

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18A114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2023
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NAME OF PROVIDER OR SUPPLIER RESIDENCE AT BASKING RIDGE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 219 MOUNT AIRY ROAD BASKING RIDGE, NJ 07920
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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
H 000	<p>Initials Comments</p> <p>Type of Survey: Initial/Pre-operational survey conducted on 10/11/2023 and 10/12/2023 for the newly constructed three story Assisted Living (AL) facility licensed for 138 beds which included 28 Memory Care units. The facility has 68 residential units in AL and 28 residential units in the Memory Care unit with a total of 94 residential units.</p> <p>Census: N/A</p> <p>The outbreak response plan was reviewed.</p> <p>The facility is in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</p>	H 000		

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

TITLE

(X6) DATE