



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Blaine White Pine
12446 Jamestown Street NE
Blaine, MN 55449
Anoka County

Report #: HL26857003

Date: April 18, 2014

Date of Visit: March 25, 2014
Time of Visit: 9:05 a.m.-2:20 p.m.

By: Karen Johnson, R.N., Special Investigator
Stephanie Richard 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 failed to receive a prescribed medication for one month. It is also alleged, that a client was given medication by staff that was not adequately trained.

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, neglect occurred when the client did not receive daily doses of the medication mirtazapine, as ordered by the physician, for 30 days. The client had been prescribed the medication on a long term basis.

The client had diagnoses that included dementia, depression, recurrent urinary tract infections and coronary artery disease. The client was able to walk short distances with staff escort and the use of a transfer belt. Staff assisted the client to dress, groom, care for bladder and bowel incontinence and administered medications to the client.

The client left the facility to be inpatient at a hospital in order to receive electroconvulsive therapy (ECT) for depression. When the client returned to the facility, a nurse transcribed the physician's orders and a second nurse co-signed the orders indicating that s/he had checked the orders and they were correct. The orders were FAXED to the pharmacy. The client was prescribed the medication mirtazapine prior to and during hospitalization. Mirtazapine 30 milligrams (mg) at bedtime was included on the physician discharge orders from the hospital. Thirty days after the client returned to the facility, s/he went to an appointment with his/her physician. Mirtazapine was not on the medication list that was sent along with the client to the appointment. Staff from the physician's office called the facility to ask if the client had been receiving the medication and it was determined then that the client had not received the medication mirtazapine for 30 doses. The medication mirtazapine was prescribed for sleep and or depression.

A family member was interviewed and said that the client cried much like when s/he did before the hospitalization and ECT treatments.

The physician was interviewed and said the client experienced a backward trend after being discharged from the hospital. While the client probably did not suffer permanent harm due to lack of the prescribed medication, s/he has serious depression and will probably require further ECT treatments.

An additional concern regarding the training of unlicensed staff that pass medications was reviewed. Training documents, interviews and observations showed that staff has been trained by the registered nurses to perform designated nursing skills.

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 facility had policies regarding the implementation of physician orders, nothing directs staff how checks will be performed to ensure correct transcription of physician's orders. Two nurses failed to correctly transcribe physician's orders and the transcription error went unnoticed by facility staff over a 30 day period.

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 Not Met

The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

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

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

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 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 checked="" type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input checked="" 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 type="checkbox"/> Care Plan Records |

Other pertinent medical records:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Hospital Records | <input type="checkbox"/> Ambulance/Paramedics | <input type="checkbox"/> Medical Examiner Records | <input type="checkbox"/> Death Certificate |
| <input type="checkbox"/> 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: Medication reconciliation

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: Unable to interview due to cognitive deficits, multiple observations were made.

Interview with staff: Yes No N/A Specify:

Tennessee Warning given as required: Yes No

Total number of staff interviews: 3

Physician interviewed: Yes No

Nurse Practitioner interviewed: Yes No

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

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: Medication storage & administration

- xc: Division of Compliance Monitoring - Licensing & Certification
- Minnesota Board of Nursing
- Minnesota Ombudsman for Mental Health and Developmental Disabilities
- Anoka County Attorney
- Blaine City Attorney
- Blaine Police Department

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H26857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2014
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NAME OF PROVIDER OR SUPPLIER BLAINE WHITE PINE	STREET ADDRESS, CITY, STATE, ZIP CODE 12446 JAMESTOWN STREET NE BLAINE, MN 55449
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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
0 000	<p>Initial comments</p> <p>A complaint investigation was initiated to investigate case #HL26857003. The following correction orders are issued.</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 Home Care Providers. 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. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is 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>	
0 615	<p>626.557 Subd.4 Reporting</p> <p>Subd. 4.Reporting.</p> <p>(a) Except as provided in paragraph (b), a mandated reporter shall immediately make an oral report to the common entry point. Use of a</p>	0 615		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Charles K Schellhaas

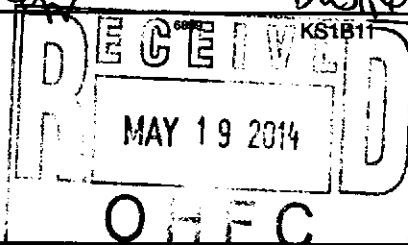
TITLE

Business Manager

(X6) DATE

5-16-14

STATE FORM



Minnesota Department of Health

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0 615	<p>Continued From page 1</p> <p>telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, to the extent necessary to comply with this subdivision.</p> <p>(b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified under Title 19 of the Social Security Act, a nursing home that is licensed under section 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code of Federal Regulations, title 42, section 482.66, may submit a report electronically to the common entry point instead of submitting an oral report. The report may be a duplicate of the initial report the facility submits electronically to the commissioner of health to comply with the reporting requirements under Code of Federal Regulations, title 42, section 483.13. The commissioner of health may modify these reporting requirements to include items required under paragraph (a) that are not currently included in the electronic reporting form.</p>	0 615		

Minnesota Department of Health

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0 615	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview, the facility failed to report neglect to the common entry point (CEP) when one of one clients (C1), reviewed for medication omission errors, did not receive the medication mirtazapine times 30 doses.</p> <p>Findings include:</p> <p>C1's medical record was reviewed and identified that C1 was admitted to the facility on 12/9/13. C1 had diagnoses that included, but are not limited to, dementia and depression. C1 required the assistance of staff for all activities of daily living and medication administration.</p> <p>Discharge paperwork from a hospital dated 2/6/14 shows C1 was hospitalized 1/15/14 until 2/6/14 for a course of electroconvulsive therapy (ECT) due to depression. Physician discharge orders dated 2/6/14 showed that C1 was prescribed mirtazapine 30 milligrams (mg) at bedtime for depression.</p> <p>A review of the medication administration record (MAR) dated 2/1/14 though 2/28/14 shows that on 2/6/14, the day C1 returned from the hospital, the MAR that was created, omitted mirtazapine 30 mg. every bedtime, as ordered by the physician.</p> <p>Physicians treatment plan/orders dated 3/6/14 were reviewed. C1 was seen for a follow up</p>	0 615		

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0 615	<p>Continued From page 3</p> <p>appointment, mirtazapine was not listed on the medication list that the facility sent with C1 to the appointment. C1 did not receive 30 doses of mirtazapine 30 mg by mouth at bedtime between 2/6/14 and 3/6/14. The physician ordered the mirtazapine be restarted on 3/6/14.</p> <p>Review of the policy, Vulnerable Adult Reporting and Investigation policy, undated, identifies the agency will report any suspected maltreatment (abuse, neglect or financial exploitation) of home care clients or other residents of the building. Occurrences of suspected abuse, neglect or financial exploitation will be investigated by the Registered Nurse (RN), in coordination with the housing director.</p> <p>On 3/25/14 at 12:20 p.m. RN-C was interviewed and stated she did discuss the medication error with the housing manager on 3/6/14 but they did not conclude that it was a reportable incident.</p> <p>Time period for correction: Thirty (30) days.</p>	0 615		
06360	<p>4668.0860 Subp. 8 Implementation of orders</p> <p>Subp. 8. Implementation of order. When an order is received, the class F home care provider licensee or an employee of the licensee must take action to implement the order within 24 hours of receipt of the order.</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interviews, the facility failed to ensure that all physician prescribed medications were transcribed onto the</p>	06360		

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06360	<p>Continued From page 4</p> <p>medication administration record (MAR) for one of one clients (C1) reviewed for accurate transcription of medication orders.</p> <p>Findings include:</p> <p>C1's medical record was reviewed and identified that C1 had diagnoses that included but were not limited to dementia and depression. Staff gave C1 oral medications four times daily. C1 received mirtazapine 30 milligrams (mg) by mouth every bedtime for sleep, at the facility from admission on 12/9/13 until hospitalized on 1/15/14.</p> <p>Discharge paperwork from a hospital dated 2/6/14 was reviewed, C1 was admitted to the hospital for electroconvulsive therapy (ECT) to treat her depression on 1/15/14. C1 returned to the facility on 2/6/14.</p> <p>Physicians discharge orders, dated 2/6/14 from the hospital were reviewed. C1 was prescribed 16 oral medications, additionally, C1 was prescribed subcutaneous injections of insulin per sliding scale and one topical ointment.</p> <p>A review of the medication administration record (MAR) dated 2/1/14 through 2/28/14 showed that 15 oral medications were transcribed from the physicians discharge orders correctly, mirtazapine 30 mg. was omitted from the MAR.</p> <p>Physicians treatment plan/orders dated 3/6/14 were reviewed. C1 was seen for a follow up appointment on 3/6/14, mirtazapine was not listed on the medication list that the facility sent with C1 to the appointment. C1 did not receive 30 doses of mirtazapine 30 mg by mouth at bedtime between 2/6/14 and 3/6/14. The physician ordered the mirtazapine be restarted on 3/6/14.</p>	06360		

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06360	<p>Continued From page 5</p> <p>The policy; Implementation of Medication and Treatment Orders, undated, shows that upon receipt of an order by an authorized prescriber, the licensed nurse or employee of the licensee must take action to implement the order within 24 hours.</p> <p>Registered Nurse (RN)-B was interviewed on 3/25/14 at 11:10 a.m. and said that on 2-6-13 she transcribed C1's physicians orders from discharge paperwork that included a list all medications to be administered to C1. RN-B said she did not transcribe the order for the mirtazapine onto the MAR and did not enter the medication into the computer program that tracks medication orders, the pharmacy can also access that program. She had RN-C perform a second check of the orders that same day.</p> <p>RN-C was interviewed on 3/25/14 at 12:00 p.m. and said that she performed the second check of C1's physicians orders after C1 returned from the hospital. Both she and RN-B missed the mirtazapine order.</p> <p>Time period for correction: Thirty (30) days.</p>	06360		



Protecting, Maintaining and Improving the Health of Minnesotans

Post Correction Order Follow-Up
PUBLIC DATA

Facility:

Blaine White Pine
12446 Jamestown Street NE
Blaine, MN 55449
Anoka County

Report #: HL26857003

Date: June 18, 2014

Date of Visit: June 16, 2014
Time of Visit: 9:00 a.m.

By: Stephanie Richard, R.N.
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up two state licensing order(s) which were issued on April 22, 2014, as the result of an investigation which had been completed on April 8, 2014.

The status of each order is as follows:

- 1 626.557 Subd. 4 - Corrected
- 2 4668.0860 Subp. 8 - Corrected

xc: Minnesota Department of Health – Licensing and Certification

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
H26857

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/16/2014

Name of Facility

BLAINE WHITE PINE

Street Address, City, State, Zip Code

12446 JAMESTOWN STREET NE
BLAINE, MN 55449

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>00615</u> Reg. # <u>626.557 Subd.4</u> LSC _____	Correction Completed <u>06/16/2014</u>	ID Prefix <u>06360</u> Reg. # <u>4668.0860 Subp. 8</u> LSC _____	Correction Completed <u>06/16/2014</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:
4/8/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO