

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL000-000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>TEST FACILITY MHL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 BIGGS DRIVE RALEIGH, NC 27603</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 131	<p>G.S. 131E-256(d2) HCPR - Prior Employment Verification</p> <p>(d2)Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to assure a Health Care Personnel Registry (HCPR) check was completed prior to hire for 4 of 4 staff (#1, #2, #3, #4). The findings are:</p> <p>(The surveyor's findings will be entered here.)</p> <p><b>ACCORDING TO SURVEYOR this is an example, NOT A Finding.</b></p>	V 131	<p>Pursuant to NCGS 122C-24.1, you must develop one Plan of Correction (POC) that addresses each deficiency listed on the Statement of Deficiency (SOD). Please enter your POC in this column on your SOD.</p> <p>Do not include confidential information (protected health information) in your plan of correction, and never send confidential information via email.</p> <p><u>Time Frames for Compliance</u> A completed Plan of Correction addressing all cited deficiencies must be returned to our office within ten days of receipt of this letter.</p> <ul style="list-style-type: none"> <li>Type A violations must be corrected within 23 days from the exit date of the survey.</li> <li>Type B violations must be corrected within 45 days from the exit date of the survey.</li> <li>Re-cited standard level deficiencies must be corrected within 30 days from the exit of the survey.</li> <li>Standard level deficiencies must be corrected within 60 days from the exit of the survey.</li> </ul> <p><u>What to include in the Plan of Correction</u></p> <ul style="list-style-type: none"> <li>Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).</li> <li>Indicate what measures will be put in place to prevent the problem from occurring again.</li> <li>Indicate who will monitor the situation to ensure it will not occur again.</li> <li>Indicate how often the monitoring will take place.</li> <li>Indicate the date you will be in compliance for each cited deficiency.</li> <li>Sign and date the bottom of the first page of the State Form.</li> </ul> <p>Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.</p> <p>Send the original completed form to our office within 10 days of receipt of the SOD.</p>	<p><b>RECEIVED</b></p> <p><b>MAY 05 2022</b></p> <p><b>DHSR-MH Licensure Sect</b></p> <p><i>[Handwritten signatures and dates: 5/11/22, 5/14/22]</i></p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
STATE FORM

6899

ZL2811

TITLE

(X6) DATE

*[Handwritten signature: Johnny Medrano, CEO]*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 04/18/2022</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**RUSMED 1**

**2104 WINNIE PLACE  
RALEIGH, NC 27603**

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V 000	<b>INITIAL COMMENTS</b>  A complaint and follow up survey was completed on 4/18/22. The complaint was substantiated Intake #NC00184867. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 clients.	V 000		
V 108	<b>27G .0202 (F-I) Personnel Requirements</b>  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their	V 108	<p>All staff will be trained in client specific "Autism Spectrum Disorder"</p> <p>* SEE ATTACHED</p>	3/5/22

Division of Health Service Regulation

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TITLE

(X6) DATE

STATE FORM

S92C11

If continuation sheet 1 of 11

## Division of Health Service Regulation

PRINTED: 04/29/2022  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 04/18/2022</b>
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STREET ADDRESS, CITY, STATE, ZIP CODE

**RUSMED 1****2104 WINNIE PLACE  
RALEIGH, NC 27603**

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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide training for 1 of 1 audited staff (#1) to meet the mh/dd needs of the client as specified in the treatment plan. The findings are:</p> <p>Review on 4/18/22 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- hire date of 1/5/22</li> <li>- no documented training for clients with Autism</li> </ul> <p>Review on 4/12/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 10/31/14</li> <li>- diagnoses of Autism, Attention Deficit Hyperactivity Disorder</li> </ul> <p>Review on 4/12/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 10/6/21</li> <li>- diagnoses of Severe Intellectual Developmental Disorder, Autism, Type II Diabetes and Obstructed Sleep Apnea</li> </ul> <p>Observation on 4/12/22 between 1:27pm &amp; 4:05pm revealed:</p> <ul style="list-style-type: none"> <li>- 1:27pm client #3 would act as if he cried and then immediately stop the cry..."I (client #3) need to stop so I get reward"...would start to whine</li> </ul>	V 108	<p>Please see Attached Training</p>	<p>5/30/22 on going</p>



# **Autism Spectrum Disorder**



National Institute  
of Mental Health



## What is autism spectrum disorder?

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Autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first two years of life.

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, a guide created by the American Psychiatric Association that health care providers use to diagnose mental disorders, people with ASD often have:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviors
- Symptoms that affect their ability to function in school, work, and other areas of life

Autism is known as a “spectrum” disorder because there is wide variation in the type and severity of symptoms people experience.

People of all genders, races, ethnicities, and economic backgrounds can be diagnosed with ASD. Although ASD can be a lifelong disorder, treatments and services can improve a person’s symptoms and daily functioning. The American Academy of Pediatrics recommends that all children receive screening for autism. Caregivers should talk to their child’s health care provider about ASD screening or evaluation.

## What are the signs and symptoms of ASD?

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The list below gives some examples of common types of behaviors in people diagnosed with ASD. Not all people with ASD will have all behaviors, but most will have several of the behaviors listed below.

Social communication and social interaction behaviors may include:

- Making little or inconsistent eye contact
- Appearing not to look at or listen to people who are talking
- Infrequently sharing interest, emotion, or enjoyment of objects or activities (including infrequently pointing at or showing things to others)
- Not responding or being slow to respond to one’s name or to other verbal bids for attention
- Having difficulties with the back and forth of conversation
- Often talking at length about a favorite subject without noticing that others are not interested or without giving others a chance to respond
- Displaying facial expressions, movements, and gestures that do not match what is being said
- Having an unusual tone of voice that may sound sing-song or flat and robot-like

- Having trouble understanding another person's point of view or being unable to predict or understand other people's actions
- Difficulties adjusting behavior to different social situations
- Difficulties sharing in imaginative play or in making friends

Restrictive/repetitive behaviors may include:

- Repeating certain behaviors or having unusual behaviors, such as repeating words or phrases (a behavior called *echolalia*)
- Having a lasting intense interest in specific topics, such as numbers, details, or facts
- Showing overly focused interests, such as with moving objects or with parts of objects
- Becoming upset by slight changes in a routine and having difficulty with transitions
- Being more sensitive or less sensitive than other people to sensory input, such as light, sound, clothing, or temperature

People with ASD also may experience sleep problems and irritability.

People on the autism spectrum also may have many strengths, including:

- Being able to learn things in detail and remember information for long periods of time
- Being strong visual and auditory learners
- Excelling in math, science, music, or art

## **What are the causes and risk factors for ASD?**

Researchers don't know the primary causes of ASD, but studies suggest that a person's genes can act together with aspects of their environment to affect development in ways that lead to ASD. Some factors that are associated with an increased likelihood of developing ASD include:

- Having a sibling with ASD
- Having older parents
- Having certain genetic conditions (such as Down syndrome or Fragile X syndrome)
- Having a very low birth weight

Not everyone who has these risk factors develops ASD.

## **How is ASD diagnosed?**

Health care providers diagnose ASD by evaluating a person's behavior and development. ASD can usually be reliably diagnosed by the age of 2. It is important to seek an evaluation as soon as possible. The earlier ASD is diagnosed, the sooner treatments and services can begin.



## Diagnosis in Young Children

Diagnosis in young children is often a two-stage process.

### Stage 1: General Developmental Screening During Well-Child Checkups

Every child should receive well-child checkups with a pediatrician or an early childhood health care provider. The American Academy of Pediatrics recommends that all children receive screening for developmental delays at their 9-, 18-, and 24- or 30-month well-child visits, with specific autism screenings at the 18- and 24-month well-child visits. A child may receive additional screenings if they are at high risk for ASD or developmental problems.

Considering caregivers' experiences and concerns is an important part of the screening process for young children. The health care provider may ask questions about the child's behaviors and evaluate those answers in combination with information from ASD screening tools and clinical observations of the child. To learn more about ASD screening tools, visit the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/ncbddd/autism/hcp-screening.html](http://www.cdc.gov/ncbddd/autism/hcp-screening.html).

If a child shows developmental differences in behavior or functioning during this screening process, the health care provider may refer the child for additional evaluation.

### Stage 2: Additional Diagnostic Evaluation

It is important to accurately detect and diagnose children with ASD as early as possible, as this will shed light on their unique strengths and challenges. Early detection also can help caregivers determine which services, educational programs, and behavioral therapies are most likely to be helpful for their child.

A team of health care providers who have experience diagnosing ASD will conduct the diagnostic evaluation. This team may include child neurologists, developmental behavioral pediatricians, speech-language pathologists, child psychologists and psychiatrists, educational specialists, and occupational therapists.

The diagnostic evaluation is likely to include:

- Medical and neurological examinations
- Assessment of the child's cognitive abilities
- Assessment of the child's speech and language abilities
- Observation of the child's behavior
- An in-depth conversation with the child's caregivers about the child's behavior and development
- Assessment of age-appropriate skills needed to complete daily activities independently, such as eating, dressing, and toileting
- Questions about the child's family history

Because ASD is a complex disorder that sometimes occurs with other illnesses or learning disorders, the comprehensive evaluation may include blood tests and a hearing test.

The outcome of this evaluation may result in a formal diagnosis and recommendations for treatment.

## **Diagnosis in Older Children and Adolescents**

Caregivers and teachers are often the first to recognize ASD symptoms in older children and adolescents who attend school. The school's special education team may perform an initial evaluation and then recommend that a child undergo additional evaluation with their primary health care provider or a health care provider who specializes in ASD.

A child's caregivers may talk with these health care providers about the child's social difficulties, including problems with subtle communication. These subtle communication differences may include problems understanding tone of voice, facial expressions, or body language. Older children and adolescents may have trouble understanding figures of speech, humor, or sarcasm. They also may have trouble forming friendships with peers.

## **Diagnosis in Adults**

Diagnosing ASD in adults is often more difficult than diagnosing ASD in children. In adults, some ASD symptoms can overlap with symptoms of other mental health disorders, such as an anxiety disorder or attention-deficit/hyperactivity disorder (ADHD).

Adults who notice signs and symptoms of ASD should talk with a health care provider and ask for a referral for an ASD evaluation. Although evaluation for ASD in adults is still being refined, adults can be referred to a neuropsychologist, psychologist, or psychiatrist who has experience with ASD. The expert will ask about:

- Social interaction and communication challenges
- Sensory issues
- Repetitive behaviors
- Restricted interests

The evaluation also may include a conversation with caregivers and other family members to learn about the person's early developmental history, which can help ensure an accurate diagnosis.

Obtaining a correct diagnosis of ASD as an adult can help people understand past challenges, identify personal strengths, and find the right kind of help. Studies are underway to determine the types of services and supports that are most helpful for improving the functioning and community integration of autistic transition-age youth and adults.



## What treatment options are available for ASD?

Treatment for ASD should begin as soon as possible after diagnosis. Early treatment for ASD is important because proper care and services can reduce individuals' difficulties while helping them learn new skills and build on their strengths.

People with ASD may face a wide range of issues, which means there is no single best treatment for ASD. Working closely with a health care provider is an important part of finding the right combination of treatments and services.

### Medication

A health care provider may prescribe medication to treat specific symptoms. With medication, a person with ASD may have fewer problems with:

- Irritability
- Aggression
- Repetitive behavior
- Hyperactivity
- Attention
- Anxiety and depression

Read more about the latest medication warnings, patient medication guides, and information on newly approved medications at the Food and Drug Administration (FDA) website at [www.fda.gov/drugsatfda](http://www.fda.gov/drugsatfda).

