



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Fair Oaks Lodge			Report Number: H5581016	Date of Visit: December 19, 2016
Facility Address: 201 Shady Lane Drive			Time of Visit: 11:30 a.m. - 5:00 p.m.	Date Concluded: March 1, 2017
Facility City: Wadena			Investigator's Name and Title: Carol Bode, R.N., Special Investigator	
State: Minnesota	ZIP: 56482	County: Wadena		

Nursing Home

Allegation(s):

It is alleged that a resident was financially exploited when Alleged Perpetrator (AP) took three checks from the resident's checkbook.

- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of evidence, financial exploitation occurred when the alleged perpetrator (AP) took three checks from the resident without permission and used two of the checks to make purchases.

A resident told a facility staff member that a check appeared on the resident's bank statement that the resident did not write. The check was written at a store for \$99.91. The administrator was notified of the fraudulent check and notified the police.

From the resident's bank statement, the police were able to identify the store where the check was used and contacted the store. The AP was identified on video surveillance in the store. The police further identified that the resident had two additional checks taken.

The AP was interviewed and admitted to taking three checks from the resident. The AP used two of the checks to make purchases. One check was used for purchases in the amount of \$99.91. The second check was in the amount of \$45.00. The AP stated s/he did not use the third check and threw it away in the garbage.

The police forwarded the case to the prosecuting attorney to be reviewed for potential charges.

The facility terminated the AP.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

- Abuse Neglect Financial Exploitation
- Substantiated Not Substantiated Inconclusive based on the following information:

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the Individual(s) and/or Facility is responsible for the

- Abuse Neglect Financial Exploitation. This determination was based on the following:

The AP was trained on the facilities vulnerable adult policy and admitted to taking the resident's checks to make purchases.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

Compliance:

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met
The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557. No state licensing orders were issued.

Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) - Compliance Not Met
The requirements under the Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B), were not met.

Deficiencies are issued on form 2567: Yes No

(The 2567 will be available on the MDH website.)

State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) - Compliance Not Met
The requirements under State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) were not met.

State licensing orders were issued: Yes No

(State licensing orders will be available on the MDH website.)

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met
The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued: Yes No

(State licensing orders will be available on the MDH website.)

Compliance Notes:

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation

"Financial exploitation" means:

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

- Medical Records
- Care Guide
- Nurses Notes
- Assessments
- Physician Orders
- Physician Progress Notes
- Care Plan Records
- Social Service Notes
- Facility Incident Reports

Other pertinent medical records:

Police Report

Additional facility records:

- Resident/Family Council Minutes
- Facility Internal Investigation Reports
- Facility In-service Records
- Facility Policies and Procedures

Number of additional resident(s) reviewed: Three

Were residents selected based on the allegation(s)? Yes No N/A

Specify: _____

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

Yes No N/A

Specify: _____

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s) Yes No N/A

Specify: _____

If unable to contact complainant, attempts were made on:

Date:	Time:	Date:	Time:	Date:	Time:
_____	_____	_____	_____	_____	_____

Interview with family: Yes No N/A Specify: _____

Did you interview the resident(s) identified in allegation:

Yes No N/A Specify: _____

Did you interview additional residents? Yes No

Total number of resident interviews: Three

Interview with staff: Yes No N/A Specify: _____

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: 13

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant Interviewed: Yes No

Facility Name: Fair Oaks Lodge

Report Number: H5581016

Interview with Alleged Perpetrator(s): Yes No N/A Specify: _____

Attempts to contact:

Date: _____ Time: _____ Date: _____ Time: _____ Date: _____ Time: _____

If unable to contact was subpoena issued: Yes, date subpoena was issued _____ No

Were contacts made with any of the following:

Emergency Personnel Police Officers Medical Examiner Other: Specify _____

Observations were conducted related to:

- Personal Care
- Nursing Services
- Cleanliness
- Dignity/Privacy Issues
- Safety Issues
- Facility Tour

Was any involved equipment inspected: Yes No N/A

Was equipment being operated in safe manner: Yes No N/A

Were photographs taken: Yes No Specify: _____

cc:

Health Regulation Division - Licensing & Certification

Minnesota Board of Examiners for Nursing Home Administrators

The Office of Ombudsman for Long-Term Care

Wadena Police Department

Wadena County Attorney

Wadena City Attorney

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/17/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245581	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2017
NAME OF PROVIDER OR SUPPLIER FAIR OAKS LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 SHADY LANE DRIVE WADENA, MN 56482		
(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 000	INITIAL COMMENTS	F 000			
F 224 SS=D	<p>An abbreviated standard survey was conducted to investigate case #H5581016. As a result, the following deficiencies are issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Electronic submission of the POC will be used as verification of compliance.</p> <p>483.12(a)(1) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN</p> <p>a) The facility must-</p> <p>(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure one of one resident (R1) reviewed was free from the misappropriation of R1's property when an employee took three blanks checks financially exploiting R1.</p> <p>Findings include:</p> <p>R1's medical record was reviewed. R1 was admitted to the facility on 3/4/2016 with a diagnoses that included polyneuropathy, malaise and bipolar disorder. R1 was cognitively intact.</p> <p>R1's care plan dated 3/5/2016, indicated R1 was at risk from abuse related to R1's diagnosis of weakness and depression. R1 was dependent on staff for activities of daily living.</p> <p>The facility event report dated 10/20/2016 indicated R1 reported when reviewing his/her checking account statement and there was a</p>	F 224			

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

TITLE

(X6) DATE

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 224	<p>Continued From page 1</p> <p>fraudulent charge on the bank account. The administrator interviewed R1 and reviewed the bank statement. The account showed R1 had a charge of \$99.91 which R1 said was fraudulent.</p> <p>The administrator was interviewed on 12/19/16, at 3:00 p.m. and stated R1 was missing checks. R1 told the administrator s/he had a fraudulent charge on the bank statement. The administrator called the police who investigated the fraudulent charges to R1's bank account.</p> <p>The police report dated 10/20/2016 indicated R1 reported there was a fraudulent charge on his/her bank account. It was found two more checks were also missing. A check in the amount of \$99.91 was written at a local retail store for purchases and the surveillance video showed Housekeeper (HK)-G at the retailer.</p> <p>HK-G was interviewed on December 29, 2016 at 4:05 p.m. and stated she took three checks form R1. One checks was used for purchases in the amount of \$94.99, the second was for \$45.00 and the third one she threw away in the garbage.</p> <p>The facility policy and procedure entitled abuse prevention/Resident treatment updated August 2016 indicated abuse includes misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.</p>	F 224			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/11/2017
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NAME OF PROVIDER OR SUPPLIER FAIR OAKS LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SHADY LANE DRIVE WADENA, MN 56482
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: A complaint investigation was conducted to investigate complaint #H5119004. As a result, the following correction orders are issued. The facility has agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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2 000	Continued From page 1 http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. Then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.	2 000		
21850	MN St. Statute 144.651 Subd. 14 Patients & Residents of HC Fac.Bill of Rights Subd. 14. Freedom from maltreatment. Residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and non-therapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every resident shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure one of one resident (R1) reviewed was free from the misappropriation of R1's property when an employee took three	21850		

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21850	<p>Continued From page 2</p> <p>blanks checks financially exploiting R1.</p> <p>Findings include:</p> <p>R1's medical record was reviewed. R1 was admitted to the facility on 3/4/2016 with a diagnoses that included polyneuropathy, malaise and bipolar disorder. R1 was cognitively intact.</p> <p>R1's care plan dated 3/5/2016, indicated R1 was at risk from abuse related to R1's diagnosis of weakness and depression. R1 was dependent on staff for activities of daily living.</p> <p>The facility event report dated 10/20/2016 indicated R1 reported when reviewing his/her checking account statement and there was a fraudulent charge on the bank account. The administrator interviewed R1 and reviewed the bank statement. The account showed R1 had a charge of \$99.91 which R1 said was fraudulent.</p> <p>The administrator was interviewed on 12/19/16, at 3:00 p.m. and stated R1 was missing checks. R1 told the administrator s/he had a fraudulent charge on the bank statement. The administrator called the police who investigated the fraudulent charges to R1's bank account.</p> <p>The police report dated 10/20/2016 indicated R1 reported there was a fraudulent charge on his/her bank account. It was found two more checks were also missing. A check in the amount of \$99.91 was written at a local retail store for purchases and the surveillance video showed Housekeeper (HK)-G at the retailer.</p> <p>HK-G was interviewed on December 29, 2016 at 4:05 p.m. and stated she took three checks form R1. One checks was used for purchases in the</p>	21850		

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21850	<p>Continued From page 3</p> <p>amount of \$94.99, the second was for \$45.00 and the third one she threw away in the garbage.</p> <p>The facility policy and procedure entitled abuse prevention/Resident treatment updated August 2016 indicated abuse includes misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	21850		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245581	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/21/2017	Y3
NAME OF FACILITY FAIR OAKS LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 SHADY LANE DRIVE WADENA, MN 56482		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0224	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.12(b)(1)-(3)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/21/2017	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/11/2017	<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
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 00679	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/21/2017
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NAME OF FACILITY FAIR OAKS LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SHADY LANE DRIVE WADENA, MN 56482
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 21850	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # MN St. Statute 144.651 Subd. 14	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	02/21/2017	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/11/2017	<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
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