

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  8.WING	(X3) DATE SURVEY COMPLETED  <b>R-C 06/23/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FIRST IMAGE INC GRACE COURT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3750 MEADOWVIEW RD BLDG F1 LUMBERTON, NC 28358</b>
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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
V000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed June 23, 2022. The complaint was unsubstantiated (NC00189038). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children.</p> <p>This facility is licensed for 8 and currently has a census of 7. The survey sample consisted of audits of 3 current clients.</p>	V000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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 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;</p>	V 118	<p><b>RECEIVED</b></p> <p><b>AUG 22 2022</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered as ordered and MARs were kept current, affecting 2 of 3 audited clients (#1, #5). The findings are:</p> <p>Finding #1: Review on 6/23/22 of client #1's record revealed: -30 year old female admitted 11/23/21. -Diagnoses included cocaine use disorder, severe; cannabis use disorder, severe; opioid use disorder, severe.</p> <p>Review on 6/23/22 of client #1's Emergency Department (ED) "After Visit Summary" dated 4/2/22 revealed: -Reason for ED visit, "Weakness - Generalized." -Diagnosis, "Bell's palsy." -Instructions, "Take valacyclovir (valacyclovir) approximately every 8 hours for 7 days to help with the Bells palsy. Take prednisone once per day for 7 days."</p> <p>Review on 6/23/22 of client #1's medication orders revealed:</p>	V 118	<p>Grace Court staff will ensure medication label and MAR match doctor's order. Consumer will take medications as ordered by medical provider. Facility will ensure that all medication is taken as given by written order. Review Drs. Orders on continuity of care form for specifics on length of time for taking medication and start date. If that is unavailable staff will contact provider to gain written orders.</p> <p>Grace Court will ensure that medication will be obtained as soon as available from pharmacy, if it falls on the weekend or unavailable immediately it will be picked up the next business and/or when available. And provided immediately. If medication not available, status of medication will be documented on MAR.</p>	<p>7/1/2022</p> <p>7/1/2022</p>

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Order dated 11/22/21 for Valtrex (Valacyclovir) PRN (as needed) if outbreak occurs. No dosage or frequency included in the order. (Used to treat infections caused by certain types of viruses.)</li> <li>-No order documented to clarify the 11/22/21 Valtrex order for the dosage, frequency, or instructions for when to start the medication (i.e. with onset of symptoms) or how long to continue the medication for an outbreak.</li> <li>-Order dated 4/2/22 for valacyclovir 1 gram tablet 3 times a day for 7 days.</li> <li>-Order dated 4/2/22 for prednisone 20 mg (milligrams), 3 tablets daily for 7 days. (Reduce symptoms and/or allergic-type reactions.)</li> </ul> <p>Review on 6/23/22 of client #1's MARs for April, May, and June 2022 revealed:</p> <ul style="list-style-type: none"> <li>-Valacyclovir 1 gram tablet, 3 times a day did not start until 4/5/22. (3 days after client #1's ED visit and medication ordered.)</li> <li>-Prednisone 20 mg, 3 tablets daily did not start until 4/5/22. (3 days after client #1's ED visit and medication ordered.)</li> <li>-Valacyclovir 500 mg by mouth daily PRN (as needed) was transcribed to the May 2022 MAR. The medication was documented intermittently in the morning over 12 days between 5/19/22 and 5/30/22 as follows: Given 5/19/22 and 5/20/22, skipped 5/21/11 and 5/22. Given 5/23/22, skipped 5/24/11 and 5/25/22. Given 5/26/22 and 5/27/22, skipped 5/28/22 and 5/29/22 and given 5/30/22. One dose was documented in the evening at 8 pm on 5/22/22.</li> </ul> <p>Interview on 6/22/22 client #1 stated:</p> <ul style="list-style-type: none"> <li>-She had been admitted the prior November.</li> <li>-She would go to the office to take her medications by 9 am.</li> <li>-She would get a "continuity form" from all physician visits to bring back to the facility.</li> </ul>	V 118	<p>Grace Court Staff will adhere to" as needed" guidelines when medication are prescribed PRN.</p> <p>Grace Court staff will provide and monitor all medications according to doctor's orders.</p>	<p>7/1/2022</p> <p>7/1/2022</p>