### Behavioral, Psychological, and Educational Interventions

People with ASD may be referred to health care providers who specialize in providing behavioral, psychological, educational, or skill-building interventions. These programs are typically highly structured and intensive, and they may involve caregivers, siblings, and other family members. These programs may help people with ASD:

- Learn social, communication, and language skills
- Reduce behaviors that interfere with daily functioning
- Increase or build on strengths
- Learn life skills for living independently

### Other Resources

Many services, programs, and other resources are available to help people with ASD. Here are some tips for finding these additional resources:

- Contact a health care provider, local health department, school, or autism advocacy group to learn about special programs or local resources.
- Find an autism support group. Sharing information and experiences can help people with ASD and their caregivers learn about treatment options and ASD-related programs.

- Record conversations and meetings with health care providers and teachers. This information helps when it's time to decide which programs and services are appropriate.
- Keep copies of health care reports and evaluations. This information may help people with ASD qualify for special programs.

## Where can I find resources about ASD?

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For more information about ASD, visit:

- *Eunice Kennedy Shriver* National Institute of Child Health and Human Development  
**[www.nichd.nih.gov/health/topics/autism](http://www.nichd.nih.gov/health/topics/autism)**
- National Institute of Neurological Disorders and Stroke  
**[www.ninds.nih.gov/Disorders/All-Disorders/Autism-Spectrum-Disorder-Information-Page](http://www.ninds.nih.gov/Disorders/All-Disorders/Autism-Spectrum-Disorder-Information-Page)**
- National Institute on Deafness and Other Communication Disorders  
**[www.nidcd.nih.gov/health/autism-spectrum-disorder-communication-problems-children](http://www.nidcd.nih.gov/health/autism-spectrum-disorder-communication-problems-children)**
- Centers for Disease Control and Prevention  
**[www.cdc.gov/autism](http://www.cdc.gov/autism)**
- Interagency Autism Coordinating Committee  
**<https://iacc.hhs.gov>**

## What should I know about clinical trials?

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Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you or a loved one. For more information, visit **[www.nimh.nih.gov/clinicaltrials](http://www.nimh.nih.gov/clinicaltrials)**.



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## For More Information

NIMH website

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.nimh.nih.gov/espanol](http://www.nimh.nih.gov/espanol) (en español)

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

<https://salud.nih.gov/investigacion-clinica> (en español)

### National Institute of Mental Health

Office of Science Policy, Planning, and Communications

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National Institute  
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
NIH Publication No. 22-MH-8084  
Revised 2022

Division of Health Service Regulation

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V 108	<p>Continued From page 2</p> <p>again...</p> <ul style="list-style-type: none"> <li>- 3:02pm: client #1 in the living room area ...hollered for House Manager (HM#1) &amp; state he (client #2) hitting me. HM#1 requested client #1 to go to his bedroom to keep from being hit by client #2. HM #1 requested client #2 to come to him. Client #2 hit HM#1 with closed fist .... Client #2 was requested to go to his bedroom. Client #2 does not move. Staff #1 and HM#1 escorted him upstairs and 10 minutes later, client #1 came downstairs and state "he (client #2) hit me."</li> <li>- 4:05pm - client #2 came into the kitchen area and hit surveyor with closed fist on the shoulder. 3 staff were in the kitchen at the time. Staff #1 sat at a desk, staff #2 assisted the surveyor with paper work and HM#1 looked in file cabinet in the kitchen area</li> </ul> <p>During interview on 4/14/22 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- had Autism training with a gentlemen but do not recall name or title</li> <li>- had worked with Autism clients in the past</li> <li>- Autism clients will make noises, yell, scream and hit</li> <li>- client #3 may have 1 good day out of the week</li> <li>- behaviors: will put holes in the wall, may hit himself or others &amp; had broke 3 beds since January 2022</li> <li>- she had to do a lot of verbal prompting</li> </ul> <p>During interview on 4/14/22 staff #3 reported:</p> <ul style="list-style-type: none"> <li>- started at the facility February 2022</li> <li>- Autism training was provided at the day program</li> <li>- Autism clients would steal, some nonverbal &amp; some verbal</li> <li>- client #3 had put several holes in the walls</li> </ul> <p>During interview on 4/14/22 House Manager #2</p>	V 108		



Division of Health Service Regulation

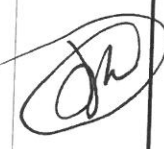
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V 108	Continued From page 3 reported: - client #3 had put several holes in walls - broke a door on the transportation van - would give verbal prompting & allow them to calm down - client #2 & client #3 fed off each others behaviors - Autism training was provided in January 2022 by facility  During interview on 4/18/22 the Human Resource Operational Manager reported: - aware of client #3's behaviors of hitting, stomping and holes in the walls - in March 2022 an email went out to staff for online training in Autism provided by a psychiatrist - some staff completed the training and some still have not - the Licensee would be notified once everyone completed the Autism training - she also located an Autism training at a nearby college & planned to sign staff up for the training - videos and discussion of Autism were provided to staff but not documented	V 108		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe 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	V 118		

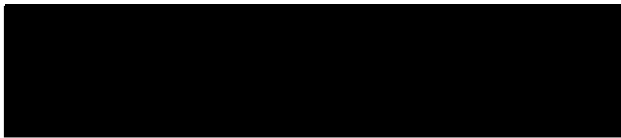
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Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medication on the written order of a physician for 2 of 3 audited clients (#2 &amp; #3). The findings are:</p> <p>A. Review on 4/12/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 10/31/14</li> <li>- diagnoses of Autism, Attention Deficit Hyperactivity Disorder</li> <li>- FL2 dated 12/5/19: Divalproex 500mg (milligram) twice a day (can treat bipolar)</li> </ul>	V 118	<p><i>Rusmed has been med reviewed by Blue Ridge Pharmacy.</i></p> <p><i>Rusmed has contracted an RN to do additional med trainings, as well as 60 day review and audits.</i></p>	<p><i>5/5/22</i></p> <p><i>CHG</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 04/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RUSMED 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2104 WINNIE PLACE RALEIGH, NC 27603</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 5</p> <p>Review on 4/12/22 of an April 2022 MAR revealed:</p> <ul style="list-style-type: none"> <li>- no staff initials documented at bedtime on 4/11/22</li> </ul> <p>B. Review on 4/12/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 10/6/21</li> <li>- diagnoses of Severe Intellectual Developmental Disorder, Autism, Type II Diabetes and Obstructed Sleep Apnea</li> <li>- no physician orders for the following medications: Quetiapine 400mg twice (BID) a day (treat bipolar), Metformin 1000mg BID (diabetes), Olanzapine 20mg morning &amp; bedtime (mental disorders), Lorazepam 1mg BID (anxiety) and Adderal 20mg twice a day (ADHD)</li> </ul> <p>Review on 4/12/22 of client #3's April 2022 MAR revealed no staff initials for the following:</p> <ul style="list-style-type: none"> <li>- Metformin - 4/1/22 - 4/2/22 and no initials on 4/3/22 in am</li> <li>- Lorazepam - 4/1/22 - 4/2/22 &amp; 4/11/22</li> </ul> <p>During interview on 4/14/22 House Manager #2 reported:</p> <ul style="list-style-type: none"> <li>- she and the HM #1 reviewed MARs for accuracy</li> <li>- last reviewed MARs Sunday (4/10/22) when she worked</li> <li>- HM #2 made her aware she forgot to sign MARs on 4/11/22</li> <li>- client #3 had behaviors and she forgot to sign MAR</li> </ul> <p>During interview on 4/18/22 the Human Resource Operational Manager reported:</p> <ul style="list-style-type: none"> <li>- client #3's FL2 had been requested several times from medical records &amp; had not been received</li> </ul>	V 118	<p>PLEASE SEE ATTACHED</p>	<p>on going 5/5/22 </p>



<b>Approval Date</b> 03/28/1988	<b>License Status</b> <div>Active</div>
<b>Expiration Date</b> 06/30/2022	<b>Charges/Discipline</b> No
<b>Confirmation/Reference #</b> 6MXBI1X2	<b>Compact Status</b> Multi State

Important notes:

- Multi State: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not otherwise restricted.
- The North Carolina Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.

Information loaded from this database is current as of 5/5/2022 9:26:50 AM.



