Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:	· <u></u>	
		IL6012686	B. WING		C 01/04/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
MANOR	CARE OF ELK GROVI	E VILLAGE	GE ROAD VE VILLAGI	F II 60007	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
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S 000	Initial Comments		S 000		# *
	Complaint Investiga	ation:			89
	20\9784/IL129524 20710044/IL129803	3	:		
S9999	Final Observations		S9999		
	Statement of Licens	sure Violations:			
		esident Care Policies have written policies and			
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory conformed and othe policies shall complicies shall complicies the facility and shall by this committee, and dated minutes Section 300.1010 No. The facility shall of any accident, injuresident's condition safety or welfare of	ing all services provided by the policies and procedures shall Resident Care Policy ing of at least the dvisory physician or the armittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating the reviewed at least annually documented by written, signed		Attachment A Statement of Licensure Violations	

STATE FORM

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

NFAC11

TITLE

(X6) DATE

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		SURVEY
		4,	A. BUILDING		000	-CETED
		IL6012686	B. WING			C 04/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MANOR	CARE OF ELV ORONA	1920 NER	GE ROAD			
MANUR	CARE OF ELK GROVE	ELK GRO	VE VILLAGI	E, IL 60007		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	DBE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	50000			16
\$9999	percent or more wit facility shall obtain a of care for the care injury or change in a notification. Section 300.1210 G Nursing and Person a) Comprehensive with the participation resident's guardian applicable, must de comprehensive care includes measurable meet the resident's and psychosocial nor resident's comprehensive care includes measurable meet the resident's and psychosocial nor resident's comprehensive the resident to practicable level of provide for discharg restrictive setting bareds. The assessment of the active participating applicable. (Section b) The facility shall pand services to atta practicable physical well-being of the research resident's company to the care active participating and services to atta practicable physical well-being of the research resident's company to the care active participating of the research resident's company to the care active participating and services to atta practicable physical well-being of the research resident's company to the care in	a weight loss or gain of five hin a period of 30 days. The and record the physician's plan or treatment of such accident, condition at the time of	S9999			
	care and personal c resident to meet the care needs of the re 4) All nurs encourage residents in activities of daily I	are shall be provided to each total nursing and personal	×			
		minution was unavoidable.				

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6012686 01/04/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1920 NERGE ROAD MANORCARE OF ELK GROVE VILLAGE ELK GROVE VILLAGE, IL 60007 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

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Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6012686 01/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1920 NERGE ROAD MANORCARE OF ELK GROVE VILLAGE **ELK GROVE VILLAGE, IL 60007** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to follow their policy for weighing newly-admitted residents every week for four weeks. This failure resulted in a resident's (R7) significant weight loss of greater than 20 percent going undetected. This applies to 6 of 7 residents (R3, R4, R7, R8, R10, R11) reviewed for weight loss in the sample of 15. The findings include: 1. On December 17, 2020 at 11:40 AM, R7 was lving in her bed in a fetal position. R7 was not interviewable due to her cognitive status. R7's legs were uncovered. Her legs appeared thin and contracted. A strong odor was present in the room. V9 (CNA-Certified Nursing Assistant) said the strong odor was from R7's pressure ulcers on her buttocks. V9 removed R7's incontinence brief. R7 had two wounds on her buttocks covered by dressings dated December 15, 2020. The EMR shows R7's admission weight on October 29, 2020 was 95.0 pounds. The facility does not have documentation to show R7 was weighed after her admission on October 29, 2020 as shown on the facility policy.

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This surveyor requested R7 be weighed on December 22, 2020. R7 weighed 74.4 pounds on December 22, 2020, a significant weight loss of

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE	1 01/1	J-1/2021
MANOR	CARE OF ELK GROVE	VILLAGE 1920 NER	GE ROAD VE VILLAGI	E. IL 60007		
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S9999	V4's (Dietitian) Nutr November 3, 2020 s as unknown. V4 do problems and the in (Activities of Daily L physical assistance than 44 percent inta days "(intakes on 11 of only a few bites be documented R7 was recommended a lique nutritional juice with R7's intake and weight There is no docume were obtained and reincluding V4 (Dietitian have documentation refused the nutrition November 5, 6, 12, 24, 25, 26, 27, 28, 2 December 1, 3-15, and have documentations were recommendations were valuated.	e period October 29 to 0. ition Assessment dated shows R7's usual body weight reumented R7 had chewing lability to perform ADLs iving) without significant. V4 documented R7 had less like average in the last five 1/4/20 per nursing poor intake breakfast and lunch)." V4 sunderweight and luid supplement twice daily, breakfast and monitoring lights. Internation to show R7's weights monitored by facility staff, an). The facility does not at supplements as ordered on 14, 15, 18, 19, 20, 21, 22, 23, 29 and 30, 2020 or on 17-24, 2020. The facility does lation to show V4's	S9999		¥i	
	was admitted to the with multiple diagno muscle disorder, ne personal care, hype dementia. The EMF hospice due to demand expired at the fa	facility on October 29, 2020 ses including, COVID-19, ed for assistance with rtension, dysphagia and R shows R7 was admitted to entia on December 17, 2020 acility on December 27, 2020.				۵,
	4, 2020 shows R7 h impairment, required	ad severe cognitive d extensive assistance with				

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STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
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		IL6012686	B. WING		01/	04/2021
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MANOR	CARE OF ELK GROVE	VILLAGE	IGE ROAD VF VII I AGI	E, IL 60007		
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	personal hygiene. 1 95 pounds on admis unknown if R7 had a percent or more in t more in the last 6 m did not have a cond	ng, eating, toilet use, and I'he MDS shows R7 weighed ssion to the facility and it was a weight loss or gain of 5 he last month or 10 percent or conths. R7's MDS shows R7 ition or chronic disease that expectancy of less than 6				
	2020 shows R7 "Is a	ntion dated December 17, at a moderate nutritional risk. ritional score, indicate actions r weight."	£2			
	r/t (related to) COVI unplanned weight lo which may impact e October 30, 2020. I 30, 2020 include: "R	tled "Nutritional status: Risk D-19, chewing difficulty, ess, skin alteration, dementia ating" was initiated on Interventions initiated October Review weights and notify ensible party of significant				
	said the facility staff four weeks and mor purpose of doing the to get a baseline wh that time frame. If the I should be notified I think the facility is an falling through the co	020 at 2:30 PM, V4 (Dietitian) should do weekly weights for athly thereafter. V4 said, "The exweights weekly times four is ere the patient is at within here is significant weight loss by the nursing staff. I don't ware the weekly weights are racks. I did not notify anyone missing weekly weights."				•
	(Physician/Medical I physician caring for facility to follow the p	020 at 4:33 PM, V10 Director) said he is the R7. V10 said he expects the policy for weighing residents irst month after admission,				

(X2) MULTIPLE CONSTRUCTION

PRINTED: 02/18/2021 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6012686 01/04/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1920 NERGE ROAD MANORCARE OF ELK GROVE VILLAGE ELK GROVE VILLAGE, IL 60007 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 and then monthly thereafter. V10 said he expects the facility to follow physician orders for administering nutritional supplements. V10 said he was not informed of R7's weight loss. V10 said, "The weight loss should have been addressed sooner than today. She has been in the facility six or seven weeks and should have been weighed multiple times before today." 2. The EMR shows R3 was admitted to the facility on December 2, 2020 with multiple diagnoses including, COVID-19, COPD (Chronic Obstructive Pulmonary Disease), muscle disorder, atrial fibrillation, metabolic encephalopathy, heart disease, hypertension, pneumonia, and difficulty walking. R3's MDS dated December 8, 2020 shows R3 requires modified independence for daily decision making, requires supervision for eating, and extensive assistance with all other ADLs. The EMR shows R3's admission weight on December 2, 2020 was 191.0 pounds. The facility does not have documentation to show weekly weights were done on R3 as shown in the facility policy. This surveyor requested R3 be weighed on December 22, 2020. R3 weighed 179.4 pounds, a significant weight loss of 6.07 percent for the 20-day period of December 2 to 22, 2020. V4's (Dietitian) Nutrition Assessment dated December 3, 2020 shows facility monitoring should include monitoring R3's intake and weights. The EMR shows R4 was admitted to the

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facility on October 13, 2020 with multiple

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l	E CONSTRUCTION		SURVEY
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NAME OF	PROVIDER OR SUPPLIER		l	STATE, ZIP CODE	1 01/	04/2021
MANOR	CARE OF ELK GROVE	VILLAGE 1920 NER	GE ROAD	·		
(X4) ID	SUMMARYSTA	TEMENT OF DEFICIENCIES		E, IL 60007		
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	muscle disorder, re hypertension, deme Infection), and ureth R4 was diagnosed at the facility. The I	a facility to home with a family				
	modified independe making, was totally bathing, and require other ADLs. R4's M to the facility with a was unknown if R4	ctober 19, 2020 shows R4 had conce with daily decision dependent on facility staff for ed extensive assistance for all IDS shows R4 was admitted weight of 160 pounds and it had a weight loss or gain of 5 he last month or 10 percent or conths.				
	October 13, 2020 w does not have docu weights were done of policy. R4 was not of 17, 2020. R4's weige EMR as 102.4 pound 36.08 percent. The documentation to she check the accuracy pounds or that the saddressed on Novel	20, R4's weight was 100.8				=
	pounds, and on Dec was 94.6 pounds, a percent for the perio December 22, 2020	sember 22, 2020, R4's weight significant weight loss of 7.62 and of November 17, 2020 to .		11) (2		
	On December 21, 2 said the EMR shows	020 at 2:30 PM, V4 (Dietitian) s R4's weight went from 160.2	i			

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STATEMENT OF DEFICIENCIES

	TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SL	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		IL6012686	B. WING		C 01/04/	/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MANOR	CARE OF ELK GROVE	VILLAGE 1920 NER ELK GRO	GE ROAD VE VILLAGE	, IL 60007		·
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S9999	November 17, 2020 documentation to sl pounds was addres said, "I saw [R4] in that was the first timbeen doing weekly first month, and the there is a difference from the last weight the resident to ensure staff did a reweight on November 17, 20 pound weight loss."	2.4 pounds from October 13 to 0. V4 said there is no now R4's weight loss of 58 sed by any facility staff. V4 mid-December for weight loss, ne. The staff should have weights on the resident for the y were not doing that. Also, if of more than five pounds the facility should reweigh the accuracy of the weight entation to show the facility on [R4] after her admission or 020 after she showed a 58	S9999	2:		
	records showed her was 52.1 kilograms October 10, 2020 R pounds). V2 said sh pounds upon admis 13, 2020 was not the 135.3 pounds w R4. As of December documentation in the facility felt R4's admission of the same was in dispute. 4. The EMR shows facility on December diagnoses including COVID-19, chronic protein-calorie maln with personal care,	resing) said R4's hospital weight on October 5, 2020 (114.6 pounds), and on 4's weight was 61.5 kg (135.3 per felt R4's weight of 160 sion to the facility on October er accurate weight for R4 and as a more accurate weight for er 21, 2020, there was not er medical record to show the dission weight of 160.3 pounds R8 was admitted to the rr 1, 2020 with multiple right humerus fracture, kidney disease, utrition, need for assistance diabetes, atrial fibrillation, imer's disease, and dementia.				
		cember 7, 2020 shows R8 is as moderately impaired				

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

PRINTED: 02/18/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED C IL6012686 B. WING 01/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1920 NERGE ROAD MANORCARE OF ELK GROVE VILLAGE **ELK GROVE VILLAGE, IL 60007** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 9 S9999 cognition, and requires supervision with one-person physical assistance for eating. R8 requires extensive to total assistance with all other ADLs. The MDS shows R8 weighed 153 pounds on admission to the facility and it was unknown if R8 had a weight loss or gain of 5 percent or more in the last month or 10 percent or more in the last 6 months. The EMR shows R8's admission weight on December 2, 2020 was 153.0 pounds. The facility does not have documentation to show weekly weights were done on R8 as shown in the facility policy. This surveyor requested R8 be weighed on December 21, 2020. R8 weighed 138.8 pounds, a significant weight loss of 9.28 percent for the 19-day period of December 2 to 21, 2020. V4's (Dietitian) Nutrition Assessment dated December 2, 2020 shows R8's usual body weight is in the 170's (pounds). V4 recommended monitoring R8's intake and weights. 5. The EMR shows R10 was admitted to the facility on December 8, 2020 with multiple diagnoses including muscle disorders, dementia, need for assistance with personal care, atrial fibrillation, hypertension, gout, dementia with behaviors, and depressive episodes.

