

(Medication Administration Record) as all drugs administrate shall be recorded immediately after alministration. The MAR is to include the following

GY9011

**FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL058-022 04/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE AMANI RESIDENTIAL WILLIAMSTON, NC 27892 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 2 V 118 the pharmacy did not have physician orders for the medications will reach out to the physician \* A phone call was made to the physician on 4/17/19 by the Qualified Professional (QP). The physician orders were faxed to the facility. B. The following is example of MARs not kept current: Observation on 4/16/19 at 7:42pm in client #3's bedroom revealed the following: a prescription medication "retina gel for acne" apply at bedtime the medication was on the dresser Review on 4/17/19 of April 2019 MAR revealed the retina gel was not on the MAR During interview on 4/17/19 the Licensee reported: the MARs are transcribed by the QP he and the QP reviewed the MARs he (Licensee) was not aware client #3 was on an acne medication the QP took the clients to their medical appointments During interview on 4/17/19 the QP reported: the medication was not on the MAR

Division of Health Service Regulation

it

if the medication was not on the MAR he

could not be sure if it was administered

C. The following is an example of how a medication was self administered:

During interview on 4/16/19 client #3 reported:

he applied the retina gel whenever he needed

Division	n of Health Service Re	egulation			PRINTED: 05/01/2019 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
		MHL058-022	B. WING		R 04/17/2019
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADD			STATE, ZIP CODE	
AMANI F	RESIDENTIAL		ERSON DRIV STON, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5  COMPI	
V 118	- he kept the med  During interview on  - he was not awar  #3's bedroom  - medications are bedrooms  - the client could of	kept the medication in his bedroom interview on 4/16/19 staff #1 reported: was not aware the retina gel was in client edroom edications are not allowed in client's ms e client could overuse the medication interview on 4/17/19 the Qualified		(A) client's name (B) name, strenght, and quanity of the drug; (C) instructions for administering the drug; (D) date and time the drug is admin (E) name or initials of person admin the drug. (5) Client request for medication of or checks shall be recorded and kept w/ the MAR file followed up	

V 120 27G .0209 (E) Medication Requirements

his bedroom

10A NCAC 27G .0209 MEDICATION REQUIREMENTS

(e) Medication Storage:

(1) All medication shall be stored:

(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;

he was aware client #3 kept the medication in

it was a cream he used at bedtime for acne

he will get a self administer physician order

[This deficiency constitutes a recited deficiency

for client #3 to administer the medication

and must be corrected within 30 days.]

(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;

(C) separately for each client;

(D) separately for external and internal use;

(E) in a secure manner if approved by a physician for a client to self-medicate.

(2) Each facility that maintains stocks of

V 120

All recited standard level deficiencies have been conrect wy current physician orders and appropriate documentation for client #3 to

by May 29, 2019

w/ a physician

(Physician's Order

self-administer his acre medication

All physician orders have been made current by securing the Clients choctor.

by appointment or consultation

Amani shall conduct a company/ staffamedication administration

class we a resistered murse to address

Medication Admistration citel deficiencies

This process was compteled by May 17, 2019 verified by Amani Residential Director Jeff Roberts BS.OP

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING MHL058-022 04/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE AMANI RESIDENTIAL WILLIAMSTON, NC 27892 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 120 Continued From page 4 Ameni Residential will ensure comple V 120 to RUE IDA NC ACZTG. 0209 controlled substances shall be currently registered under the North Carolina Controlled Medication Requiements that the Storage of medication is followed Substances Act, G.S. 90, Article 5, including any subsequent amendments. (e) all medication shall be stored (A) In a locked (SECURETY) cabinet in a clean Well lighted, ventifated room This Rule is not met as evidenced by: believes 59 degrees and 89 degrees F. Based on observation, record review & interview the facility failed to ensure medication was (B) In a refrigerator, if required, between 36 degrees and 46 degrees F.D securely locked for one of three audited clients (#3). The findings are: If the refrigerator is used for food Review on 4/17/19 of client #3's record revealed: items, medications shall be kept in admitted to the facility on 10/16/17 a separate, locked compartment of diagnoses of Post Traumatic Stress Disorder: container Oppositional Defiant Disorder and Mild (C) separately for each client, Intellectual Disorder (D) separately for external and internal Observation on 4/16/19 at 7:42pm in client #3's (E) in a secure manner if approved bedroom revealed the following: by a physician for a client to self a prescription medication "retina gel for acne" Medicate. apply at bedtime (2) Each facility that maintain stocks of controlled substances currently the medication was on the dresser During interview on 4/16/19 client #3 reported: registered under that NC Controlled he applied the medication whenever he Substances Act GS. 90 Arlicle needed it 5, included any subsequent he kept the medication in his bedroom During interview on 4/16/19 staff #1 reported: Amani Residential will comply with he was not aware the medication was in client #3's bedroom this Rule evidenced by already medications are not allowed in clients order stating consumer # 3 bedrooms the client could overuse the medication ability to self-Medicate