## **Executive Summary of Consultant Pharmacist's MRR**

Prepared For: **Rusmed #1**

Data compiled on: **04/21/2022** for outcomes entered between **04/21/2022** and **04/21/2022**

Residents Reviewed: **3**

This visit, **0** recommendations were forwarded to the following disciplines:

Please refer to the Consultant Pharmacist's Medication Regimen Review for specifics.

The five most prevalent areas of focus:

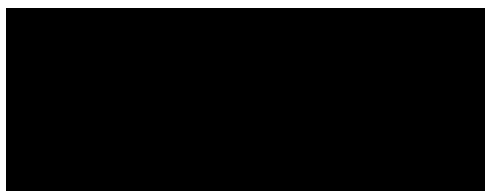
**1.**

Please refer to the specific Recommendation Category Analysis report for more details .

The care center's follow-up of last visit's recommendations was determined to be **100.0%**.

The care center's total psychotropic rate was calculated to be **100.0%**. For more specifics, please refer to the detailed psychotropic report(s).

Report Prepared By:



**Current Resident Listing For  
Rusmed #1**

With Medication Regimen Review activity between 4/21/2022 And 4/21/2022

The following residents' medication regimens were reviewed on the dates specified.

Resident Name:	Station:	Room:	Bed:
	X		
	X		
	X		
Total Resident Records	3		

\* A resident denoted with an asterisk (\*) had MRR activity performed on the date noted, however the recommendation created on that date, or the resident's entire profile, has subsequently been deleted from the database.

Consultant Pharmacist: 

Prepared by 

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 04/18/2022</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**RUSMED 1**

**2104 WINNIE PLACE  
RALEIGH, NC 27603**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 6  - planned to hire a Registered Nurse to review medications & MARs for accuracy  Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.  This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on Observation and interview the facility failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:  Observation on 4/12/22 of the tour of the facility given by House Manager (HM#1) at 1:16pm revealed: all client bedrooms were upstairs  client #1's bedroom revealed: hole in the bedroom door size of a baseball  client #2's bedroom revealed: no door knob	V 736	<i>RUSMED 1 has sustained excessive damage and destruction due to client #3 aggression.  Rusmed 1 has been doing repairs constantly.</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 04/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RUSMED 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2104 WINNIE PLACE RALEIGH, NC 27603</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 7</p> <p>client #3's bedroom revealed the following:</p> <ul style="list-style-type: none"> <li>- had a mattress on his bedroom floor &amp; only a dresser</li> <li>- the mattress was sunken in the middle</li> <li>- bedroom wall had several putty places</li> <li>- no curtain or blinds on the window</li> <li>- upstairs bathroom door in the hallway had several holes ranging from quarter size to baseball size holes</li> <li>- kitchen ceiling had several holes throughout the sheet rock</li> <li>- client #3 sat on a mattress covered with a sheet &amp; bed spread in the living floor</li> </ul> <p>During interview on 4/12/22 the HM#1 reported:</p> <ul style="list-style-type: none"> <li>- client #3 jumped up and down on his bed which caused the mattress to collapse</li> <li>- putty on client #3's bedroom walls were from holes he put in the wall</li> <li>- only a dresser in client #3's bedroom because anything he could pick up, he would throw</li> <li>- client #3 put the holes in the bathroom door and client #1's bedroom door</li> <li>- new doors for the clients' bedrooms were ordered and should be in this week</li> <li>- client #2 broke the door knob off from his bedroom door</li> <li>- the holes in the kitchen ceiling was from when client #3 jumped up and down in his bedroom, it knocked the bolts out the kitchen ceiling</li> <li>- repairs at the facility were done on a continuous basis due to client #3</li> </ul> <p>During interview on 4/14/22 the House Manager #2 reported:</p> <ul style="list-style-type: none"> <li>- weighed 220 pounds &amp; jumped up and down in his bedroom upstairs</li> </ul>	V 736	<p>Rusmed 1 is moving to a ranch style location.</p> <p>Please see attached invoices for repairs.</p>	



<b>Name</b> [REDACTED]	<b>Date</b> Apr 19, 2011
<b>Address</b> [REDACTED]	<b>Phone</b> [REDACTED]
<b>E-mail Address</b> Raleigh, Nc 27604	

**Nc General Contractors Lic.# 76373**

We hereby submit specifications and estimates, subject to all terms and conditions as set forth on both sides.

