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	255127	A. BUILDING _____ B. WING _____	09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO COMM LIVING CENTER	1410 WEST QUITMAN STREET IUKA, MS 38852

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 9/9/19 to 9/11/19 . During the survey, the SA determined the facility was not in compliance with the requirements of participation for Medicare and Medicaid and cited deficiencies at F558, F561, F656, F804, and F812 The census at the time of the survey was 72, and the facility was licensed for 73 beds.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview and policy review, the facility failed to accommodate Resident #64's needs as evidenced by failure to provide a dining experience that enhanced his quality of life. This concern was identified for one (1) of twenty-two residents observed eating in the Dining Room. Findings include: Review of the facility's policy titled, "Resident Rights", revised and implemented on November 28, 2016, revealed a facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of	F 558	Resident #64 was assessed for any psychosocial needs related to table accommodations during dining by Social Service Director (SSD)on 09/11/2019 with no negative findings noted. Table was lowered on 09/10/2019 to lowest position by the Director of Nurses (DON). Resident was screened by Occupational Therapy on 09/10/2019 with Resident #64 refusing any adjustment to current equipment. All residents who attend meals in the dining rooms have the potential to be affected. An audit was performed on 09/16/2019 by the Director of Nurses to ensure that all table heights are	10/11/19

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

Electronically Signed | 10/04/2019

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F 558	Continued From page 1 his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the residents. An observation, on 09/09/19 at 12:57 PM, revealed Resident #64 was sitting in the dining area eating lunch. The resident was seated in a wheelchair. Resident #64's plate of food was on the table at the level of the resident's mouth. Resident #64 was eating slow, and had to raise his arms up to reach his plate with his fork. Staff approached him and asked if he needed help to eat and he said he would manage. Staff did not address the height of the table with the resident. An observation, on 09/10/19 at 11:55 AM, revealed Resident #64 eating lunch at the same table. The table was at a height that placed the resident's plate of food level with his mouth. Licensed Practical Nurse (LPN) #2 sat down by the resident and asked him if he needed help with eating. During an interview, on 09/10/19 at 11:57 AM, with Resident #64, he stated the table was too high and it would be much better if it was lower. An interview, with Licensed Practical Nurse (LPN) #2 at 3:10 PM, confirmed the resident looked very uncomfortable. She stated the tables got moved during activity, but she should have noticed the table was too high for him to eat comfortably. An interview, on 09/10/19 at 3:10 PM, with the Director of Nursing (DON) revealed the staff should have noticed the table was too high as soon as he was brought to it. She stated that the high table would hinder him from being comfortable and being able to access his food as	F 558	appropriate for residents in all dining rooms. The audit was negative for any problems with dining accommodations or table heights. All Nursing staff was educated on dining accommodations and table height by the Assistant Director of Nurses starting on 09/10/2019 and completed on 09/16/2019. The charge nurse for each hall will monitor table height prior to each meal to ensure a comfortable table height for resident's eating in the dining room. The Director of Nurses will check one dining room daily for proper table height five times a week for four weeks starting on 09/30/2019. The Director of Nurses will report findings to the Quality Assurance and committee monthly and as needed for revision and \or resolution of the plan.	

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F 558	Continued From page 2 he should. The DON stated the staff should pay attention to things like this and be more mindful of the resident's needs.	F 558		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, record review and facility policy review, the facility	F 561	Resident #63 choices were updated on the food tray card by the Dietary Manager	10/11/19

