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).

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Item</th>
<th>Date</th>
<th>Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N0831</td>
<td></td>
<td>N0831</td>
<td></td>
<td>N0831</td>
<td></td>
</tr>
<tr>
<td>1200-8-6-08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LSC</td>
<td></td>
<td>LSC</td>
<td></td>
<td>LSC</td>
<td></td>
</tr>
</tbody>
</table>

ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  
ID Prefix  
Reg. #  
LSC  

Reviewed By  
State Agency  
Reviewed By  
CMS RO  
Followup to Survey Completed on: 8/20/2012  
Date: 9/14/2012  
Signature of Surveyor:  
Date: 9/24/2012  
Signature of Surveyor:  
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2687) Sent to the Facility?  
YES  
NO  
Event ID: TW0422