

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY PINES #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2307 NORTH BESTON ROAD LA GRANGE, NC 28551
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 29, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 3/24/22 of the facility's fire and</p>	V 114	<p style="text-align: center;">RECEIVED MAY 04 2022 DHSR-MH Licensure Sect</p> <p style="text-align: center;"><i>V114</i></p> <p style="text-align: center;"><i>All fire and disaster drills will be held quarterly and on repeated on each shift</i></p>	3-25-22

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michael J. Smith AP/PS 4/20/22

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V 114	<p>Continued From page 1</p> <p>disaster drill records revealed:</p> <ul style="list-style-type: none"> - No second or third shift fire drill for the third quarter (July - September) 2021. - No first shift disaster drill for the third quarter (July - September) 2021. - No first or second shift fire drill for the fourth quarter (October - December)2021. - No second or third shift disaster drill for the fourth quarter (October - December) 2021. <p>During interview on 3/29/22 Administrative Assistant #2 stated:</p> <ul style="list-style-type: none"> - There were 3 shifts at the facility: first 8:00 am - 2:00 pm; second 2:00 pm - 8:00 pm, and third 8:00 pm - 8:00 am. - The facility no longer had "live in" staff. - The Licensee was trying to recruit "live in" staff. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114	<p><i>Documentation will be maintained & kept on file.</i></p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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; (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.</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 reviews, observations and interviews the facility failed to administer medications as ordered by a physician for 2 of 3 audited clients (#2 and #5) and to keep the MARs current for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 3/24/22 of client #2's record revealed: - 57 year old male admitted 7/03/21. - Diagnoses included Intellectual/Developmental Disability, moderate; hypothyroidism; enlarged prostate; and seasonal allergies. - Physician's orders signed and dated 12/01/21 for: fluvoxamine (treats obsessive-compulsive disorder) 100 milligrams (mg) 1 tablet at bedtime risperidone (antipsychotic) 1 mg 1 tablet at bedtime</p>	V 118	<p>All medications will be administered to clients as ordered by physicians and properly documented on MARs. 325-22</p> <p>Periodic reviews will be done by administrative staff.</p>	
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V 118	<p>Continued From page 3</p> <p>Review on 3/24/22 of client #2's MARs for January - March 2022 revealed:</p> <ul style="list-style-type: none"> - Transcriptions for fluvoxamine 100 mg 1 tablet at bedtime and risperidone 1 mg 1 tablet at bedtime. - No documented administration of fluvoxamine or risperidone at bedtime 1/07/22. - No documented explanation for the blanks. <p>Observation on 3/24/22 at approximately 3:00 pm of client #2's medications on hand revealed:</p> <ul style="list-style-type: none"> - fluvoxamine 100 mg 1 tablet at bedtime, dispensed 1/22/22. - risperidone 1 mg 1 tablet at bedtime, dispensed 2/22/22. <p>During interview on 3/24/22 client #2 stated he took his medications daily with staff assistance and had never missed any medications.</p> <p>Review on 3/24/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 52 year old female admitted 1/02/17. - Diagnoses included Intellectual/Developmental Disability, moderate; Cerebral Palsy; Schizoaffective Disorder; Mood Disorder, secondary to medical problems with psychotic features; morbid obesity; gastroesophageal reflux disease; high cholesterol; and pre-Diabetes. - Physician's orders signed and dated as follows: 12/15/21 (FL-2) lamotrigine (anti-convulsant) 150 mg 1 tablet twice daily metformin (anti-diabetic) 500 mg 1/2 tablet daily vitamin B1 (dietary supplement) 100 mg 2 tablets at bedtime simvastatin (treats high cholesterol) 10 mg 1 tablet every morning 11/17/21 azelastine nasal spray (antihistamine) 137 micrograms (mcg) 1 spray each nostril twice 	V 118		
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V 118	<p>Continued From page 4</p> <p>daily and 12/15/21 one spray each nostril as directed.</p> <p>Review on 3/24/22 of client #5's MARs for January - March 2022 revealed:</p> <ul style="list-style-type: none"> - Transcriptions for the following: lamotrigine 150 mg 1 tablet twice daily metformin 500 mg 1/2 tablet (250 mg) twice daily vitamin B1 100 mg 1 tablet twice daily simvastatin 10 mg 1 tablet every evening azelastine nasal spray 137 mcg 1 spray each nostril twice daily - No documented administration of medications as follows: lamotrigine 8:00 pm 2/03/22 azelastine nasal spray 8:00 pm 3/02/22 through 3/24/22; 8:00 am 3/21/22 through 3/24/22 - No documented explanation for the blanks. - Documentation of twice daily administration of metformin and vitamin B1 January 2022 - March 2022. - Documentation of administration of simvastatin at 8 pm daily January 2022 - March 2022. <p>Observation on 3/24/22 at approximately 2:35 pm of client #5's medications on hand revealed:</p> <ul style="list-style-type: none"> - lamotrigine 150 mg 1 tablet twice daily, dispensed 2/22/22. - metformin 500 mg 1/2 tablet (250 mg) twice daily, dispensed 2/22/22. - vitamin B1 100 mg 1 tablet twice daily, dispensed 2/22/22. - No azelastine nasal spray was available for observation. <p>During interview on 3/24/22 client #5 stated she took her medications daily with staff assistance and had never missed any medications.</p> <p>During interview on 3/29/22 staff #1 stated clients'</p>	V 118	