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F 561	Continued From page 3 failed to honor Resident #63's choices related to food preferences, for one (1) of thirty-three residents interviewed regarding choices. Findings Include: Review of the facility's policy titled, "Resident Rights", revised and implemented on November 28. 2016, revealed: 2.) The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident. On 09/09/19 at 11:03 AM, an interview with Resident #63 revealed he had asked for two (2) non-sweet teas with lunch and supper, and with breakfast he wanted a butter and jelly for each of the two biscuits he received. Resident #63 stated he frequently will receive one (1) sweet tea with his meals. Resident #63 stated on one (1) occasion he asked for 1% milk and was told the kitchen only had 2% and he told them the 2% would be fine, but actually received an unsweet tea. Resident #63 stated he has spoken with the Dietary Manager (DM) and she has assured him she would get his request right, but he continues to have to call to make changes. Resident #63 stated he was told at least two weeks ago that he would be given an "Always Available" menu, but he has not received this menu at this time. Review of Resident #63's Physician's Orders revealed an order, dated 08/19/19, for a Consistent Carbs Diet, regular texture, regular consistency, and double portions. On 09/10/19 at 7:45 AM, during medication pass observation, Licensed Practical Nurse (LPN) #2 stated to Resident #63, "I'm going to bring you one of those menus that you can order from if you	F 561	(DM) on 09/11/2019. The Social Services Director (SSD)assessed Resident #63 for any emotional or psycho -social concerns related to not receiving diet as requested on 09/11/2019 with no negative findings noted. An always available menu was placed in Residents #63 room by the Director of Nurses on 09/11/2019. Residents receiving meals from the dietary department have the potential to be affected. On 09/19/2019 the Dietary Manager updated choices on all food tray cards for those residents that could communicate. Preferences were received from staff and family member for those that cannot communicate. This is occurring in addition to admission and quarterly reviews. Education for all dietary employees on self-determination, choices and how to read tray cards was done by the DM on 09/24/2019. The Dietary Manager will update choices on tray card for all residents once a month and on an as needed basis, this is in addition to admission and quarterly updates. The Resident Council meal committee was formed for all residents' who wish to participate. The Resident council meal committee meets weekly with DM and Life Connections Coordinator (LCC) to review the next weeks menu and any changes requested by the residents attending the meeting will be substituted or changed on the menu. The Administrator will monitor meal committee notes weekly to ensure that changes are being made as	

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F 561	Continued From page 4 don't like what's on the menu." Resident stated to LPN #2, "I appreciate that, I've asked several people for one and they haven't brought one". Resident #63 stated that he got one sweet tea last night on his tray and he always ask for two unsweet teas. Resident #63 stated he was served a small tuna patty that was fried and 6-7 French fries. Resident #63 stated he is supposed to receive double portions and the staff had to call down to dietary and order him a cheeseburger. Review of Resident #63's Admission Minimum Data Set (MDS), with an Assessment Reference Date 8/23/19, revealed Resident #63 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated Resident #63 had moderate cognitive impairment. However, Resident #63 was able to recall meals he had received with clarity and was confirmed to be correct by the Dietary Manager (DM) On 09/10/19 at 2:45 PM, an interview with the Administrator revealed she was aware there had been some concerns related to food. The Administrator stated the DM was working to address resident concerns and requests. On 09/11/19 at 10:46 AM, an interview with the DM revealed she meets with the resident frequently for him to express his concerns and requests. The DM said was monitoring the tray line closer to ensure diets are being sent to residents correctly. The DM stated she was aware of the issue with the resident not receiving his double portions, and that it was on the night shift and she would address and correct the problem.	F 561	requested in the meal committee meeting. The Dietary Manager will monitor tray line for two meals a day, five days a week x six weeks to ensure that all request on meal trays and diets are correct begining on 09/16/2019. The Dietary manager will report the findings to the Quality Assurance Performance Improvement committee monthly and as needed for review, revision and\or resolution of the plan.	
F 656	Develop/Implement Comprehensive Care Plan	F 656		10/11/19

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F 656 SS=D	Continued From page 5 CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §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 - (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 (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). (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 findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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.	F 656		

