

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061206	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/14/2025
NAME OF PROVIDER OR SUPPLIER FRANCIS E PARKER MEMORIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 501 EASTON AVE AT LANDING LANE , NEW BRUNSWICK, New Jersey, 08901		
(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) COMPLETION DATE
S0000	<p>Initial Comments</p> <p>Survey Date: 10/14/2025</p> <p>Census: 48</p> <p>Sample Size: 10 + 3 Closed Records</p> <p>The facility was not in compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S0000		
S2120	<p>Mandatory Physical Environment</p> <p>CFR(s): 8:39-31.1(c)</p> <p>Fire safety maintenance and retrofit of long-term care facilities shall comply with the Uniform Fire Safety Code (N.J.A.C. 5:18) as adopted by the New Jersey Department of Community Affairs. The New Jersey Uniform Fire Safety Code may be obtained from the Fire Safety Element of the Department of Community Affairs, PO Box 809, Trenton, New Jersey 08625-0809.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview on 10/8/25 and 10/9/25 in the presence of the Maintenance Supervisor (MS), it was determined the facility failed to meet the requirements of N.J.A.C. 5:70 by:</p> <p>1) not having Carbon Monoxide (CO) detection installed in the immediate vicinity of all sources of CO, 2) posting signage on 3 identified exits that read "NOT AN EMERGENCY EXIT," 3) not ensuring the fire alarm systems' sealed lead acid batteries had the load voltage test performed semiannually and the charger</p>	S2120	11/24/2025	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S2120	<p>Continued from page 1</p> <p>test and discharge test performed annually, in accordance with N.J.A.C. 5:70, Bulletin: 2017-1, NFPA 1 and NFPA 72, respectively. These deficient practices had the potential to affect all residents and were evidenced by the following:</p> <p>Observations during a facility tour on 10/8/25 between 10:22 AM and 1:13 PM revealed:</p> <p>1) The basement boiler room contained a natural gas fueled steam boiler and there was no CO detection in that room, in the corridor outside the room or in any of the adjacent rooms. Further observations of the main boiler room revealed there were two 130-gallon domestic hot water heaters and two coil boiler units for the baseboard heat that were all natural gas fueled. There was no CO detection in the main boiler room, in the corridor outside the room or in any of the adjacent rooms. In addition, observations of the main floor kitchen revealed the cooking line used natural gas fueled appliances and there was no CO detection in the kitchen or in adjacent rooms and corridors.</p> <p>In interviews at the time, the MS confirmed the observations.</p> <p>2) The Orchard Park and Harmony units end of corridor exterior exits and the Harmony corridor exit by the smoke doors had illuminated exit signs and were identified on the posted evacuation maps as exits. Further observation of the doors revealed they each had a sign on the door that read "NOT AN EMERGENCY EXIT". The end of corridor exits were required designated exits.</p> <p>In interviews at the times, the MS confirmed the observations.</p> <p>A record review on 10/9/25 of the last 3 fire alarm system semiannual inspection, tests and maintenance reports dated 8/8/25, 2/19/25 and 9/18/24 revealed the fire alarm system had sealed lead acid batteries and the Load voltage, discharge test and charger test were not indicated as performed on all three reports.</p> <p>In an interview at the time, the MS confirmed the record review.</p>	S2120		

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S2120	Continued from page 2 The facility's Assistant Administrator and the MS were informed of the deficient practices at the exit conference on 10/9/25 at 1:35 pm.	S2120		
S2315	<p>Mandatory Physical Environment</p> <p>CFR(s): 8:39-31.6(i)(1-2)</p> <p>(i) The administrator shall serve as, or appoint, a disaster planner for the facility.</p> <p>1. The disaster planner shall meet with county and municipal emergency management coordinators at least once each year to review and update the written comprehensive evacuation plan, or if county or municipal officials are unavailable for this purpose, the facility shall notify the State Office of Emergency Management.</p> <p>2. While developing the facility's evacuation plan, the disaster planner shall coordinate with the facility or facilities designated to receive relocated residents.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview on 10/9/25 in the presence of the Assistant Administrator (AA), it was determined the facility failed to meet with the municipal and county emergency management coordinators at least once in the past year to review and update the written evacuation plan, and if they were unavailable, to notify the State Office of Emergency Management (OEM) in accordance with N.J.A.C. 8:39-31.6(i). This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>A record review of the facilities emergency preparedness plan revealed their annual review sign off sheet did not include municipal and county OEM coordinators or any state OEM officials. No further documentation of OEM review was provided.</p> <p>In an interview at 1:05 PM, the AA confirmed the record review.</p> <p>The facility's AA and the Maintenance Supervisor were informed of the deficient practice during the exit conference at 1:35 PM.</p>	S2315		11/24/2025