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V 118	<p>Continued From page 5</p> <p>medications were always available; Administrative Assistant #1 communicated medication changes to staff verbally and in writing. Medication changes were written on the MARs.</p> <p>During interview on 3/29/22 staff #2 stated clients' medications were always available.</p> <p>During interview on 3/29/22 staff #5 stated: - She could not recall ever running out of any medications. - Medication changes were communicated to staff verbally and in writing by Administrative Assistant #1.</p> <p>During interview on 3/29/22 Administrative Assistant #1 and Administrative Assistant #2 stated they understood the requirement for medications to be administered as ordered by the Physician and to ensure medication administration was documented immediately on the MARs. They understood the requirement to keep the MARs current to accurately reflect the Physician's orders.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency has been cited 3 times since the original cite on 10/02/19 and must be corrected within 30 days.</p>	V 118		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN</p>	V 133		

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V 133	<p>Continued From page 6</p> <p>APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services,</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. 	V 133		

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V 133	<p>Continued From page 8</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These</p>	V 133		
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V 133	<p>Continued From page 9</p> <p>crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to request state criminal background check within five business days of employment for 1 of 3 audited staff (#5). The findings are:</p> <p>Review on 3/24/22 of staff #5's personnel record revealed: - Hire date of "August 2021." - Criminal background check January 15, 2021.</p> <p>During interview on 3/29/22 staff #5 stated she was hired in June 2021.</p> <p>During interview on 3/24/22 Administrative Assistant #1 stated:</p>	V 133	<p><i>v133 All future criminal background checks will be completed within 5 business days of employment</i></p>	3-25-22

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V 133	Continued From page 11 - Staff #5 was known to the facility prior to her hire date. - A criminal background check was done in anticipation of staff #5's application and employment. - Going forward criminal checks would be requested within 5 days of a conditional offer of employment for prospective employees.	V 133		
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 observations and interview the facility was not maintained in a clean, attractive manner free from offensive odors. The findings are: Observations on 3/24/22 at approximately 1:00 pm revealed: - Painted wall surfaces and trims throughout the facility were scuffed and stained. - Furniture throughout the facility was scratched and scuffed. - Brown stains of varying sizes, consistent with water damage, on the ceiling throughout the facility, particularly in client #4 and client #5's bedroom. - The exhaust fan in client #1 and client #2's shared bathroom was very loud and rusty; the	V 736	<p><i>Site will be maintained in a safe & clean manner. All observations in plan of corrections will be addressed & tended to. All repairs or needed replacements</i></p>	5-28-22

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NAME OF PROVIDER OR SUPPLIER
COUNTRY PINES #1

STREET ADDRESS, CITY, STATE, ZIP CODE
**2307 NORTH BESTON ROAD
LA GRANGE, NC 28551**

(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 12</p> <p>glass shower door had black stains.</p> <ul style="list-style-type: none"> - There was damage to the ceiling in client #1 and client #2's bathroom. - A round electrical box, approximately the size of a smoke detector, with wires hanging, in the ceiling of client #2's bedroom near the bed. - A round hole, approximately the size of a smoke detector, in the ceiling above client #2's closet. - One of client #2's bi-fold closet doors was off the track. - Client #2's bathtub had dark stains and the bathroom sink was very slow to drain. - A slight urine odor in client #4 and client #5's shared bedroom. - Multiple small nail holes in the wall at the head of client #5's bed. - The exhaust fan in client #4 and client #5's shared bathroom was very loud and rusty and the shower curtain had black stains. - Damage to the ceiling near client #6's bedroom closet. - A round electrical box, approximately the size of a smoke detector, with wires hanging, in the ceiling of client #6's bedroom near the door. - Client #6's bathtub had dark stains; damage to the bathroom wall near the toilet; the exhaust fan in the bathroom was rusty. - Client #6's bathroom sink was slow to drain. <p>During interviews on 3/24/22 and 3/29/22 Administrative Assistant #2 stated:</p> <ul style="list-style-type: none"> - She thought smoke detectors may have been removed from some of the bedroom ceilings. - The exhaust fans in the bathrooms were loud and the sinks were slow to drain. - The Licensee had been in contact with a contractor about painting the facility, including the ceilings, but had difficulty getting someone to come to the facility due to the COVID-19 pandemic. 	V 736	<p><i>will be made to the group home site</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/29/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY PINES #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2307 NORTH BESTON ROAD LA GRANGE, NC 28551
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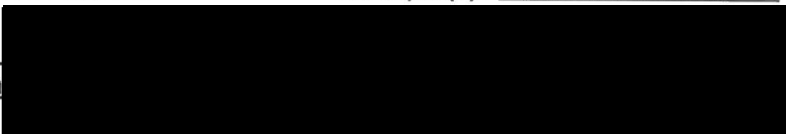
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

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

Facility Name: Country Pines #1
Exit Date: 3/29/22

MHL Number: 096-117
Surveyor(s): Connie Anderson

EXIT PARTICIPANTS:
Administrative Assista



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: **10A NCAC 27G .0207/V114/Re-cited standard**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0209/V118/Re-cited standard**

Rule Violation/Tag #/Citation Level: **GS 122C – 80/V133/standard**

Rule Violation/Tag #/Citation Level: **10A NCAC 27G .0303/V736/standard**

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

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Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

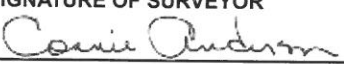
CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days **Recite – standard** = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL096-117	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/29/2022
NAME OF FACILITY COUNTRY PINES #1		STREET ADDRESS, CITY, STATE, ZIP CODE 2307 NORTH BESTON ROAD LA GRANGE, NC 28551	

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 V0113	Correction	ID Prefix V0536	Correction	ID Prefix	Correction
Reg. # 27G .0206	Completed	Reg. # 27E .0107	Completed	Reg. #	Completed
LSC	03/29/2022	LSC	03/29/2022	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	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 3/29/22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/24/2021		<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		