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F 656	Continued From page 6 (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, record review and facility policy review, the facility failed to follow the Comprehensive Care Plan related to therapeutic diet for one (1) of twenty-six care plans reviewed; Resident #63 Findings Include: Review of the facility's policy titled, "Care Plans-Comprehensive", dated June 1, 2000, revealed; It is the policy of this facility to develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, nutritional, emotional, spiritual, and psychological needs. Review of Resident #63's Comprehensive Care Plan revealed a Focus for the potential for developing nutritional problems related to therapeutic diet. The Interventions included provide double portions related to resident feeling hungry after eating 100% of meal. On 9/10/19 at 7:45 AM, an interview with Resident #63 revealed he stated he was served a small tuna patty that was fried and 6-7 French fries. Resident #63 stated he was supposed to receive double portions and the staff had to call down to dietary and order him a cheeseburger. Review of Resident #63's Comprehensive Care Plan revealed a Focus for the potential for developing nutritional problems related to	F 656	Resident #63 was assessed by the Director of Nurses (DON) on 09/11/2019 for any physical or emotional effects related to failure to follow residents care plan preferences with no negative findings noted. Seven residents who receive double portions on the plan of care have the potential to be affected. An audit of residents who receive double portions was performed by the Assistant Director of Nurses (ADON) and the Dietary Manager (DM)) on 09/30/2019 to ensure accuracy of the care plan and proper portion sizes were served and matched meal tray card with no negative findings. All dietary employees were educated on portion size, presentation and patients' preferences and following the plan of care by the DM on 09/24/2019. The Dietary Manager will observe one meal a day starting one 09/24/2019, five days a week to ensure plan of care is being followed. The Dietary Manager will review two patients' meal trays daily who receive double portions five days a week x six weeks begining on 09/30/2019. The dietary manager will report the findings to the Quality Assurance Performance Improvement committee monthly and as	

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F 656	Continued From page 7 therapeutic diet. The Interventions included provide double portions related to resident feeling hungry after eating 100% of meal. Review of the Physician Orders revealed an order, dated 8/19/19, for a Consistent Carbs Diet, Regular texture, Regular consistency, Double portions. On 09/11/19 at 11:04 AM, an interview with the Dietary Manager (DM) revealed she was aware that staff failed to provide the residents request for double portion and this had been addressed with staff and will be monitored. On 9/11/19 1:14 PM, an interview with the Minimum Data Set (MDS) Coordinator confirmed dietary staff failed to follow the residents care plan if they did not give him double portions. The MDS Coordinator stated the purpose of the care plan is to reflect the resident's wants and needs.	F 656	needed for review, revision, and or resolution of the plan.	
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and facility policy review, the facility failed to provide the residents with an appealing	F 804	Resident #15, #36, #41, #43, and #50 was interviewed regarding food preferences and choices with preferences	10/11/19

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F 804	Continued From page 8 palatable meal, for four (4) of eight (8) residents attending the Resident Group Interview/Meeting, Residents #15, #36, #41, and #50, and one (1) of one (1) residents interviewed related to food concerns, Resident #43. Findings include: Review of the facility's policy titled, "Food: Quality and Palatability", dated 5/2014 and revised 9/2017, revealed food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature. Policy definitions Revealed: "Food attractiveness" refers to the appearance of the food when served to the residents and "Food palatability" refers to the taste and flavor of the food. Procedure #4 revealed the cook(s) prepare the food in accordance with the recipes, and season for the region and/or ethnic preferences, as appropriate. Cook(s) use proper cooking techniques to ensure color and flavor retention. On 9/11/19 at 11:12 AM, a Resident Group meeting was held. It was revealed during the meeting all of the residents attending complained the food was not good. The residents stated the food had no seasoning, and it all tasted the same and it is bland. Resident #15 On 9/10/19 at 1:00 PM, an interview and observation revealed Resident #15 was served chicken jambalaya, boiled okra, roll, and mandarin oranges for lunch. Resident #15 stated she did not eat what was on her tray, an	F 804	updated on 09/19/2019 by the Dietary Manager on resident's dietary tray card. A meeting with the Resident Council members was held on 09/18/2019 by the Activity Director and Dietary Manager concerning the new menus that began on 09/25/2019 for any change that the residents wanted to be made on the menus. Changes that were requested from that meeting were initiated on 09/25/2019 by the Dietary manager. A resident Council meeting was held on 09/25/2019 by the Activity's Director, Dietary Manager, Social Services Director and Administrator. During this meeting grievances were discussed, and residents were asked if the food had improved and there were no concerns voiced. All residents that receive a meal tray from the kitchen have the potential to be affected by the deficient practice. All residents were interviewed by the Dietary Manager 09/19/2019 and preferences were updated to reflect residents request. Dietary staff were in serviced on food quality, seasoning and presentation on 09/24/2019 by the Dietary Manager. Resident Council meal committee was established 09/18/2019 and will meet	

