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

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NAME OF PROVIDER OR SUPPLIER ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL STREET ADDRESS, CITY, STATE, ZIP CODE 888 SALINA ROAD SEWELL, NJ. 08080 FROUDERS PLAN OF CORRECTION GEACH CORRECTION MUST BE PRECEDED BY PULL FROM REGULATORY OR LSC IDENTIFYING INFORMATION) FOUR INITIAL COMMENTS Survey date: 11/24/20 Census: 89 Sample: 3 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR \$483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	NAME OF PROVIDER OR SUPPLIER ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS Survey date: 11/24/20 Census: 89 Sample: 3 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FUIL REGULATORY OR LSC IDENTIFYING INFORMATION) FOUR INITIAL COMMENTS Survey date: 11/24/20 Census: 89 Sample: 3 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC)	ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOUR INITIAL COMMENTS Survey date: 11/24/20 Census: 89 Sample: 3 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC)			315516	B. WING _	s. WING		11/24/2020	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

11/24/2020

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.