



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Lighthouse at Waconia  
500 Cherry Street  
Waconia, MN 55387  
Carver County

Report #: HL23848008

Date: January 30, 2014

Date of Visit: November 1, 2013  
Time of Visit: 9:30 a.m. – 1:30 p.m.

By: Stephanie Richard, R.N., Special Investigator

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

- Facility Self Report
- Complaint

**Allegation(s):** It is alleged that a staff, alleged perpetrator (AP) took narcotics from two clients without permission.

**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:

Based on a preponderance of the evidence, financial exploitation is substantiated. The AP took medications belonging to two clients.

The facility was changing medication cart systems; during the changeover it was discovered that an undetermined number of narcotic medications were not accounted for. Several pages had been torn from the narcotic count book, making it more difficult to determine the number of missing medications. Once it was determined which staff was the likely alleged perpetrator, the police executed a search warrant on the AP's home. The police found evidence that the AP had removed narcotics, belonging to clients, from the facility. The AP confessed to the police.

The AP was interviewed and stated s/he took the medications to relieve back pain. S/he explained that s/he signed out "as needed" narcotic medications, one or two pills at a time, as if a client had requested the medications for pain. When new medications arrived from the pharmacy, s/he took the remaining supply of the medication from the narcotic box and tore the count sheet out of the narcotic tracking book in an effort to avoid detection. The AP admitted to taking narcotic medications from two clients, stating that s/he would take a few pills at a time and then took a pack of 23 Oxycodone pills. The AP was unsure of how many pills s/he took in total.

**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 facility had systems in place for the storage, counting and administration of narcotic medications to the clients. The AP was trained on both theft and the medication administration system used by the facility.

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 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.

**State Statutes Chapters 144 & 144A – Compliance Not Met**

The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued:  Yes  No If no, specify: \_\_\_\_\_

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

**Facility Corrective Action:**

The facility took the following corrective action(s):

**Definitions:**

**Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation**

"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

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

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

(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or

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:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Medical Records                   | <input checked="" type="checkbox"/> Care Guide               |
| <input checked="" type="checkbox"/> Medication Administration Records | <input checked="" type="checkbox"/> Treatment Sheets         |
| <input checked="" type="checkbox"/> Facility Incident Reports         | <input checked="" type="checkbox"/> Physician Progress Notes |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports        |
| <input checked="" type="checkbox"/> Physician Orders                  | <input type="checkbox"/> Social Service Notes                |
| <input checked="" type="checkbox"/> Nurses Notes                      | <input type="checkbox"/> Meal Intake Records                 |
| <input type="checkbox"/> Activities Reports                           | <input type="checkbox"/> Weight Records                      |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records    | <input checked="" type="checkbox"/> Assessments              |
| <input type="checkbox"/> Skin Assessments                             | <input checked="" type="checkbox"/> 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
- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Call Light Audits
- Personnel Records/Background Check, etc.
- Facility In-service Records
- Facility Policies and Procedures
- Other, specify: \_\_\_\_\_

Number of additional resident(s) reviewed: \_\_\_\_\_

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: Facility report

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: 7

Interview with staff:  Yes  No  N/A Specify: \_\_\_\_\_

Tennessee Warning given as required:  Yes  No

Total number of staff interviews: 5

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

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:**

- 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: Narcotic storage

xc: Division of Compliance Monitoring - Licensing & Certification  
Carver County Medical Examiners  
Chaska City Police Department  
Carver County Attorney  
Waconia City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  H23848	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/03/2014
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NAME OF PROVIDER OR SUPPLIER  LIGHTHOUSE AT WACONIA	STREET ADDRESS, CITY, STATE, ZIP CODE 500 CHERRY STREET WACONIA, MN 55387
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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0 000	<p>Initial comments</p> <p>A complaint investigation was initiated to investigate case #HL23848008 and HL23848009. The following correction order is issued.</p> <p>When corrections are completed please sign and date, make a copy of the form for your records and return the original to the MN Department of Health, Division of Compliance Monitoring, Office of Health Facility Complaints; 85 East Seventh Place, Suite 220, P.O. Box 64970, St. Paul, Minnesota 55164-0970.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
0 090	144A.44 Subd.1(14) Treated with respect	0 090		
	Subdivision 1. Statement of rights. A person who receives home care services has these			

Minnesota Department of Health

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

TITLE

(X6) DATE

STATE FORM

0099

9JTX11

If continuation sheet 1 of 5

Minnesota Department of Health

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0 090	<p>Continued From page 1</p> <p>rights:</p> <p>(14) the right to be treated with courtesy and respect, and to have the patient's property treated with respect;</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interviews, the facility failed to ensure that 3 of 3 client's (C1, C2, C3) reviewed for financial exploitation did not have personal property stolen by a staff of the facility. C1 and C2 had narcotic medications stolen and C3 had funds removed from a bank account illegally, by the same facility staff member.</p> <p>Findings are as follows:</p> <p>C1's medical record was reviewed and showed C1 had diagnoses that included chronic pain syndrome, polymyalgia rheumatica and Parkinson's disease.</p> <p>C1's service agreement was reviewed and showed that the facility would administer medications to C1 at 6:00 a.m., 8:00 a.m., 12:00 p.m., 6:00 p.m. and 8:00 p.m.</p> <p>The medication administration record (MAR) for C1 was reviewed and revealed that C1 was to</p>	0 090		
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Minnesota Department of Health