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F 804	Continued From page 9 observation of her tray revealed the food was not touched. Resident # 15 stated she did not want the alternate meal. She stated she was tired of the same thing and the food was bland and had no seasoning. Resident # 15 stated that her sister was going to bring her something to eat. Resident #36 On 09/10/19 at 12:50 PM, an interview with Resident #36 revealed she ordered a hamburger and tator tots because she did not like what was on the menu. She stated they usually eat from the alternate menu. She stated they have a lot of things we don't like. She stated that most of the residents here don't eat things like they have on the menu. Record review revealed Resident #36 was on a Regular consistency and texture diet with No Added Salt (NAS). Review of Resident #36's 14 Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/16/19, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. Resident #41 On 09/11/19 at 2:00 PM, an interview with Resident #41 revealed he does not like the food served. He stated that it doesn't matter what kind of meat they serve, it all tastes the same. He stated he felt the food "went south' with the new people. Record review revealed Resident #41 was on a Consistent Carbohydrate diet with Regular texture, NAS and large portions.	F 804	weekly to discuss following weeks menu and any changes that residents prefer and will be attended by the Dietary Manager and Activity Director. The Administrator will monitor Resident council meal committee notes weekly to ensure that resident request is honored. Resident's will be interviewed weekly for six weeks starting on 09/30/19 to ensure food quality, quantity, temperatures, palatability are the residents liking by the Dietary Manager. Resident food preferences will be updated monthly or as needed by the Dietary Manager. The Dietary department prepared test trays beginning on 09/16/2019 for meals for testing of food presentation, temperature and palatability for the Administrator, Director of Nurses and Assistant Director of Nurses for two weeks with no negative findings reported. The results will be communicated to the Quality Assurance and Performance Improvement Committee by the Dietary Manager monthly and as needed to evaluate corrective action is achieved and sustained. The Quality Assurance and Performance Committee will make recommendations as needed.	

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F 804	Continued From page 10 Review of Resident #41's Quarterly MDS with an ARD of 7/29/19, revealed he was alert and oriented with a BIMS score of 12, which indicated moderate cognitive impairment. Resident #43 On 09/09/19 at 2:10 PM, an interview with Resident #43 revealed she does not like the food. She stated most of the food tastes like garlic and she cannot eat it. Resident #43 stated the green beans are too greasy and the food lacks proper seasoning. On 09/09/19 at 3:00 PM, an interview with Certified Nursing Assistant (CNA) #1 revealed she asked the resident this afternoon what she wanted for dinner and the resident requested chicken strips, French fries and orange sherbet. CNA #1 stated, "I like to ask my residents what they want because some of them don't like what is served." On 09/10/19 at 12:58 PM, an interview with Resident #43 revealed she stated she was served Chicken Jambalaya, boiled okra, and mandarin oranges for lunch and could not eat it. The resident stated she sent it back and ordered a peanut butter and jelly sandwich. Resident #43 stated the okra had no taste or seasoning and that she did not like the Chicken Jambalaya at all. Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/29/19, revealed Resident #43 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated Resident #43 was cognitively intact.	F 804		

