| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255334 | A. BUILDING _____ B. WING _____ | 11/26/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUNICA COUNTY HEALTH & REHAB, LLC | 1024 HIGHWAY 61 SOUTH TUNICA, MS 38676 |

| (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) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>The State Survey Agency (SA) conducted an annual recertification survey from 11/24/19 to 11/26/19. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited the regulatory deficiencies F656, F804, and F808.<br><br>At the time of the survey, the census was 55, and the facility held a license for 60 beds. | F 000 | | |
| F 656 SS=D | Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the | F 656 | | 12/26/19 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/17/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 656 | Continued From page 1<br>findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>(iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, family interview, record review, and facility policy review, the facility failed to implement a care plan, for a therapeutic diet, for two (2) of 43 residents prescribed a therapeutic diet, Residents #50 and #47.<br><br>Findings include:<br><br>Review of the facility's, "Care Plans, Comprehensive Person-Centered" policy, revised December 2016, revealed: Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs, is developed and implemented for each resident.<br><br>Resident #50<br>Review of the care plan for Resident #50, with a | F 656 | 1. Residents #50 and #47, as well as all residents with therapeutic diets, tray cards were updated to include the restrictions that coincide with the ordered therapeutic diet.<br>2. Facility created and implemented a new tool to monitor tray service for residents with therapeutic diets. Food Service Supervisor or Charge Nurse will observe no less that 2 therapeutic diet trays per meal to ensure diets are being followed as ordered.<br>3. All staff were in-serviced prior to their next shift on the following days, 11/26/19, 11/27/19, 11/28/19, 11/29/19 and 11/30/19 regarding ensuring resident diets are being served in accordance with their Care Plans. MDS conducted in-service on Tray Cards, Care Plans and Therapeutic diets being followed.<br>4. Food Service Supervisor or Charge | |

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| F 656 | Continued From page 2<br>target date of 2/05/20, revealed, "Mechanical (Mech) Soft Renal Low Concentrated Sweets (LCS), Carbohydrate Controlled Diet (CCD) Diet, with chopped meat. May add Benefiber to Breakfast (BKFST) to aid with elimination". Resident #50's physician's orders matched the care plan.<br><br>During an observation of the dinner meal in the dining room, on 11/25/19 at 5:45 PM, Resident #50 received scrambled eggs, one (1) piece of french toast, cheese grits casserole, 240 milliliters (ml) cranberry juice on ice, 120 ml tomato juice, 240 ml water, five (5) vanilla wafers, a small bowl of fruit cocktail (grapes, pears, cherries, peaches), one (1) individual size Promise margarine, one (1) 1.4 ounce Smuckers regular breakfast syrup, one (1) packet of pink sugar substitute, one (1) salt, and one (1) pepper packet.<br><br>On 11/25/19, at 5:06 PM, during an interview, the Resident Representative stated she felt the facility was not following Resident #50's Renal Diet. She stated the resident, "Gets the same food everybody else gets. Renal diet is a kidney friendly diet".<br><br>Review of the Menu Guide Report, Fall/Winter 2019/2020, Monday, Week 3, Day 2, revealed the dinner meal for the Renal Diet should offer Egg of choice two (2) each, Buttered Grits, Vanilla Wafers five (5) each, French Toast, Syrup, Margarine, Renal Fruit, Iced Tea and Milk one half (1/2) each. Low Concentrated Sweets (LCS)/ Consistent Carbohydrate Diet (CCD) should have Diet Syrup.<br><br>During an interview, on 11/25/19 at 6:31 PM, the | F 656 | Nurse will monitor trays/diets daily for 3 months and will add to the on-going Quality Assurance Committee monitoring in January of 2020 and Quarterly thereafter.<br>5. The corrective action will be completed on December 26, 2019 | |

