New Jersey Department of Health

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED
	056301	B. WING		01/21/2021
NAME OF PROVIDER OR SUPPLIER STREET ADI				
96 PARKWAY ALARIS HEALTH AT THE CHATEAU ROCHELLE PARK, NJ 07662				
ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL G REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
000 Initial Comments		S 000		
INSPECTION DATE: 1/21/2021				
THE INSPECTION O BEDS FROM ANOTH ROOMS WERE CON SEMI-PRIVATE TO P 2-BEDDED ROOMS. WAS NOTED. THE BUILDING MAY YOU RECEIVE FORM	F THE TRANSFER OF 178 IER FACILITY. MULTIPLE VERTED FROM RIVATE; 3-BEDDED TO ONLY COSMETIC WORK NOT BE OCCUPIED UNTIL MAL NOTIFICATION BY			
	ROVIDER OR SUPPLIER EALTH AT THE CHATEA SUMMARY STI, (EACH DEFICIENC' REGULATORY OR LE INITIAL INSPECTION OF RENOVATED LON FACILITIES INSPECTION DATE: NO DEFICIENCIES WATHE INSPECTION OF BEDS FROM ANOTHE ROOMS WERE CON SEMI-PRIVATE TO PEBEDDED ROOMS. WAS NOTED. THE BUILDING MAY YOU RECEIVE FORM	DESCRICTION DESCR	DEFORMECTION DESCRIPTION NUMBER: OSCIDENTIFICATION OF PARKWAY ROCHELLE PARK, NJ ON RECEIVE PARK, NJ ON ROCHELLE PARK, NJ ON ROCHELLE PARK, NJ ON ROCHELLE PARK, NJ ON ROCHELLE PARK, NJ ON PREFIX TAG INITIAL INSPECTION OF LICENSURE OF NEW OF RENOVATED LONG TERM CARE FACILITIES INSPECTION DATE: 1/21/2021 NO DEFICIENCIES WERE NOTED DURING THE INSPECTION OF THE TRANSFER OF 178 BEDS FROM ANOTHER FACILITY. MULTIPLE ROOMS WERE CONVERTED FROM SEMI-PRIVATE TO PRIVATE; 3-BEDDED TO 2-BEDDED ROOMS. ONLY COSMETIC WORK WAS NOTED. THE BUILDING MAY NOT BE OCCUPIED UNTIL YOU RECEIVE FORMAL NOTIFICATION BY	DEFICIENCY) DISTRICTION NUMBER: DISTRICTION NUMBER: DISTRICTION NUMBER: DISTRICT ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL INSPECTION FOR LICENSURE of NEW OR RENOVATED LONG TERM CARE FACILITIES INSPECTION DATE: 1/21/2021 NO DEFICIENCIES WERE NOTED DURING THE INSPECTION OF THE TRANSFER OF 178 BEDS FROM ANOTHER FACILITY. MULTIPLE ROOMS WERE CONVERTED FROM SEMI-PRIVATE TO PRIVATE; 3-BEDDED TO 2-BEDDED ROOMS. ONLY COSMETIC WORK WAS NOTED. THE BUILDING MAY NOT BE OCCUPIED UNTIL YOU RECEIVE FORMAL NOTIFICATION BY

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

(X6) DATE TITLE

01/28/21

Electronically Signed