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0 090	<p>Continued From page 2</p> <p>receive oxycontin 15 milligrams (mg) by mouth twice daily at 6:00 a.m. and 6:00 p.m. C1 also had an "as needed" order of oxycodone 5 mg every four hours as needed for pain rated at 1 to 5 on a pain scale of 1-10. C1 had an additional order for oxycodone 10 mg for pain rated 6-10 on pain scale 1-10.</p> <p>C1 was interviewed on 11/1/2013 at 1:40 p.m. and stated staff respond to, and assist with, his/her pain issues and s/he is not ever without pain relief when needed.</p> <p>C2's medical record was reviewed and showed C2 had diagnoses that included neuropathic pain, aphasia and facial weakness.</p> <p>C2's service agreement was reviewed and showed that the facility would administer medication to C2 at 8:00 a.m., 8:00 p.m. and as needed.</p> <p>The MAR for C2 was reviewed and showed oxycodone 5 mg by mouth every six hours as needed.</p> <p>A police report dated 9/27/2013 was reviewed and revealed that the facility contacted the police department on 9/18/2013 with a report of missing narcotics. The facility was implementing a new medication cart system when it was discovered that narcotics were missing from the locked narcotic box. At the time it was believed that 135 oxycodone pills were missing. The police report also showed that on 9/27/2013 the police</p>	0 090		
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0 090	<p>Continued From page 3</p> <p>detective took a statement from nursing assistant (NA)-J stating s/he took oxycodone pills from two patients while working. NA-J further told police the two clients were C1 and C2. S/he took a few pills at a time and then took a pack of 23 oxycodone pills. NA-J was unsure how many pills s/he took in total.</p> <p>NA-J was interviewed on 1/3/2013 at 11:55 p.m. and admitted to taking the narcotics from C1 and C2 on several occasions. NA-J could not recall the amount of narcotics taken from C1 and C2.</p> <p>C3's medical record was reviewed and revealed that C3 had diagnosis which included early-onset Alzheimer's disease.</p> <p>C3's service agreement was reviewed and revealed that facility staff were to administer medication three times per day and as needed for the resident. A review of the negotiated service plan from July 2013-September 2013 revealed that staff signed off on the resident's service plan three times per day, once for day shift, evening shift and night shift.</p> <p>An interview on 10/30/2013 at 10:30 a.m. with an administrative nursing staff member (RN-C) revealed that s/he received a call on 9/25/2013 from the police department stating that there was suspicion that C3's automated teller machine (ATM) card had been obtained and used without permission by NA-J.</p> <p>A police report dated 9/27/2013 reveals that on</p>	0 090		
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Minnesota Department of Health

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0 090	<p>Continued From page 4</p> <p>9/25/2013 the police department received a report from C3's family member regarding theft of money from C3's bank account. The family member provided statements that included several withdrawals from C3's account which were not withdrawn by C3. The money was withdrawn using C3's ATM card. Police were able to obtain surveillance footage from the ATM used for the cash withdrawals on the dates listed on C3's bank statement. Police identified NA-J from the surveillance footage. When NA-J was interviewed by police, NA-J admitted to using C3's ATM card and withdrawing money from C3's account. NA-J stated that s/he used C3's card and withdrew money about 10 times and used the money to pay bills, pay back friends and s/he regretted taking the money.</p> <p>C3 was not aware that money was missing from his/her account and was not interviewed regarding the theft. C3's family manages his/her finances.</p> <p>NA-J was interviewed on 1/3/2014 at 11:55 p.m. and admitted to using C3's ATM card on multiple occasions without C3's permission.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) Days</p>	0 090		
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*Protecting, Maintaining and Improving the Health of Minnesotans*

Post Correction Order Follow-Up  
PUBLIC DATA

Facility:

Lighthouse At Waconia  
500 Cherry Street  
Waconia, MN 55387  
Carver County

Report #: HL23848008 and HL23848009

Date: March 19, 2014

Date of Visit: March 18, 2014  
Time of Visit: 10:15 a.m.

By: Stephanie Richard & Karen Johnson, R.N.  
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up one state licensing order which were issued on January 22, 2014, as the result of an investigation which had been completed on January 3, 2014.

The status of the order is as follow:  
1 144A.44 Subd.1(14) - Corrected

xc: Minnesota Department of Health – Licensing and Certification

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> H23848	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 3/18/2014
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<b>Name of Facility</b> LIGHTHOUSE AT WACONIA	<b>Street Address, City, State, Zip Code</b> 500 CHERRY STREET WACONIA, MN 55387
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>00090</u> Reg. # <u>144A.44 Subd.1(14)</u> LSC _____	Correction Completed <u>03/18/2014</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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <u>KLDC</u>	Date: <u>4-30-14</u>	Signature of Surveyor: <u>31242</u>	Date: <u>3-18-14</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: <u>1/3/2014</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <b>YES</b> <b>NO</b>
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