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| F 656 | Continued From page 3<br>Food Services Supervisor, who reviewed the foods served, stated Resident #50 should not have had tomato juice on her tray, because it is high in potassium and the grits should have been buttered, instead of with cheese. She stated the resident should not have regular syrup, and Resident #50 did not like milk; her preference was for cranberry juice. Resident #50 was present at table during interview and shook her head "no" to milk. The Resident Representative was also present and stated they had requested cranberry juice for urinary health, due to frequent Urinary Tract Infections.<br><br>On 11/26/19 at 11:36 AM, an interview with Licensed Practical Nurse (LPN) #1/Medicare Nurse Manager, revealed, "I feel like her care plan was not followed due to the fact she received tomato juice and cheese grits on her dinner tray", referring to Resident #50.<br><br>Review of the laminated tray card on Resident #50's meal tray revealed, "Mech. Soft Renal, LCS, CCD, chopped meats, no banana or tomato, Decaf. Coffee, milk breakfast, Tea, Milk Lunch, Tea, Milk Dinner". No likes or dislikes were listed on the card.<br><br>Review of the Face Sheet revealed the facility admitted Resident #50 on 1/29/19, with a Diagnosis of Chronic Kidney Disease Stage 3 (moderate).<br><br>Resident #47<br>Review of the comprehensive care plan, for Resident #47, revealed a care plan developed for the need to maintain adequate nutrition and an intervention which gave instructions to the staff to provide a Mechanical Soft Renal Diet. | F 656 | | |

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| F 656 | Continued From page 4<br><br>On 11/25/19 at 6:16 PM, an observation of the dinner tray, for Resident #47 in the dining room, revealed he was served tomato wedges x two (2), cheese grits, scrambled eggs, fruit cocktail with pears, peaches, grapes and cherries, french toast, tomato juice, tea, water, coffee, syrup, pepper and sweet and low.<br><br>During an interview, on 11/25/19 at 6:15 PM, Certified Nursing Assistant (CNA) #1 confirmed Resident #47 was served two (2) tomato wedges, cheese grits, fruit cocktail, scrambled eggs, french toast, tomato juice, tea, water, coffee, pepper and sweet and low. CNA #1 revealed she was not sure what was allowed on a Renal diet and what was not, or how she could find out. CNA #1 confirmed Resident #47 consumed all of his tomato juice and one half (1/2) of his cheese grits.<br><br>On 11/25/19 at 6:45 PM, an interview with Dietary Staff (DS) #2 revealed she had been an employee at the facility for five (5) years, and was responsible for placing the food on the plates for the residents on 11/25/19 for the dinner meal. DS #2 revealed she did not think she put the tomato juice and tomato wedges on the renal diet trays, but did not know she was not supposed to serve cheese grits. DS #2 revealed she was not sure what restrictions a resident with an order for a Renal Diet would have.<br><br>On 11/26/19 at 10:18 AM, an interview with the Director of Nursing (DON) revealed she would not think a Renal Diet should include tomatoes or cheese grits, but she was not sure why. The DON revealed the meal ticket on the resident's tray should spell out the individual foods allowed | F 656 | | |

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| F 656 | Continued From page 5<br>and disallowed for the individual. The DON stated if a resident on a Renal Diet received food that was restricted, it could be detrimental to their health.<br><br>Review of the dietary meal menu for 11/25/19, for the Renal Diet revealed no tomato juice, tomato wedges and instead of the cheese grits, the butter grits were listed. | F 656 | | |
| F 804 SS=E | Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)<br><br>§483.60(d) Food and drink<br>Each resident receives and the facility provides-<br><br>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;<br><br>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, resident interview, staff interview, tasting of test trays, and facility policy review, the facility failed to serve palatable food related to chicken and dumplings with a strong, scorched flavor, for one (1) of two (2) test trays obtained, Resident #29.<br><br>Findings include:<br><br>Review of the facility's "Resident Nutrition Services", policy, revised July 2017, revealed, Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the | F 804 | 1. Resident #29 was offered the alternate meal of Pork chops, corn nuggets and broccoli which was refused and then was offered soup and sandwich. Resident #29 refused that as well stating she was full from original meal.<br>2. Residents on PO diets have potential to be affected, therefore Food Service Supervisor or dietary staff member will taste food for regular consistency, Mechanical Soft consistency and Pureed consistency of all meals prior to trays being prepared and served. The findings determining whether food is palatable will be documented on a food monitoring log. | 12/26/19 |

