



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Prairie River Home Care Inc.
227 East Main Street #200
Mankato, MN 56001
Blue Earth County

Report #: H8056044

Date: March 18, 2014

Date of Visit: December 30 & 31, 2014
Time of Visit: 10:00 a.m. – 3:30 p.m.
8:00 a.m. – 11:30 a.m.

By: Deborah Neuberger, R.N., Special Investigator

- Type of Facility:**
- Nursing Home
 - HHA
 - Home Care Provider/Assisted Living
 - SLF
 - ICF/IID
 - Home Care
 - Hospital
 - Other: _____

- Facility Self Report
- Complaint

Allegation(s): It is alleged that neglect occurred when a client was not provided with care in accordance with his/her respite service plan and s/he was without oxygen for more than nine hours. As a result the client's oxygen level was low and s/he was confused and agitated.

An unannounced visit was made at this facility and an investigation was conducted under:

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)

- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Licensing Rules for Home Care (MN Rules Chapter 4668)
- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

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

A preponderance of evidence revealed neglect occurred when the client's physician orders included the use of continuous oxygen and the agency staff was not trained to provide the oxygen as ordered. The client was without oxygen for approximately 8 hours.

The client had diagnoses including congestive heart failure and had physician orders for 24 hour respite care from the agency and continuous oxygen.

The home health aide caring for the client stated s/he was new to the client, did not have orientation to the client's needs before starting his/her shift and there was no home health aide care plan in the home. S/he stated that the client slept until 9:00 a.m. at which time s/he assisted the client in the bathroom. S/he stated s/he did not know the client was to have oxygen and did not provide the client with oxygen. The home health aide stated the nurse came to the home in the afternoon and brought the client's care plan, but did not instruct the home health aide to provide oxygen to the client. S/he stated s/he did not provide oxygen to the client during his/her shift which ended at 5:00 p.m., for a total of approximately 8 hours. The home health aide stated the patient showed no signs of distress during his/her shift. Oxygen administration was resumed when the next staff member reported for duty.

The nurse providing the orientation to the patient was interviewed. S/he stated s/he was not the patient's regular care manager, but was simply asked to go out and provide orientation for the home health aide. S/he stated s/he did provide orientation when s/he brought the care plan out, but failed to go over oxygen administration.

The client's family member was interviewed and stated s/he went away for a few days and the agency provided respite care for the client. Agency staff made him/her aware the client was without oxygen for about 6-9 hours one day while s/he was away. The client's family member stated s/he noted the client was more confused and agitated for about 1 week after the incident.

The client's physician was interviewed and stated that s/he saw the client after the incident and while the client may have experienced some short term delirium related to the incident, it is unlikely that there were any chronic, long term affects as a result of the lack of oxygen administration.

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:

Although the agency had policy and procedures in place to assure proper care for clients and orientation to client needs, the agency failed to make sure staff were supervised to ensure policies and procedures were implemented.

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:**Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484) – Compliance Not Met**

The requirements under Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484) were not met.

Deficiencies are issued on form 2567: Yes No If no, specify: _____

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

State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Met

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). No state licensing orders were issued.

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.

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:**Minnesota Statutes, section 626.5572, subdivision 17 - Neglect**

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the 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

Medication Administration Records

Treatment Sheets

Facility Incident Reports

Physician Progress Notes

ADL (Activities of Daily Living) Flow Sheets

Laboratory and X-ray Reports

Physician Orders

Social Service Notes

Nurses Notes

Meal Intake Records

Activities Reports

Weight Records

Therapy and/or Ancillary Services Records

Assessments

Skin Assessments

Care Plan Records

Other pertinent medical records:

Hospital Records

Ambulance/Paramedics

Medical Examiner Records

Death Certificate

Police Report

Additional facility records:

Resident/Family Council Minutes

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: _____

Number of additional resident(s) reviewed: 2

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: This was an agency.

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: 2

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

Tennessee Warning given as required: Yes No

Total number of staff interviews: 4

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: None identified.

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:

- Wound Care
- Medication Pass
- Meals
- Personal Care
- Dignity/Privacy Issues
- Restorative Care
- Nursing Services
- Safety Issues
- Facility Tour
- Infection Control
- Cleanliness
- Injury
- Use of Equipment
- Transfers
- Incontinence
- Call Light
- Other: _____

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: _____

xc: Division of Compliance Monitoring - Licensing & Certification
Blue Earth County Attorney
Mankato City Attorney
MN Board of Nursing

