

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 310028		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2021	
NAME OF PROVIDER OR SUPPLIER NEWTON MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 175 HIGH ST NEWTON, NJ 07860			
(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
A 000	<p>INITIAL COMMENTS</p> <p>This was a Center for Medicare/Medicaid Services (CMS) authorized Federal Allegation Survey (C#NJ00141974), conducted at Newton Medical Center on January 11, 2021, to determine compliance with the following Conditions of Participation for Hospitals:</p> <p>42 CFR Part 482.42 Infection Control</p> <p>As a result of this survey, the facility was determined to be in compliance with these requirements.</p> <p>In addition, a Federal COVID-19 Focused Infection Control survey was completed for Newton Medical Center on January 11, 2021. The facility was found to be in compliance with 42 CFR 482, Conditions of Participation for Hospitals.</p>			A 000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.