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S0000	<p>Initial Comments</p> <p>Survey Date: 10/14/2025</p> <p>Census: 48</p> <p>Sample Size: 10 + 3 Closed Records</p> <p>The facility was not in compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S0000	<p>Corrective Action Taken:</p> <ul style="list-style-type: none"> On October 10, 2025, <small>NJ Exec Ord</small> Carbon Monoxide Detectors (AA Battery Powered CO Alarms with LEDs, Test-Reset Button, Low Battery Indicator, Portable) were installed in the immediate vicinity of all CO sources, including: <ul style="list-style-type: none"> ○ Basement steam boiler room ○ Main boiler room ○ Corridors adjacent to the boiler rooms ○ Kitchen and adjacent areas Photos of all installed detectors are attached as verification. <p>How Other Residents Were Identified/Protected: All areas of the building containing potential CO sources were assessed to ensure detectors were present and operational. No residents were exposed to CO during this time.</p> <p>Systemic Changes to Prevent Recurrence:</p> <ul style="list-style-type: none"> The Maintenance Supervisor, or designee, will perform weekly tests to ensure proper functioning. Carbon Monoxide detectors will have biannual battery replacements. Reports will be presented and reviewed at quarterly Quality Assurance and Performance Improvement Committee Meeting for 4 quarters. <p>Education Components:</p> <ul style="list-style-type: none"> Topic: Requirements of N.J.A.C. 5:70 and NFPA guidelines regarding Carbon Monoxide detection locations, monitoring expectations, weekly facility testing, and documentation requirements. Educator: Facility Maintenance Director Who Will Receive the Education: Maintenance staff, Managers and Nurse Supervisors Frequency: Initial education completed by November 24, 2025, then annually, and again during staff orientation for any new Maintenance staff. <p>Responsible Party: Maintenance Supervisor, under oversight of the Administrator.</p>	11/24/2025
S2120	<p>Mandatory Physical Environment</p> <p>CFR(s): 8:39-31.1(c)</p> <p>Fire safety maintenance and retrofit of long-term care facilities shall comply with the Uniform Fire Safety Code (N.J.A.C. 5:18) as adopted by the New Jersey Department of Community Affairs. The New Jersey Uniform Fire Safety Code may be obtained from the Fire Safety Element of the Department of Community Affairs, PO Box 809, Trenton, New Jersey 08625-0809.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review and interview on 10/8/25 and 10/9/25 in the presence of the Maintenance Supervisor (MS), it was determined the facility failed to meet the requirements of N.J.A.C. 5:70 by:</p> <p>1) not having Carbon Monoxide (CO) detection installed in the immediate vicinity of all sources of CO, 2) posting signage on 3 identified exits that read "NOT AN EMERGENCY EXIT," 3) not ensuring the fire alarm systems' sealed lead acid batteries had the load voltage test performed semiannually and the charger</p>	S2120		