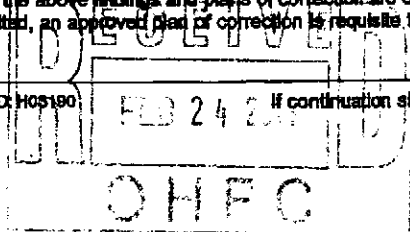
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/17/2014
NAME OF PROVIDER OR SUPPLIER PRAIRIE RIVER HOME CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 227 EAST MAIN STREET #200 MANKATO, MN 56002	
(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
G 000	INITIAL COMMENTS	G 000		
G 212	<p>484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.</p> <p>This STANDARD is not met as evidenced by: Based on interview and document review the Home Health Agency failed to ensure that individuals who furnish home health aide services on its behalf met the competency requirement when the agency failed to train an unlicensed staff member providing oxygen administration to 1 of 3 patients reviewed Patient (P)-1. Findings include:</p> <p>P-1's Home Health Certification and Plan of Care dated 11/13/2013 through 1/21/2014 was reviewed and revealed P-1's diagnoses included kidney disease, atrial fibrillation and chronic airway obstruction. P-1 had physician orders for continuous oxygen at 2 - 3 liters per nasal canula and Personal Care Attendant/Home Health Aide respite care up to 24 hours a day for 4 days while P-1's family member was away.</p> <p>Home Health Aide B was interviewed on 12/30/2013 at 2:10 p.m. and stated she was the home health aide caring for P-1 on 10/30/13. Home Health Aide B stated it was her first day caring for P-1 and when she arrived at P-1's</p>	G 212	<p>All Rochester PCA/HHA personnel files will be audited to ensure 100% compliance with competency requirements. Staff education to all clinicians at regularly scheduled staff meeting.</p> <p>1:1 education to Case Managers regarding HHA/PCA competency requirements.</p> <p>1:1 education to Service/Staffing Managers regarding HHA/PCA competency requirements and process of not assigning to client care until all competencies completed.</p>	03/12/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *VP, Business Systems* (X5) DATE *2/21/14*

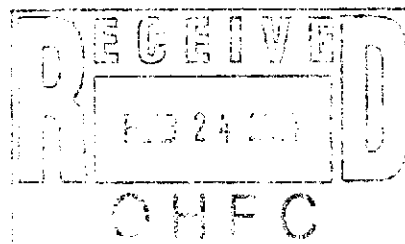
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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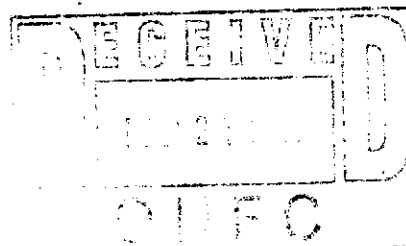
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G 212	<p>Continued From page 1</p> <p>home no nurse was there to provide orientation to the patient and she did not get orientation to P-1's needs except by the previous aide. Home Health Aide B stated there was no home health aide plan of care in the home. Home Health Aide B stated P-1 slept until 9:00 a.m. at which time she helped him in the bathroom. Home Health Aide B stated she did not know he was to have oxygen on and she did not put oxygen on P-1. Home Health Aide B stated Registered Nurse C arrived at the home sometime after noon with the home health aide plan of care, but did not provide orientation or inform her that P-1 was to be on oxygen. Home Health Aide B stated P-1 was without oxygen until approximately 5:00 p.m. the end of her shift, when the next staff member arrived and applied the oxygen. Home Health Aide B stated she did not have any training on the use of oxygen with P-1. Home Health Aide B stated P-1 did not seem in distress during her shift.</p> <p>Registered Nurse (RN)-C was interviewed on 12/30/2013 at 10:35 a.m. and stated she was asked to provide orientation to Home Health Aide B for P-1. RN-C stated she did not recall what time of the day she went out to P-1's home, but she brought the home health aide plan of care with her when she arrived. RN-C stated although P-1's Plan of Care included continuous oxygen she did not go over P-1's need for oxygen with Home Health Aide B while in the home and did not notice he did not have oxygen on. RN-C stated she did not know why she did not go over P-1's need for oxygen with Home Health Aide B, and stated she usually does cover the use of oxygen with home health aide staff when the patient requires it.</p> <p>General Manager (GM)-A was interviewed on</p>	G 212	<p>Person Responsible: General Manager</p> <p>Ongoing Compliance: Rochester PCA/HHA personnel files will be audited annually and PRN to ensure compliance with competency requirements.</p>	



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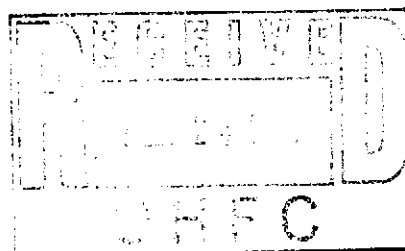
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G 212	Continued From page 2 12/30/2013 at 11:55 a.m. and stated although the agency does competency evaluations and documents those evaluations for some home health aide tasks, oxygen administration training is not one of them.	G 212		
G 225	484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law. This STANDARD is not met as evidenced by: Based on interview and document review the Home Health Agency failed to ensure that the home health aide provide services that are ordered by the physician in the plan of care for 1 of 3 Patient reviewed Patient (P)-1, who required continuous oxygen administration, but was without the oxygen for a period of approximately 8 hours. Findings include: P-1's Home Health Certification and Plan of Care dated 11/13/2013 through 1/21/2014 was	G 225	A random audit (minimum 10%) of active and discharged Rochester HHA/PCA clinical records will be conducted for 4 th quarter 2013 to assure compliance with physicians orders. Staff education to all clinicians at regularly scheduled team meeting. 1:1 education to Case Managers regarding importance of compliance with all physician orders.	03/12/14



