

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/09/2023
NAME OF PROVIDER OR SUPPLIER ISELIN ADULT DAY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 477 LINCOLN HIGHWAY 27 ISELIN, NJ 08830		
(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
M 000	Initial Comments Type of Survey: Reopening of second session First session, Monday - Friday, 8:00 a.m. - 1:00 p.m. and Saturday 8:00 a.m.-1:00 p.m. (if session is held), 97 slots. Second session, Monday - Friday, 1:30 p.m. - 6:30 p.m. and Saturday 1:30 p.m.- 6:30 p.m. (if session is held), 97 slots. Hours of operation are Monday - Friday and (Saturday if session is held), 7:45 a.m. - 6:45 p.m. Census: 71 on 1/9/2023 Sample Size: 0 The facility was in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43F, Standards for Licensure of Adult Day Health Services.	M 000		

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

TITLE

(X6) DATE