NJ Exec Order 26.4b1

REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

11/20/25

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S2120	<p>Continued from page 1</p> <p>test and discharge test performed annually, in accordance with N.J.A.C. 5:70, Bulletin: 2017-1, NFPA 1 and NFPA 72, respectively. These deficient practices had the potential to affect all residents and were evidenced by the following:</p> <p>Observations during a facility tour on 10/8/25 between 10:22 AM and 1:13 PM revealed:</p> <p>1) The basement boiler room contained a natural gas fueled steam boiler and there was no CO detection in that room, in the corridor outside the room or in any of the adjacent rooms. Further observations of the main boiler room revealed there were two 130-gallon domestic hot water heaters and two coil boiler units for the baseboard heat that were all natural gas fueled. There was no CO detection in the main boiler room, in the corridor outside the room or in any of the adjacent rooms. In addition, observations of the main floor kitchen revealed the cooking line used natural gas fueled appliances and there was no CO detection in the kitchen or in adjacent rooms and corridors.</p> <p>In interviews at the time, the MS confirmed the observations.</p> <p>2) The Orchard Park and Harmony units end of corridor exterior exits and the Harmony corridor exit by the smoke doors had illuminated exit signs and were identified on the posted evacuation maps as exits. Further observation of the doors revealed they each had a sign on the door that read "NOT AN EMERGENCY EXIT". The end of corridor exits were required designated exits.</p> <p>In interviews at the times, the MS confirmed the observations.</p> <p>A record review on 10/9/25 of the last 3 fire alarm system semiannual inspection, tests and maintenance reports dated 8/8/25, 2/19/25 and 9/18/24 revealed the fire alarm system had sealed lead acid batteries and the Load voltage, discharge test and charger test were not indicated as performed on all three reports.</p> <p>In an interview at the time, the MS confirmed the record review.</p>	S2120	<p>Corrective Action Taken:</p> <ul style="list-style-type: none"> On October 9, 2025, the "NOT AN EMERGENCY EXIT" signage was removed from the affected doors. The illuminated exit signs and evacuation maps were verified to correctly identify the exits. Photos of corrected signage and exits are attached. <p>How Other Residents Were Identified/Protected: All exit doors throughout the facility were reviewed on October 9, 2025, to confirm proper signage. No other discrepancies were identified.</p> <p>Systemic Changes to Prevent Recurrence:</p> <ul style="list-style-type: none"> The Maintenance Supervisor, or designee, will conduct a quarterly building exit signage audit as part of the Life Safety compliance rounds for 4 quarters. Testing reports and audits will be presented and reviewed at Quarterly Quality Assurance and Performance Improvement Meetings for 4 quarters. <p>Education Components:</p> <ul style="list-style-type: none"> Topic: Proper identification of emergency exits per N.J.A.C. 5:70, NFPA Life Safety Code requirements, required signage, and prohibited signage on designated exits. Qualified Educator: Maintenance Director Who Will Receive the Education: Maintenance staff, Managers and Nurse Supervisors Frequency: Initial education completed by November 24, 2025, refresher annually, and during onboarding for new Maintenance staff. <p>Responsible Party: Maintenance Supervisor, under oversight of the Administrator.</p>	11/24/2025	