Scope of work: reattach drywall to the ceiling joists, mud and tape all screws

We propose hereby to furnish material and labor -  
complete in accordance with the above  
specifications for the sum of: \$200.00

Authorized  
Signature:

Note: This proposal may be withdrawn by us if not accepted within:  days.

8:25 ↗

LTE

← Invoice #00001

Items 5



Hung 2 Doors 100.00

1 @ 100.00

Remove Fan Put Up Light 100.00

1 @ 100.00

Trouble Shot Heating System 80.00

1 @ 80.00

Rus3

Fix Door 50.00

1 @ 50.00

Travel 60.00

1 @ 60.00

Subtotal 390.00

Total 390.00

Confirm & Send

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R-C <b>04/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>RUSMED 1</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2104 WINNIE PLACE RALEIGH, NC 27603</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- when he jumped it knocked out the bolts in the kitchen ceiling that held up the sheet rock ceiling</li> </ul> <p>During interview on 4/14/22 a Team Leader with Construction reported:</p> <ul style="list-style-type: none"> <li>- a surveyor with construction would make a visit to the facility to access repairs</li> </ul> <p>During interview on 4/18/22 the Human Resources Operational Manager reported:</p> <ul style="list-style-type: none"> <li>- aware of the repairs needed at the facility</li> <li>- someone supposed to come this week to complete the repairs</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 736	<p>RUSMED 1 IS moving its location.</p>	<p>3/30/22</p>	
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p>	V 774			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 04/18/2022</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**RUSMED 1**

**2104 WINNIE PLACE**

**RALEIGH, NC 27603**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 774	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure 2 of 3 clients (#2 &amp; #3) clients' bedrooms had minimum furnishings. The findings are:</p> <p>Observation on 4/12/22 of the tour of the facility at 1:16pm revealed:</p> <ul style="list-style-type: none"> <li>- client #1 &amp; #3's bedroom did not have a night stand</li> <li>- client #3's bedroom also did not have the following: frame or headboard only a mattress on the floor that sagged in the middle</li> </ul> <p>During interview on 4/12/22 House Manager #1 reported:</p> <ul style="list-style-type: none"> <li>- anything he could pick up he would throw</li> <li>- kept limited furniture in client #3's bedroom.</li> </ul>	V 774	<p>Client #3 has been very destructive. Items were removed as a Health &amp; Safety Wellbeing measure.</p>	
V 784	<p>27G .0304(d)(12) Therapeutic and Habilitative Areas</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility</p>	V 784		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 04/18/2022</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**RUSMED 1**

**2104 WINNIE PLACE  
RALEIGH, NC 27603**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 784	<p>Continued From page 10</p> <p>failed to ensure therapeutic and habilitative activities are routinely conducted shall be separate from sleeping areas for 1 of 3 clients (#3). The findings are:</p> <p>Observation on 4/12/22 of the tour of the facility given by House Manager (HM#1) at 1:16pm revealed:</p> <ul style="list-style-type: none"> <li>- client #3 sat on a mattress in the living floor</li> <li>- the mattress had sheets and a comforter</li> </ul> <p>During interview on 4/12/22 client #1 reported:</p> <ul style="list-style-type: none"> <li>- the mattress on the living room floor belonged to client #3</li> <li>- "he slept there"</li> </ul> <p>During interview on 4/14/22 the House Manager #2 reported:</p> <ul style="list-style-type: none"> <li>- client #3's mattress was on the downstairs living room floor due to his behaviors</li> <li>- weighed 220 pounds &amp; jumped up and down in his bedroom upstairs</li> <li>- when he jumped it knocked out the bolts in the kitchen ceiling that held up the sheet rock ceiling</li> </ul> <p>During interview on 4/18/22 the Human Resources Operational Manager reported:</p> <ul style="list-style-type: none"> <li>- was aware client #3 jumped upstairs in his bedroom that knocked bolts out kitchen ceiling</li> <li>- for his safety his mattress was placed in the living room during the day</li> <li>- she was not aware he slept on the mattress during the night</li> <li>- was informed the mattress had been taken back to his bedroom</li> </ul>	V 784	<p>Change out location has been submitted to state.</p> <p>Construction is being scheduled.</p>	

# Credit Card Payment Form

A/R Other Billing

Date 5/4/2022

Caller [REDACTED]

*affix credit card receipt here*

Phone Number 919-607-2041

Email/Fax rusmed6@gmail.com

Provider Rusmed one

Amount \$125.00

Card Number xxxx-xxxx-xxxx-8141

Expiration 06/26

Address 27616

Submitted By H.Lee

Comments DHSR Inv27244 Proj MHL4984

DHHS CENTRAL BILLING P  
1050 UMSTEAD DR  
RALEIGH, NC 27603  
05/04/2022 16:54:55  
CREDIT CARD  
VISA SALE  
Card # XXXXXXXXXXXXX8141  
SEQ #: 5  
Batch #: 472  
INVOICE 5  
Approval Code: 03656B  
Entry Method: Manual  
Mode: Online  
Avs Code: NYZ  
SALE AMOUNT \$125.00

TERMINAL OPERATOR TO FILL OUT ONLY

Date Processed \_\_\_\_\_

Authorization \_\_\_\_\_

Processed By \_\_\_\_\_

CUSTOMER COPY



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 2, 2022

Tammy Meadows, CEO  
Russell Meadows Institute  
308-C West Millbrook Road  
Raleigh, NC 27615

Re: Complaint and Follow up Survey completed April 18, 2022  
RUSMED 1, 2104 Winnie Place, Raleigh, NC 27603  
MHL #092-902  
E-mail Address: rusmed6@gmail.com  
Intake #NC00184867

Dear Ms. Meadows:

Thank you for the cooperation and courtesy extended during the Complaint & Follow up survey completed April 18, 2022. The complaint was substantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is May 18, 2022.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is June 17, 2022.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski at (919) 552-6847.

Sincerely,



Rhonda Smith  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
Pam Pridgen, Administrative Supervisor



**Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
Rule Violation and Client/Staff Identifier List**

Facility Name: RUSMED 1      MHL Number: 092-902

Exit Date: 4/18/22      Surveyor: [REDACTED]

**EXIT PARTICIPANTS** [REDACTED] – Human Resources Operational Manager

**COVID NOTIFICATION:** In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: Personnel Requirements (V108) standard

Rule Violation/Tag #/Citation Level: Medication Requirements (V118) recite

Rule Violation/Tag #/Citation Level: Facility & Grounds Maintenance (V736) recite

Rule Violation/Tag #/Citation Level: Minimum Furnishing (V774) standard

Rule Violation/Tag #/Citation Level: Therapeutic & Habilitative areas (V784) standard

**Client & Staff Identifier List  
(Indicate staff title or number beside each name)**

Client #1 [REDACTED]  
Client #2 [REDACTED]  
Client #3 [REDACTED]

Staff #1 [REDACTED]  
Staff #2 [REDACTED]  
Staff #3 [REDACTED]  
Staff HM#1: [REDACTED]  
Staff HM#2: [REDACTED]

**CITATION LEVEL:** Number of days from survey exit for citation correction

**Standard** = 60 days      **Recite** – standard = 30 days      **Type A** = 23 days      **Type B** = 45 days

**Uncorrected Type A or Type B Imposed** = provider should provide written notification of intended correction date

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092-902	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/18/2022
NAME OF FACILITY RUSMED 1	STREET ADDRESS, CITY, STATE, ZIP CODE 2104 WINNIE PLACE RALEIGH, NC 27603	

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0112	Correction	ID Prefix V0752	Correction	ID Prefix	Correction
Reg. # 27G .0205 (C-D)	Completed	Reg. # 27G .0304(b)(4)	Completed	Reg. #	Completed
LSC	04/18/2022	LSC	04/18/2022	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/20/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		