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| F 804 | Continued From page 6<br>preferences of each resident.<br><br>On 11/24/19 at 12:23 PM, during an observation and interview, Resident #29 stated, "The food is terrible. We need some cooks. The chicken and dumplings are terrible today. The Northern beans are too sweet. My corn bread is burned". The corn bread was observed to be a corner piece that had black edges.<br><br>On 11/24/19, at 12:28 PM, a Regular Diet test tray was requested from the Dietary Manager (DM). The tray included Chicken and Dumplings, Fried Okra, Northern Beans, and Fried Corn Nuggets. The Chicken and Dumplings tasted scorched and the Northern Beans were very sweet.<br><br>During an interview, on 11/24/19 at 12:35 PM, the DM stated the person, who cooked dumplings today, does not eat dumplings, so she did not taste them. She stated all food served should be tasted, before being served, and they should not serve burned corn bread. She stated she saw the burned corn bread on Resident #29's tray, and the dumplings are not supposed to be scorched period.<br><br>On 11/24/19 at 12:31 PM, the Assistant Administrator tasted the test tray and confirmed the chicken and dumplings tasted scorched. She stated the cooks should taste the food before they serve it, and they don't need to serve burned corner pieces of corn bread.<br><br>In an interview on 11/25/19 at 10:29 AM, the Assistant Administrator stated it is the policy of the facility to serve palatable food and serving the scorched chicken and dumplings was not | F 804 | If food is not palatable, it will be discarded and prepared again.<br>3. Representative from our dietary consultants, Nutrition Systems, held an in-service with Dietary staff on 11/27/19 in regards to scorched foods and tasting food prior to being served to determine if palatable.<br>4. Food Service Supervisor or dietary staff member will monitor daily for 3 months and will add to the on-going Quality Assurance committee monitoring in January of 2020 and quarterly thereafter.<br>5. The Corrective action will be completed on December 26, 2019 | |

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| F 804 | Continued From page 7<br>following the policy.<br><br>Review of the Annual Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD)of 10/16/19, revealed the resident had a Brief Interview for Mental Status (BIMS) Score of 15, indicating intact cognitive skills for daily decision making. | F 804 | | |
| F 808 SS=D | Therapeutic Diet Prescribed by Physician<br>CFR(s): 483.60(e)(1)(2)<br><br>§483.60(e) Therapeutic Diets<br>§483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.<br><br>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, family interview, staff interview, and facility policy review, the facility failed to provide prescribed therapeutic diets for two (2) of 43 residents with therapeutic diet orders, Resident #50 and Resident #47.<br><br>Findings include:<br><br>Review of the facility's "Resident Nutrition Services", policy, revised July 2017, revealed:<br>Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. | F 808 | 1. Residents #50 and #47, as well as all resident with therapeutic diets, tray cards were updated to include the restrictions that coincide with the ordered therapeutic diet.<br>2. Facility implemented a tool to monitor tray service for residents with therapeutic diets. At the time of survey the facility had 43 residents with therapeutic diets ordered. Food Service Supervisor or Charge Nurse will observe no less than 2 therapeutic diet trays per meal to ensure diets are being followed as ordered. Monitoring therapeutic diet tool begin on 11/27/19 and was revised 12/18/19 to include no less than 2 diets per meal. | 12/26/19 |