	<p>Corrective Action Taken:</p> <ul style="list-style-type: none"> On October 28, 2025, ^{NJ Exec Order 26.4b1} performed and documented the load voltage test, charger test, and discharge test on the fire alarm system's sealed lead acid batteries. Documentation of completed testing are attached. <p>How Other Residents Were Identified/Protected: No residents were placed at risk, although all residents had potential to be effected. The fire alarm system remained fully operational during the inspection period.</p> <p>Systemic Changes to Prevent Recurrence:</p> <ul style="list-style-type: none"> The Maintenance Supervisor, or designee, will ensure the contracted fire alarm vendor includes the required NFPA 72 battery testing procedures in all semiannual and annual inspection reports. The Administrator, or designee, will review all inspection reports upon completion to confirm that all testing elements (load, charger, discharge) are documented prior to filing. Testing reports and audits will be presented and reviewed at Quarterly Quality Assurance and Performance Improvement Meetings for 4 quarters. <p>Education Components:</p> <ul style="list-style-type: none"> Topic: NFPA 72 testing requirements for sealed lead acid fire alarm batteries, including required semiannual load voltage testing, annual discharge and charger testing, and vendor documentation standards. Qualified Educator: Maintenance Director Who Will Receive the Education: Maintenance staff, Managers and Nurse Supervisors Frequency: Initial education completed by November 24, 2025, refresher annually, and during onboarding for new Maintenance staff. <p>Responsible Party: Maintenance Supervisor, under oversight of the Administrator.</p>	11/24/2025
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S2120	<p>Continued from page 2</p> <p>The facility's Assistant Administrator and the MS were informed of the deficient practices at the exit conference on 10/9/25 at 1:35 pm.</p>	S2120	<p>Corrective Action Taken:</p> <ul style="list-style-type: none"> On October 23, 2025, a complete copy of Parker at Landing Lane's Emergency Preparedness Plan, including the written Comprehensive Evacuation Plan, was sent via <small>NJ Exec Order</small> to the following agencies for review and collaboration: <ul style="list-style-type: none"> Middlesex County Public Health Department New Brunswick Fire Department Middlesex County Office of Emergency Management New Brunswick Fire Prevention Bureau New Brunswick Office of Emergency Management Transaction records are attached as verification. Each agency was invited to review and provide feedback to support the annual update and coordination of the plan. <p>How Other Residents Were Identified and Protected: All residents remain protected under the facility's current, comprehensive Emergency Preparedness and Evacuation Plan, which has been reviewed internally and remains fully operational. All residents had potential to be impacted.</p> <p>Systemic Changes to Prevent Recurrence:</p> <ul style="list-style-type: none"> The Administrator, who serves as the facility's Disaster Planner, or designee, will now schedule annual meetings each September with county and municipal OEM coordinators to ensure timely compliance. A new section has been added to the Emergency Preparedness binder to include: <ul style="list-style-type: none"> Proof of transmittal (mail, email, or delivery receipts) for review of the Emergency Preparedness Plan for all required officials. The Assistant Administrator, or designee, will conduct a semi-annual audit of the Emergency Preparedness file to confirm documentation is current and complete. The Administrator, or designee, will report on OEM coordination status during quarterly Quality Assurance and Performance Improvement Meetings for 4 quarters. <p>Education Components:</p> <ul style="list-style-type: none"> Topic: Requirements of N.J.A.C. 8:39-31.6(i), including: <ul style="list-style-type: none"> Annual coordination with municipal and county Office of Emergency Management (OEM) officials Procedure for documenting meetings, attempted meetings, and OEM responses Requirement to notify the State Office of Emergency Management if municipal/county officials are unavailable Best practices for maintaining and updating the Comprehensive Evacuation Plan and related communication with receiving facilities 	11/24/2025
S2315	<p>Mandatory Physical Environment</p> <p>CFR(s): 8:39-31.6(i)(1-2)</p> <p>(i) The administrator shall serve as, or appoint, a disaster planner for the facility.</p> <p>1. The disaster planner shall meet with county and municipal emergency management coordinators at least once each year to review and update the written comprehensive evacuation plan, or if county or municipal officials are unavailable for this purpose, the facility shall notify the State Office of Emergency Management.</p> <p>2. While developing the facility's evacuation plan, the disaster planner shall coordinate with the facility or facilities designated to receive relocated residents.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview on 10/9/25 in the presence of the Assistant Administrator (AA), it was determined the facility failed to meet with the municipal and county emergency management coordinators at least once in the past year to review and update the written evacuation plan, and if they were unavailable, to notify the State Office of Emergency Management (OEM) in accordance with N.J.A.C. 8:39-31.6(i). This deficient practice had the potential to affect all residents and was evidenced by the following:</p> <p>A record review of the facilities emergency preparedness plan revealed their annual review sign off sheet did not include municipal and county OEM coordinators or any state OEM officials. No further documentation of OEM review was provided.</p> <p>In an interview at 1:05 PM, the AA confirmed the record review.</p> <p>The facility's AA and the Maintenance Supervisor were informed of the deficient practice during the exit conference at 1:35 PM.</p>	S2315		

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 11/28/2025 in relation to the 10/14/2025 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities		S0000		

Office of Primary Care and Health Systems Management

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