

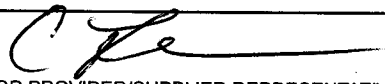
Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0288AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2012
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NAME OF PROVIDER OR SUPPLIER PRETERM	STREET ADDRESS, CITY, STATE, ZIP CODE 12000 SHAKER BOULEVARD CLEVELAND, OH 44120
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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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C 000	<p>Initial Comments</p> <p>DL/AA</p> <p>Complaint Inspection #OH00065769</p> <p>Administrator: Chrissie France</p> <p>County: Cuyahoga</p> <p>Number of Operating Rooms: Four procedure rooms</p> <p>Services Provided: Surgical & Medical Abortions</p> <p>The following violation is a result of the complaint investigation completed on 07/02/12.</p>	C 000		
C 119	<p>O.A.C. 3701-83-08 (A) Professional Standards</p> <p>Each HCF shall utilize personnel that have appropriate training and qualifications for the services that they provide. Any staff member who functions in a professional capacity shall meet the standards applicable to that profession, including but not limited to possessing a current Ohio license, registration, or certification, if required by law, and working within his or her scope of practice.</p> <p>Copies of current Ohio licenses, registrations and certifications shall be kept in the employee's personnel files or the provider of the HCF shall have an established system to verify and document the possession of current Ohio licenses, registrations, or other certifications required by law. Nurse licenses shall be copied in accordance with paragraph (E) of rule 4723-7-07 of the Administrative Code.</p>	C 119	<p>Each staff member has appropriate training and qualifications for the services they provide. Employees who function in a professional capacity meet the standards applicable to their profession including but not limited to possessing a current Ohio license, registration or certification, if required by law, and work within his/her scope of practice. Copies of current licenses, registrations and certifications shall be kept in the employees personnel file.</p>	

Ohio Department of Health  **executive director** TITLE **7/19/12** (X6) DATE

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

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0288AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2012
NAME OF PROVIDER OR SUPPLIER PRETERM		STREET ADDRESS, CITY, STATE, ZIP CODE 12000 SHAKER BOULEVARD CLEVELAND, OH 44120		
(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
C 119	Continued From page 1 This Rule is not met as evidenced by: Based on interview and personnel record review this facility failed to ensure training documentation for ultrasound staff was retained in order to verify qualifications. This had the potential to affect all patients who receive ultrasound services from this facility. This facility has performed 2,404 procedures since January 1, 2012. Findings include: The medical record for patient #1 was reviewed on 07/02/12 at approximately 1:00 PM revealed that ultrasounds were completed at this facility on 05/18/12 by Staff #3 and a later ultrasound was completed on 06/09/12 by Staff #1. The personnel file for Staff #3 was reviewed on 07/02/12 and revealed a job description for an ultrasound technician. This job description requires the technician to demonstrate knowledge of and ability to perform ultrasound skills. The personnel file lacked evidence that any training was completed or that any skills were demonstrated to show knowledge of the ability to perform an ultrasound. Interview with Staff B on 07/02/12 at 2:45 PM confirmed that no training or skills demonstrations were in the personnel file for Staff #3. Staff # 2, 3, 5 and 6 were said to be ultrasound technicians who were trained by Staff #1 and #4 per telephone interview with the Director of Nursing on 7/02/12 at 1:30 PM. The DON stated in the interview there was documentation regarding the training and successful completion of the training and directed Staff B to retrieve it from the DON's office.	C 119	<i>All ultrasound staff have an initial evaluation completed (see attachment 2). Documentation of training and competency in performing ultrasound are kept in the employee's personnel file. The evaluation of competency will be completed by another licensed or trained ultrasound staff person. On-going evaluation will be completed annually and kept in The employee's personnel file (see attachment 2).</i>	<i>7/19/12</i>

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0288AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2012
NAME OF PROVIDER OR SUPPLIER PRETERM		STREET ADDRESS, CITY, STATE, ZIP CODE 12000 SHAKER BOULEVARD CLEVELAND, OH 44120		
(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
C 119	<p>Continued From page 2</p> <p>The personnel files for Staff # 2, 3, 5 and 6 had documentation of a job description for ultrasound technician, however, lacked evidence that any training was completed or that any skills were demonstrated to show knowledge of the ability to perform an ultrasound.</p> <p>The personnel files for Staff #1 and 4 included job descriptions for ultrasound technician and the application for employment included the school and years attended for the study of ultrasound, however, no evidence of successful completion of training was included in the personnel file.</p> <p>At 3:20 PM Staff B stated he/she had spoke to the DON and the DON stated there is documentation of training for Staff # 4 although Staff B was not able to locate it in the DON's office. Staff B stated Staff #1 did have a skills/competency checklist but it was not available at this time. Staff B stated he/she was sure the four other ultrasound technicians went through training but was not definite about any documentation in order to verify the training.</p> <p>This finding substantiates complaint number OH00065769.</p>	C 119		

Attachment 1

Sono/Screening Orientation/Competency Checklist

Orientee's name _____

Preceptor's initials, signatures

Preceptor to initial box when orientee observed, completed, independent of task

*needs more practice

+see notes

	Observed	Completed	Independent
Sono/Screening Preparation:			
Turns on sono machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets up lab area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains patient chart & additional pages (pages 3, 6 for all patients) (pages 15A for 4 – 16 weeks, 15B and 15C for >17 weeks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Documentation			
In/out times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rh NEG (as needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies necessary alerts if indicated (i.e. Rhogam, inhaler, allergy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calls Patient, Introduces Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explains Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Observed	Completed	Independent
Medical Screening & Documentation			
Height/weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks appropriate questions per page 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of Preterm's screening criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labwork			
Performs proper technique for fingerstick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains blood sample for point of care testing (i.e. Hgb, Rh, UHCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs Ultrasound Exam			
Directs patient to lie down on exam table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies sono gel to lower abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies normal pelvic anatomy (uterus, ovaries, cervix, vagina, fallopian tubes if visible, urinary bladder, adnexas, bowel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, identifies congenital anomaly i.e. bicornuate or didelphic uterus (or verbal demonstration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies pelvic pathology (ovarian cysts, fibroids with location, cervical and vaginal cysts if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains appropriate 1 Δ pregnancy images with measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestational sac (yolk sac, fetal pole if visible, hyperechoic ring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRL (crown-rump length)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, identifies abnormalities (i.e. molar pregnancies, fetal demise, pseudo sac, blighted ovum, miscarriage, ectopic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, identifies twin gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation with image attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Observed	Completed	Independent
Obtains appropriate 2Δ pregnancy images with measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BPD (biparietal diameter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL (femur length)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placental location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, identifies twin gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation with image attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transvaginal ultrasound			
Explains exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructs patient to empty bladder (urine sample if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists patient into proper position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares vaginal probe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inserts vaginal probe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locates uterus, pregnancy, measures appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mifeprex follow-up			
Vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questions per follow-up page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains image of uterus & documents findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M.D. to review & sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record in follow-up book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places Completed Chart in Appropriate Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Observed	Completed	Independent
*Special Circumstances			
Unable to locate pregnancy			
Image empty uterus & adnexas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document & attach image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too early/ectopic warnings handout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies ectopic (extrauterine) pregnancy			
Presence of pseudo sac?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document & attach image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives copy to patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructs patient to go to ER immediately & documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

I have completed the above orientation and feel I can work independently doing sono/screening.

Name _____ Date _____

Attachment 2

Sono/Screening Annual Review Checklist

Employee's name _____

Observer's initials, signatures

Observer to initial box when employee observed, completed, independent of task

*needs more practice

+see notes

	Observed	Completed	Independent	Initials
Sono/Screening Preparation:				
Turns on sono machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sets up lab area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Screening materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Run controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obtains patient chart & additional pages (pages 3, 6 for all patients) (pages 15A for 4 – 16 weeks, 15B and 15C for >17 weeks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Computer Documentation				
In/out times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pregnancy dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rh NEG (as needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Applies necessary alerts if indicated (i.e. Rhogam, inhaler, allergy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Calls Patient, Introduces Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Explains Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Observed	Completed	Independent	Initials
Medical Screening & Documentation				
Height/weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asks appropriate questions per page 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aware of Preterm's screening criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labwork				
Performs proper technique for fingerstick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obtains blood sample for point of care testing (i.e. Hgb, Rh, UHCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Performs Ultrasound Exam				
Directs patient to lie down on exam table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Applies sono gel to lower abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Identifies normal pelvic anatomy (uterus, ovaries, cervix, vagina, fallopian tubes if visible, urinary bladder, adnexas, bowel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If applicable, identifies congenital anomaly i.e. bicornuate or didelphic uterus (or verbal demonstration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Identifies pelvic pathology (ovarian cysts, fibroids with location, cervical and vaginal cysts if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obtains appropriate 1 Δ pregnancy images with measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gestational sac (yolk sac, fetal pole if visible, hyperechoic ring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CRL (crown-rump length)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If applicable, identifies abnormalities (i.e. molar pregnancies, fetal demise, pseudo sac, blighted ovum, miscarriage, ectopic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If applicable, identifies twin gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Documentation with image attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Observed	Completed	Independent	Initials
Obtains appropriate 2Δ pregnancy images with measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
BPD (biparietal diameter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FL (femur length)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Placental location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If applicable, identifies twin gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Documentation with image attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transvaginal ultrasound				
Explains exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Instructs patient to empty bladder (urine sample if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assists patient into proper position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prepares vaginal probe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inserts vaginal probe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Locates uterus, pregnancy, measures appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mifeprex follow-up				
Vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Questions per follow-up page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obtains image of uterus & documents findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
M.D. to review & sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Record in follow-up book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Places Completed Chart in Appropriate Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Observed	Completed	Independent	Initials
*Special Circumstances				
Unable to locate pregnancy				
Image empty uterus & adnexas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Document & attach image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Too early/ectopic warnings handout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Identifies ectopic (extrauterine) pregnancy				
Presence of pseudo sac?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Document & attach image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gives copy to patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Instructs patient to go to ER immediately & documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes: _____

I have completed the above observation and feel I can work independently doing sono/screening.

Name _____ Date _____

DECK AUDIT

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 0288AS	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/28/2012
Name of Facility PRETERM	Street Address, City, State, Zip Code 12000 SHAKER BOULEVARD CLEVELAND, OH 44120	

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>C0119</u> Reg. # <u>O.A.C. 3701-83-08 (A)</u> LSC _____	Correction Completed 11/28/2012	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 <input checked="" type="checkbox"/>	Reviewed By <u>TU</u>	Date: <u>1/3/13</u>	Signature of Surveyor:	Date: <u>11/28/12</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: <u>1</u>

Followup to Survey Completed on: <u>7/2/2012</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		

(11) 0100 065769

	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?													
If POC refers to creating new policies/procedures, is a copy included?													
Does the plan address all of the deficient practice?													
Does the plan address who will monitor for compliance?													
Waiver/Variance requested?													

	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?													
If POC refers to creating new policies/procedures, is a copy included?													
Does the plan address all of the deficient practice?													
Does the plan address who will monitor for compliance?													
Waiver/Variance requested?													