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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) COMPLETION DATE
F 804	Continued From page 11 On 09/10/19 at 2:45 PM, an interview with the Administrator revealed she was aware there had been some concerns related to food. She stated the facility has started a meal committee in an effort to address the issue. On 09/11/19 at 11:04 AM, an interview with the Dietary Manager (DM), revealed she stated she was aware there were issues with the food. She stated they use the "always available" menu a lot because residents don't like what's on the regular menu. The DM stated we need to get the menu changed to what the residents want. She stated she will meet with the Administrator and Registered Dietician for changes. Resident #50 On 9/10/19 at 12:26 PM, an interview with Resident #50 revealed he felt the food was not good. He stated he usually chooses the alternate, but he is so tired of eating corn dogs and hamburgers. Record review revealed Resident #50 was on a Consistent Carbohydrate diet with Regular texture and consistency. Review of Resident #50's 60 Day MDS due to change in therapy revealed he was alert and oriented with a BIMS score of 15, which indicated no cognitive impairment. On 9/10/19 at 11:50 AM, a test tray sample of the Chicken Jambalaya and boiled okra revealed the okra to be very bland with no taste of any type of seasoning. The texture was not appealing. The jambalaya was dry and packy with very little taste.	F 804		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255127	A. BUILDING _____ B. WING _____	09/11/2019

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F 804	Continued From page 12 The presentation of the food lacked appeal. On 09/11/19 at 10:25 AM, an interview with the Dietary Manager (DM) revealed she stated she was working on trying to get menus the residents would like. She stated she didn't like serving things like they had yesterday, because she didn't like serving things she didn't like to eat.	F 804		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to store food in a safe and sanitary manner as evidenced by expired hot dog buns for one (1) of two (2) dietary tours.	F 812	All expired bread was immediately removed on 09/10/2019 by the Dietary Manager (DM). All food in the dietary department was checked for expirations on 09/10/2019 by the DM with no other food products noted to be expired.	10/11/19

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	255127	A. BUILDING _____ B. WING _____	09/11/2019

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TISHOMINGO COMM LIVING CENTER	1410 WEST QUITMAN STREET IUKA, MS 38852

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F 812	Continued From page 13 Findings include: Review of the facility's policy titled, "Receiving", dated 9/2017, revealed safe food handling procedures for time and temperature control will be practiced in the transportation, delivery, and subsequent storage of all food items. Procedure: 5. All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation. 6. All food items will be stored in a manner that ensures appropriate and timely utilization based on the principles of "first in - first out" (FIFO) management. An observation, on 9/9/19 at 10:40 AM, during the initial tour of the dietary department, revealed six (6) packs of hotdog buns, equivalent to 72 buns with an expiration date of August 23. On 9/9/19 at 10:35 AM, during an interview with the Dietary Manager (DM), she stated she was working on getting a set day for the delivery of the bread. She stated the bread came in last night and it should have been checked. She stated they have had some problems with bread delivery. She stated it was everybody's responsibility to check expiration dates. She stated she had to return bread one time because they sent bread that had mold on it. The Dietary Manager stated that out of date foods could possibly cause food borne illnesses.	F 812	All residents that receive meals trays have the potential to be affected by this deficient practice. The DM was in-serviced on 09/11/2019 by the Administrator regarding food expirations and proper storage of bread. All dietary staff was in-serviced on 09/24/2019 by the DM regarding food expiration and proper storage. Bread delivery will be check prior to accepting delivery by the Dietary Manager and\or dietary staff member upon every delivery for expired bread. The DM will audit bread weekly for expiration x six weeks begining on 09/30/2019. The DM will report the findings to the Quality Assurance Performance Improvement committee monthly and as needed for review, revision and or resolution of the plan.	

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	255127	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/12/2019**

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K 000	INITIAL COMMENTS The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). 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 | 09/30/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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E 000	Initial Comments ********** Survey conducted on 09/12/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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

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