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| F 808 | Continued From page 8<br>Findings include:<br><br>Resident #50<br>On 11/25/19 at 5:45 PM, observation of the dinner meal, in the dining room, revealed Resident #50 received scrambled eggs, one (1) piece of french toast, cheese grits casserole, 240 milliliters (ml) cranberry juice on ice, 120 ml tomato juice, 240 ml water, five (5) vanilla wafers, a small bowl of fruit cocktail (grapes, pears, cherries, peaches), one (1) individual size Promise margarine, one (1) 1.4 ounce (oz) Smuckers regular breakfast syrup, one (1) packet of pink sugar substitute, one (1) salt, and one (1) pepper packet.<br><br>Review of Physician Orders, dated November 2019, revealed an order dated 8/27/19, for Resident #50: "Mechanical (Mech) Soft Renal Low Concentrated Sweets (LCS), Carbohydrate Controlled Diet (CCD) Diet with chopped meat. May add Benefiber to Breakfast (BKFST) to aid with elimination".<br><br>Review of the "Menu Guide Report" (Week 3, Day 2), revealed the dinner meal for a Renal Diet should offer Egg of choice-two (2) each, Buttered Grits, Vanilla Wafers-five (5) each, French Toast, Syrup, Margarine, Renal Fruit, Iced Tea, Milk-one half (1/2) each. The Low Concentrated Sweets (LCS)/ Consistent Carbohydrate Diet (CCD) should have Diet Syrup.<br><br>During an interview, on 11/25/19 at 5:06 PM, the Resident Representative (RR) stated Resident #50 was supposed to be on a Renal Diet, and she felt the resident was not getting the proper diet. She stated the resident received the same food every other resident gets. The RR stated she and other family members bring food and | F 808 | 3. All staff were in-serviced prior to their next shift on the following dates 11/26/19, 11/27/19, 11/28/19, 11/29/19 and 11/30/19 in regards to Therapeutic diets and restrictions. MDS Nurse conducted the in-service and provided handouts detailing the restrictions involved with Therapeutic diets.<br>4. Food Service Supervisor or Charge Nurse will monitor on a daily basis for 3 months and will add to the on-going Quality Assurance Committee monitoring in January of 2020 and quarterly thereafter. If Quality Assurance Committee determines new monitoring tool is ineffective, a new intervention will be determined on 12/26/19.<br>5. The corrective action will be comjpleted on 12/26/19. | |

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| F 808 | Continued From page 9 | F 808 | | |

feed to the resident, because she would eat better for the family.

In an interview on 11/25/19 at 6:31 PM, the Food Services Supervisor (FSS) stated Resident #50 should not have tomato juice on her tray, because it is high in potassium. The FSS stated the resident's grits should have been buttered, instead of with cheese, and she should not have regular syrup. She stated Resident #50 did not like milk, and had a preference for cranberry juice. Resident #50 was present at table during interview and shook her head "no" to milk. The Resident Representative was also present and stated they wanted cranberry juice, for urinary health, due to frequent Urinary Tract Infections.

On 11/25/19 at 6:49 PM, the Dietary Manager (DM) stated both she and the kitchen staff should have checked the tray against the diet card before it was served. She stated the kitchen staff had been here a long time, a couple of them 20 plus years. She stated the staff can look at the Diet Manual, in regards to therapeutic diets, but they don't have anything posted with the specific diets. She stated the Menu is printed daily, but the spreadsheet for each meal, with each therapeutic diet, is not posted where the staff plating the meals can see it. She stated the staff can go to the diet manual in her office, it's always unlocked, and she thought they all knew where the book was. (An interview with Dietary Staff #2, the Cook, revealed she did not know where the Diet Manual was located).

On 11/26/19 at 10:21 AM, during an interview, the Interim Director of Nursing (IDON) stated, "I wouldn't think she should have had cheese grits or tomato juice, but she was unable to state why

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| F 808 | Continued From page 10 | F 808 | | |

those items should not be on a Renal tray". She revealed possible consequences of someone prescribed a Renal diet receiving foods not recommended, could be detrimental to their Renal status and overall health. She stated she could not recall why tomatoes should not be on Renal diet . She revealed Resident #50 was in the hospital a couple of times, a month or two (2) ago, and thought it was elevated potassium both times. She stated, "I think they had to do emergency dialysis during one visit. It would be a possibility for her diet to cause her elevated potassium". She stated, "The tray card should ideally be checked by the Dietary Staff plating the tray, and then by the Certified Nursing Assistant serving the tray. The IDON confirmed the current system of tray cards would be hard for staff to determine what foods should be served to residents with special therapeutic diets.