Professional reported:

During interview on 4/17/19 the Qualified

he was aware client #3 kept the medication in

6899

Completed by May 17, 2019

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL058-022 04/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE **AMANI RESIDENTIAL** WILLIAMSTON, NC 27892 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) This will be conducted by the House mgs at the pharmacist and vertical by the director Jeff Roberts BS, QP. V 121 Continued From page 6 V 121 diagnoses of Post Traumatic Stress Disorder: Oppositional Defiant Disorder and Mild Intellectual Disorder no documentation of a drug regimen Review on 4/17/19 of physician orders for client #3 revealed: (physician orders 5/30/18) Divalproex 250mg everyday (can treat bipolar disorders) & Benztropine 1mg everyday (used to treat side effects of certain psychiatric drugs) (physician order 4/17/18) Risperidone 1mg 1/2am & 1pm (can treat bipolar, schizophrenia & irritability caused by autism) During interview on 4/17/19 the Qualified Professional & Licensee reported: they were not aware drug reviews had to be completed for clients on psychotropic medications a physician will be contacted V 296 27G .1704 Residential Tx. Child/Adol - Min. V 296 Staffing Amani Residential will comply w/ 10A NCAC 27G .1704 MINIMUM STAFFING rule 10A NCAC 276. 1704 REQUIREMENTS Minnium staffin, Regumenterts (a) A qualified professional shall be available by telephone or page. A direct care staff shall be (a) A qualified professional shall be available by telephone or page. able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff A direct care 5 taff shall be able to required when children or adolescents are reach the facility within 30 minutes present and awake is as follows: at all times. two direct care staff shall be present for (6) The minimum mumber of one, two, three or four children or adolescents: children or adolescent are three direct care staff shall be present for five, six, seven or eight children or adolescents; and Present and awake as follows

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G:	(X3) DATE SURVEY COMPLETED
		MHL058-022	B. WING _		R <b>04/17/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS CITY	, STATE, ZIP CODE	7 11/2010
AMANI	RESIDENTIAL	105 ROB	ERSON DR	IVE	
			STON, NC	27892	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE
V 120		ne used at bedtime for acne	V 120	This was verified by Jeff Roberts BS, QF This Violation is course	
V 121		f administer physician order	V 121	<b>N</b>	
	121 27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.			Amani Residential will a Rule 10A NCAC 27G OF Requirements  (f) Medication review  (i) When a client reciene drugs, the consuming by shall be vesponsible a veriew of each clientia at least every six month review shall be to pent pharma cist on physics site manager & hall as the client's physician is of the vesults of the v medical intervention is	a paychotropi ody of operation for obtaining 5 drug regime, 5. The ormed by a ian. The on- source that sinformed review when
	failed to ensure 2 of reviews every six more reviews on 4/17/19 of a admitted on 7/1/2 diagnoses of Dis a physician order Quetiapine 200mg be schizophrenia & depring on documentation	sew and interview the facility 3 clients (#2 & #3) had drug in ths. The findings are:  f client #2's record revealed: 17 ruptive Mood Dysregulation dated 10/30/17 & 4/13/18: edtime (can treat bipolar, ression) n of a drug regimen  f client #3's record revealed:		(2) the findings of the review shall be record along with action, if applicable.  Aman: will assure the clients recieving psychedications obtain a remarked charge regimen months. The process completed initally be 2019 and every 6 in there afer (at least)	at all hotropic eview of every 6 will be y May 29,

