PRINTED: 10/01/2024 FORM APPROVED

New Jersey Department of Health

OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	12039	B. WING		04/0	8/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
PARKER AT MONROE 395 SCHOOL HOUSE ROAD MONROE, NJ 08831					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	ON SHOULD BE COMP DE APPROPRIATE DA	
00 Initial Comments		S 000			
TYPE OF SURVEY: Initial inspection of six new beds to be added to the current ninety-six (96) Licensed beds.					
CENSUS: 93					
The following single bed rooms and common areas were inspected including testing the domestic hot water temperatures :					
Building A, 2nd. floor Maple Wood Resident room #A-215. Building A, 1st. floor Red Cedars Resident					
Building D, 2nd. floor Rose Willow Resident room #D-201.					
room #D-101. Building E, 2nd. floor White Willow Resident room #E-217.					
Building E, 1st. floor Silver Oaks Resident room #E-117.					
THE STANDARDS ADMINISTRATIVE STANDARDS FOR	IN THE NEW JERSEY CODE, CHAPTER 8:39, LICENSURE OF LONG				
formal notification b	y the Certificate of Need and				
	PROVIDER OR SUPPLIER RAT MONROE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Initial Comments TYPE OF SURVEY beds to be added to Licensed beds. CENSUS: 93 The following single areas were inspecte domestic hot water Building A, 2nd. room #A-215. Building A, 1st. room #A-215. Building D, 2nd room #D-201. Building D, 2nd room #D-101. Building E, 2nd room #E-217. Building E, 1st. room #E-117. THE FACILITY WA THE STANDARDS ADMINISTRATIVE STANDARDS FOR TERM CARE FACIL The above noted ar formal notification by	TOF CORRECTION 12039 PROVIDER OR SUPPLIER STREET AD 395 SCHO MONROE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments TYPE OF SURVEY: Initial inspection of six new beds to be added to the current ninety-six (96) Licensed beds. CENSUS: 93 The following single bed rooms and common areas were inspected including testing the domestic hot water temperatures: Building A, 2nd. floor Maple Wood Resident room #A-215. Building A, 1st. floor Red Cedars Resident room #A-115. Building D, 2nd. floor Rose Willow Resident room #D-201. Building D, 1st. floor Golden Oaks Resident room #D-101. Building E, 2nd. floor White Willow Resident room #E-217. Building E, 1st. floor Silver Oaks Resident	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S RAT MONROE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments S 000 TYPE OF SURVEY: Initial inspection of six new beds to be added to the current ninety-six (96) Licensed beds. CENSUS: 93 The following single bed rooms and common areas were inspected including testing the domestic hot water temperatures: Building A, 2nd. floor Maple Wood Resident room #A-215. Building D, 2nd. floor Rose Willow Resident room #D-201. Building D, 1st. floor Golden Oaks Resident room #D-101. Building E, 2nd. floor White Willow Resident room #E-217. Building E, 2nd. floor Silver Oaks Resident room #E-217. THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. The above noted areas may not be occupied until formal notification by the Certificate of Need and	TOP CORRECTION 12039	DENTIFICATION NUMBER: 12039 B. WING 04/0 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 395 SCHOOL HOUSE ROAD MONROE, NJ 08831 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments TYPE OF SURVEY: Initial inspection of six new beds to be added to the current ninety-six (96) Licensed beds. CENSUS: 93 The following single bed rooms and common areas were inspected including testing the domestic hot water temperatures: Building A, 2nd. floor Maple Wood Resident room #A-215. Building D, 2nd. floor Rose Willow Resident room #A-211. Building E, 2nd. floor White Willow Resident room #E-217. Building E, 1st. floor Silver Oaks Resident room #E-217. THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. The above noted areas may not be occupied until formal notification by the Certificate of Need and

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

TITLE (X6) DATE

STATE FORM 90W411 If continuation sheet 1 of 1

ı