New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 HILLSIDE DRIVE MOUNT ARLINGTON, NJ 07856 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 000 Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/16/2020. The facility was found to be in	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
MT ARLINGTON SENIOR LIVING 2 HILLSIDE DRIVE MOUNT ARLINGTON, NJ 07856 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A 000 Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 2 HILLSIDE DRIVE MOUNT ARLINGTON, NJ 07856 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 000 Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on		922TYU	B. WING		11/1	6/2020	
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compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Census: 47	Initial Comments: A COVID-19 Focus was conducted by 11/16/2020. The fa compliance with the Code 8:36 infectior for Licensure of As Comprehensive Pe Assisted Living Pro Disease Control ar recommended prace COVID-19.	the State Agency on acility was found to be in the New Jersey Administrative in control regulations standards sisted Living Residences, ersonal Care Homes and orgams and Centers for and Prevention (CDC)	A 000				

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

TITLE

(X6) DATE