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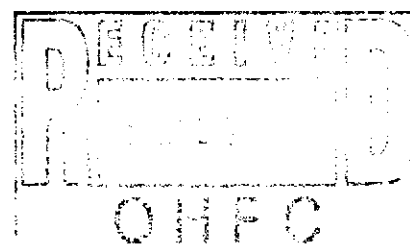
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G 225	<p>Continued From page 3</p> <p>reviewed and revealed P-1's diagnoses included Kidney disease, atrial fibrillation and chronic airway obstruction. P-1 had physician orders for continuous oxygen at 2 - 3 liters per nasal canula and Personal Care Attendant/Home Health Aide respite care up to 24 hours a day for 4 days while P-1's family member was away.</p> <p>Home Health Aide B was interviewed on 12/30/2013 at 2:10 p.m. and stated she was the home health aide caring for P-1 on 10/30/13. Home Health Aide B stated it was her first day caring for P-1 and when she arrived at P-1's home and no nurse was there to provide orientation. Home Health Aide B stated there was no home health aide plan of care in the home. Home Health Aide B stated P-1 slept until 9:00 a.m. at which time she helped him in the bathroom. Home Health Aide B stated she did not know he was to have oxygen on and she did not put oxygen on P-1. Home Health Aide B stated Registered Nurse C arrived at the home sometime after noon with the home health aide plan of care, but did not provide orientation or inform her that P-1 was to be on oxygen. Home Health Aides B stated P-1 was without oxygen until approximately 5:00 p.m. the end of her shift. Home Health Aide B stated P-1 did not seem in distress during her shift.</p> <p>Registered Nurse (RN)-C was interviewed on 12/30/2013 at 10:35 a.m. and stated she was asked to provide orientation to Home Health Aide B for P-1. RN-C stated she did not recall what time of the day she went out to P-1's home, but she brought the home health aide plan of care with her when she arrived. RN-C stated she did not go over P-1's need for oxygen with Home Health Aide B while in the home and did not</p>	G 225	<p>Person Responsible: General Manager</p> <p>Ongoing compliance: Rochester PCA/HHA clinical records will be audited annually and PRN to ensure compliance with physician orders.</p>		



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G 225	Continued From page 4 notice he did not have oxygen on. RN-C stated she did not know why she did not go over P-1's need for oxygen with Home Health Aide B, and stated she usually does cover the use of oxygen with home health aide staff when the patient requires it. The facility Policy titled Orientation to Client dated effective 8/9/06 and provided by the agency was reviewed. Under policy the following was observed: All employees providing direct care or supervision will receive orientation to the client for whom they will be providing care. The orientation may or may not be in the client's home, but will include the Plan of Care, directions to the client's home and any special concerns or needs. Under procedure: Supervisor and/or the client's case manager will prepare in advance a packet of orientation materials related to the client which includes: A: Client's plan of care as it relates to the cares the employee will provide.	G 225			





Protecting, Maintaining and Improving the Health of Minnesotans

Post Correction Order Follow-Up/Federal Certification Review Report
PUBLIC DATA

Facility:

Prairie River Home Care Inc
227 East Main Street #200
Mankato, MN 56002
Blue Earth County

Report #: H8056044

Date: March 26, 2014

Date of Visit: March 20, 2014
Time of Visit: 9:30 a.m.

By: Deborah Neuberger, R.N.
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up two federal deficiencies which were issued on February 7, 2014, as the result of an investigation which had been completed on January 17, 2014.

The status of the order is as follow:

- 1 484.36(b)(1) - Corrected
- 2 484.36(c)(2) - Corrected

See Attached 2567B for status of federal deficiencies.

xc: Minnesota Department of Health -Licensing & Certification Division

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 248056	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/20/2014
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Name of Facility PRAIRIE RIVER HOME CARE INC	Street Address, City, State, Zip Code 227 EAST MAIN STREET #200 MANKATO, MN 56002
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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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>G0212</u> Reg. # <u>484.36(b)(1)</u> LSC _____	Correction Completed <u>03/20/2014</u>	ID Prefix <u>G0225</u> Reg. # <u>484.36(c)(2)</u> LSC _____	Correction Completed <u>03/20/2014</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: <u>1/17/2014</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		