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R10's MDS dated December 13, 2020 shows R10 has moderately impaired cognition, requires supervision with setup help only for eating, and extensive assistance with all other ADLs. The MDS shows R10 weighed 110 pounds on admission to the facility, and it was unknown if R10 had a weight loss or gain of 5 percent or more in the last month or 10 percent or more in

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION :		SURVEY PLETED
		IL6012686	B. WING			C 04/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MANOR	CARE OF ELK GROVE	= VILLAGE	GE ROAD	E II 60007		
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	the last 6 months.					
	2020 was 110.0 pou have documentation	10's weight on December 9, unds. The facility does not n to show weekly weights as shown in the facility policy.				
	December 23, 2020 a significant weight	ested R10 be weighed on O. R10 weighed 104.0 pounds, loss of 5.44 percent for the ecember 9 to 23, 2020.				
	completed on Dece R10's usual body w	ition Assessment for R10 was mber 22, 2020 and shows eight is in the 140's (pounds). nonitoring R10's intake and				
	facility on Decembe diagnoses including Pulmonary Disease abnormal gait, asthi	R11 was admitted to the r 1, 2020 with multiple COPD (Chronic Obstructive), muscle weakness, ma, heart failure, rheumatic lety disorder, and history of				
	has moderate cogni supervision with mo The MDS shows R1 pounds and it was u loss or gain of 5 per	ecember 8, 2020 shows R11 itive impairment, and requires st ADLs, including eating. It's admission weight as 110 inknown if R11 had a weight cent or more in the last monthine in the last 6 months.				=
	dated December 2, 15 pounds from her recommended a hor	ition Assessment for R11 2020 shows R11 has a loss of usual body weight. V4 use shake daily and ake and body weight.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION :	(X3) DATE	SURVEY
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		IL6012686	B. WING			0 <u>4/202</u> 1
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MANOR	CARE OF ELK GROVE	= VILLACSE	GE ROAD VE VILLAGI	F II 60007		
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	resident's weights a The facility was ask policy. The facility	2020 at 4:30 PM, V1 I the facility did not monitor as shown in the facility policy. ed to provide their weight provided the "Weight eline" dated March 2018. The				
	policy shows:					
	weight managemen weight variances ar when indicated in the complications. The weight loss in older understanding the coloss and attempting patients with late-stroptimal goal may sin of taste and smell a	Loss - The key for effective at is to appropriately identify and initiate nutrition strategies are to reduce nutrition related treatment of unintended persons depends on alynamic nature of the weight to identify root causes. For age or terminal illness, the amply be to satisfy the senses and to provide the social are in order to maximize the		in the second se		
	loss occurs when the acceptable paramet though: patient's clirisk factors were exconsistent with patier recognized standard and implemented, a interventions was multiple weight Schedule: Fobtain weight upon a for total of 4 consecuThe continued neconstructional concerns	t Loss - Unavoidable weight be patient did not maintain ters of nutritional status even inical condition and nutritional aluated, interventions that are ent needs, goals and ds of practice were defined and the impact of the conitored and evaluated. For newly admitted patients, admission and weigh weekly utive weeks, then monthly. The defor weekly weights due to is determined by the miled by the registered				

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING; IL6012686 B. WING ___ 01/04/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1920 NERGE ROAD MANORCARE OF ELK GROVE VILLAGE FLK GROVE VILLAGE IL 60007

	ELI	K GROVE VILLAGI	E, IL 60007	
(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) COMPLETO DATE
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