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V 118	Continued From page 3  -The staff were good about reminding her when she needed to get a medication refilled. -She was responsible to call the pharmacy for refills and had not missed medications because they were not refilled.  Finding #2: Review on 6/23/22 of client #5's record revealed: -41 year old female admitted 4/28/22. -Diagnoses included alcohol use disorder, hypertension, and iron deficiency.  Review on 6/23/22 of client #5's medication orders revealed: -Orders dated 2/23/22 included: -Complete multivitamin once daily (vitamin supplement) -Folic acid 400 mcg (micrograms) daily (supplement) -Citalopram 10 mg daily (antidepressant) -Acetaminophen 500 mg, 1-2 tablets every 6 hours as needed for pain or fever. -Ibuprofen 200 mg 1-2 tablets every 4-6 hours as needed for pain or fever. -Order dated 3/11/22: Naltrexone 50 mg 1/2 tab daily -Orders dated 5/10/22: -Citalopram 20 mg daily -Naltrexone 50 mg daily (alcoholism) -Discontinue amitriptyline (antidepressant) -Discontinue Trazodone (antidepressant) -No order for amitriptyline 25mg take 1/2 tab TID (3 times daily) prior to 5/10/22. -No order for Trazodone 100 mg take 2-3 at night as needed prior to 5/10/22.  Review on 6/23/22 of client #5's "Patient Chart Report" from the pharmacy dated 4/27/22 revealed: -Folic acid 1 mg daily	V 118	Grace Court staff will ensure that all Doctors orders are appropriately signed (e.g. electronic signatures...) by prescribing provider.  Grace Court staff will ensure all doctors orders, medication bottle label, MAR and continuity of care form are consistent and mimic each other.  Provide consumer education on medication processes not limited to: staff inability to give/monitor medications without doctors order/prescription and medication bottle with identical documentation	7/1/2022  7/1/2022  7/1/2022

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V 118	<p>Continued From page 4</p> <p>-Naltrexone 50 mg daily</p> <p>MARs for April, May, and June 2022 revealed:</p> <p>-Trazodone 100 mg, 3 tablets, had been documented at night as administered on 4/27/22, and nightly from 5/1/22 - 5/11/22.</p> <p>-Citalopram HBR 20 mg QD had been administered 4/28/22 - 5/9/22. (Order dated 2/23/22 was for 10 mg.)</p> <p>-Amitriptyline 25 mg ½ tab lid had been documented TID from 4/28/22 - 5/10/22 (7am).</p> <p>-Naltrexone 50 mg daily had been administered 4/28/22 - 5/9/22. (Order dated 3/11/22 was for Naltrexone 50 mg 1/2 tab daily.)</p> <p>-MAR Entry: Drug identified as "Pain Relief;" Strength, "Tablets;" Directions, "take 2 every 6 hrs. (hours) while symptoms last;" Drug date, "OTC (Over the Counter)."</p> <p>-"Pain Relief, " 2 tablets, had been documented as administered 8 times between 4/27/22 and 4/30/22; and 18 times between 5/1/22 and 5/10/22.</p> <p>-Complete multivitamin once daily had not been transcribed to the MARs.</p> <p>-Folic acid 1 mg daily had not been transcribed to the MARs.</p> <p>Interview on 6/22/22 client #5 stated:</p> <p>-She took medications daily between 7 am and 8 am, and some medications as needed.</p> <p>-She had not missed any doses of her medication.</p> <p>-The staff reminded her if she needed to call the pharmacy for a refill.</p> <p>-The facility staff would pick up her medications from the pharmacy.</p> <p>Interview on 5/23/22 the Program Director stated:</p> <p>-The staff had not obtained signed physician orders for client #5 at the time she was admitted.</p>	V 118	<p>Grace Court staff will be trained on plan of correction.</p> <p>Grace Court staff will always document specific brand/generic name of medications on MAR.</p> <p>Complete MAR for 'all' medications including vitamins and ensure all components of MAR are completed.</p>	<p>8/15/2022</p> <p>7/1/2022</p> <p>7/1/2022</p>