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL058-022 04/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 105 ROBERSON DRIVE AMANI RESIDENTIAL WILLIAMSTON, NC 27892 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 296 Continued From page 7 (1) two direct care staff shallbe V 296 Present for one, two three, or four children or adolescent (3)four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (2) three direct care staff shall be (c) The minimum number of direct care staff PRESENT for five, six seven or Eight during child or adolescent sleep hours is as children or adolescents and follows: (3) form direct care staff shall be (1) two direct care staff shall be present Present for mie, ten, Elenen or 12 children or adolescents. and one shall be awake for one through four children or adolescents; two direct care staff shall be present (c) The minimum number of and both shall be awake for five through eight died core staff during child or adolescent sleep hour is as children or adolescents; and three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or (1) two direct care shall be adolescents. (d) In addition to the minimum number of direct Present and one shall be awake care staff set forth in Paragraphs (a)-(c) of this for one through form Rule, more direct care staff shall be required in the facility based on the child or adolescent's (2) Two direct cone staff shall be individual needs as specified in the treatment Present and both shall be awake plan. for fine through eight. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they (3) three direct care shall be present are away from the facility in accordance with the of which two shall be awake and child or adolescent's individual strengths and the third may be asleep for needs as specified in the treatment plan. children or acholes cents (d) In addition to the menimum number of direct care staff set. forth in Paragraph (a)-(c) of this Rule, more direct care staff This Rule is not met as evidenced by: small he required in the facility based on the child or adolescent Based on observation, record review and interview the facility failed to ensure two staff

The findings are:

were present for one of three audited clients (#1).

individual needs as specified

Division of Health Service F	Regulation			PRINTED: 05/01/201 FORM APPROVE	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL058-022	B. WING		R 04/17/2019	
NAME OF PROVIDER OR SUPPLIER	OTTELTA		Y, STATE, ZIP CODE		
AMANI RESIDENTIAL		ERSON DI ISTON, NC			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
<ul> <li>admitted to the</li> <li>diagnoses of D</li> <li>Attention Deficit Hy</li> <li>Conduct Disorder</li> <li>a treatment pla</li> <li>documentation one</li> <li>Observation on 4/1</li> <li>revealed the Licens</li> <li>facility</li> <li>During interview on</li> <li>reported:</li> <li>one staff could</li> </ul>	of client #1's record revealed: a facility on 4/1/19 Disruptive Mood Disorder; uperactivity Disorder and an dated 3/28/19 revealed no a staff could transport  7/19 approximately 1:16pm see & client #1 arrive at the	V 296	(e) Each facility shall responsible for ensure of children or adolescent are away from the far accordance with the adolescent's individe and needs as specific treatment plan.  Amani will comply Rule immediately compliance merification. Jeff Robert May 17, 2019.  Amani will make that leach client meds are specified that each client meds are specified treatment plan a if they can be tran ratio. This rule completed by and by Director Jeff	wing supervision the children the children the strength all strength all in their sported 1:1 sported 1:1 swell be nevitived Roberta	

## STATE FORM: REVISIT REPORT PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION DATE OF REVISIT **IDENTIFICATION NUMBER** A. Building MHL058-022 B. Wing 4/17/2019 Y3 NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE AMANI RESIDENTIAL 105 ROBERSON DRIVE WILLIAMSTON, NC 27892 This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (prefix codes shown to the left of each requirement on the survey report form). ITEM DATE ITEM DATE ITEM DATE Y4 Y5 Y4 Y5 Y4 Y5 ID Prefix V0114 Correction ID Prefix V0738 Correction **ID** Prefix Correction 27G .0207 27G .0303(d) Reg. # Completed Reg. # Completed Reg. # Completed LSC 04/17/2019 LSC 04/17/2019 LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **REVIEWED BY REVIEWED BY** DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) Rhonda Smith 5-2-19 REVIEWED BY **REVIEWED BY** DATE DATE CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? 2/21/2018 YES NO

Page 1 of 1

EVENT ID:

SSNX12