Review of the Face Sheet, for Resident #50, revealed the facility admitted the resident on 1/29/19, with diagnoses to include: Cerebral Infarction, Unspecified, Dysphasia following Nontraumatic Intracerebral Hemorrhage, Hyperkalemia, and Chronic Kidney Disease Stage 3 (moderate).

Review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/6/19, revealed a Brief Interview for Mental Status (BIMS) Score of 99, indicating severely impaired cognitive skills for daily decision making.

Resident #47
On 11/25/19 at 06:16 PM, an observation of Resident #47's dinner tray, in the dining room, revealed two (2) tomato wedges, cheese grits, scrambled eggs, fruit cocktail (with pears,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255334 | A. BUILDING _____ B. WING _____ | 11/26/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TUNICA COUNTY HEALTH & REHAB, LLC | 1024 HIGHWAY 61 SOUTH TUNICA, MS 38676 |

| (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) COMPLETION DATE |
|---|---|---|---|---|
| F 808 | Continued From page 11<br>peaches, grapes and cherries), french toast, tomato juice, tea, water, coffee, syrup, pepper and sweet and low.<br><br>Review of Resident #47's November 2019 Physician's orders, revealed an order for a Mechanical Soft Renal Diet, related to diagnoses of Chronic kidney disease, stage 4, Diabetes, and dependence on renal dialysis.<br><br>On 11/25/19 at 6:25 PM, an interview with Certified Nursing Assistant (CNA) #1 confirmed Resident #47 had on his tray: two (2) tomato wedges, cheese grits, fruit cocktail, scrambled eggs, french toast, tomato juice, tea, water, coffee, pepper and sweet and low. CNA #1 revealed she was not sure what was allowed on a Renal diet and was not sure how she could find out.<br><br>On 11/25/19 at 6:45 PM, an interview with Dietary Staff (DS) #2 revealed she had been an employee for five (5) years, and she was responsible for placing the food on the plates for the residents on 11/25/19, for the dinner meal. DS #2 revealed she did not think she put the tomato juice and tomato wedges on the renal diet trays, and did not know she was not supposed to serve cheese grits. DS #2 revealed she was not sure of the restrictions of a Renal Diet. DS #2 stated she thought the guidance for a Renal Diet was posted on the bulletin board. DS #2 walked to the bulletin board and could not find any information, related to Renal Diets. DS #2 asked the Dietary Manager (DM) where she could find some information on Renal Diets and was told by the DM it was in a book in her office. DS #2 revealed she did not know where the book was kept, but she could go look. | F 808 | | |

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| | 255334 | A. BUILDING _____ B. WING _____ | 11/26/2019 |

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| F 808 | Continued From page 12<br><br>On 11/26/19 at 10:18 AM, an interview with the Director of Nursing (DON) revealed she would think a Renal Diet should not include tomatoes or cheese grits, but she was not sure why. The DON revealed the meal ticket placed on the resident's tray should spell out the individual foods allowed and disallowed for the individual. The DON revealed if a resident on a Renal Diet received food that was restricted, it could be detrimental to their health. The DON revealed she began her position in April, and has been in and out of the hospital since then. The DON revealed she would speak with the Dietary Manager (DM) about providing specific meal food items on the tray. | F 808 | | |

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|---|---|---|---|
| | 255334 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **11/25/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **TUNICA COUNTY HEALTH & REHAB, LLC** | **1024 HIGHWAY 61 SOUTH**<br>**TUNICA, MS 38676** |

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|---|---|---|---|---|
| K 000 | INITIAL COMMENTS<br><br>42 CFR 483.70 (a)<br><br>The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).<br><br>There were no LSC deficiencies cited during this survey. | K 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/10/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | 255334 | A. BUILDING _____ B. WING _____ | 11/25/2019 |

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|---|---|---|---|---|
| E 000 | Initial Comments<br><br>**********<br><br>Survey conducted on 11/25/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements.<br><br>No deficiencies were cited. | E 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/10/2019

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