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V 118	<p>Continued From page 5</p> <p>-She had client #5's orders dated 2/23/22 and 3/11/22 sent to her on 6/23/22.</p> <p>-Client #5's "Patient Chart Report" from the pharmacy dated 4/27/22 was thought to be 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 1/31/19 and must be corrected within 30 days.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 6/22/22 between 4 pm and 4:45 pm revealed: -Client #1's unit: -No stopper in bathroom sink. -Rust colored spotting across surface of light fixture above the bathroom sink.</p>	V736	<p>RHCC Grace Court Maintenance staff will purchase and install bathroom stoppers in all bathroom sinks.</p> <p>RHCC Grace Court has purchased and installed to replace all old light fixtures with new updated fixtures.</p>	<p>Ordered: 8/17/2022</p> <p>8/17/2022</p>

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Laminate surface of bathroom sink back splash missing sections beside the wall to the right of the sink.</li> <li>-Client #3's unit: <ul style="list-style-type: none"> <li>-Laminate surface of bathroom sink, area approximately 12 by 6 inches, discolored.</li> <li>-Rust colored spotting across surface of light fixture above the bathroom sink.</li> <li>-Mismatched floor tiles in bathroom.</li> </ul> </li> <li>-Client #4's unit: No stopper in bathroom sink.</li> <li>-Client #6's unit: <ul style="list-style-type: none"> <li>-Sticky substance protruding from base of toilet.</li> <li>-Rust colored spotting across bottom surface of wall mounted medicine cabinet.</li> <li>-Mismatched and separations of floor tiles in hall and bathroom.</li> <li>-Surface of kitchen cabinets worn and the door to the base cabinet near the sink would not close securely.</li> </ul> </li> </ul> <p>Interview on 6/22/22 the Program Director stated:</p> <ul style="list-style-type: none"> <li>-They have been approved to replace flooring in the units.</li> <li>-The toilet in client #6's unit had been recently replaced.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V736	<p>RHCC Grace Court will replace all discolored bathroom countertops with new updated countertops.</p> <p>RHCC Grace Court are in the process of replacing all flooring that are mismatched and/or damaged in the apartments as the clients move out. One apartment is completed. When flooring does not require replacing, a deep cleaning will be provided to ensure cleanliness and proper presentation of a safe and healthy home to encourage recovery.</p> <p>RHCC Grace Court will replace all metal medicine cabinets with plastic medication cabinets to prevent future rust.</p> <p>RHCC Grace Court will paint all kitchen cabinets to cover wear. Hinges and magnets will be installed to ensure that the doors close securely.</p>	<p>6/30/2022</p> <p>Ordered 8/17/2022</p> <p>Estimate received 8/17/2022</p>



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 28, 2022

Chalonda Coleman  
Robeson Health Care Corporation (RHCC)  
3750 Meadowview Rd. Apt A-1  
Lumberton, NC 28358

Re: Complaint and Follow Up Survey completed June 23, 2022  
First Image Inc. Grace Court, 3750 Meadowview Rd. Bldg. F1, Lumberton NC  
28358  
MHL # 078-299  
E-mail Address: chalonda\_coleman@rhcc1.com  
Intake #NC00189038

Dear Ms. Coleman:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed June 23, 2022. The complaint was unsubstantiated.

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.

**Time Frames for Compliance**

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is July 23, 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 Gloria Locklear at 910-214-0350.

Sincerely,

J

Betty Godwin, RN, MSN  
Nurse Consultant I  
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net  
Pam Pridgen, Administrative Supervisor

**STATE FORM: REVISIT REPORT**

PROVIDER/ SUPPLIER/ CLIA/ IDENTIFICATION NUMBER MHL078-229	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/23/2022
NAME OF FACILITY FIRST IMAGE INC GRACE COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 3750 MEADOWVIEW RD BLDG F1 LUMBERTON, NC 28358

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 V0108 _____ 27G .0202 (F-I)	Correction Completed 06/23/2022	ID Prefix V0752 _____ 27G .0304(b)(4)	Correction Completed 06/23/2022	ID Prefix _____	Correction Completed
Reg.# _____	LSC _____	Reg.# _____	LSC _____	Reg.# _____	LSC _____
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg.# _____	LSC _____	Reg.# _____	LSC _____	Reg.# _____	LSC _____
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg.# _____	LSC _____	Reg.# _____	LSC _____	Reg.# _____	LSC _____
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg.# _____	LSC _____	Reg.# _____	LSC _____	Reg.# _____	LSC _____

REVIEWED BY STATE AGENCY D	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR _____ W, J	DATE 6/27/22
REVIEWED BY CMS RO D	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/3/2021			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	
			DYES 0 NO	