New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER CARE ONE AT WAYNE - ALR STREET ADDRESS, CITY, STATE, ZIP CODE 493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CARE ONE AT WAYNE - ALR SUMMARY STREET ADDRESS, CITY, STATE, ZIP CODE 493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470 (X4) ID. PREVIDER (EACH DERICIPENCY MUST BE PRECEDED BY PILL REGULATIONY OR LSC IDENTIFYING INFORMATION) A 000 Initial Comments: Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00169978, NJ00163660, and NJ00165844 CENSUS: 62 SAMPLE SIZE: 7 SURVEY DATE: 02/26/2024 - 02/27/2024 The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Canters for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19, based on this COVID-19 Focused						С	
CARE ONE AT WAYNE - ALR 493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 000 Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00169978, NJ00163660, and NJ00165844 CENSUS: 62 SAMPLE SIZE: 7 SURVEY DATE: 02/26/2024 - 02/27/2024 The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Programs, based on this Complaint survey. The facility was found to be in 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, based on this COVID-19 Focused	VQXWIZ			B. WING			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE