

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2024
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NAME OF PROVIDER OR SUPPLIER PARKER AT MONROE	STREET ADDRESS, CITY, STATE, ZIP CODE 395 SCHOOL HOUSE ROAD MONROE, NJ 08831
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(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
S 000	<p>Initial Comments</p> <p>TYPE OF SURVEY: Initial inspection of six new beds to be added to the current ninety-six (96) Licensed beds.</p> <p>CENSUS: 93</p> <p>The following single bed rooms and common areas were inspected including testing the domestic hot water temperatures :</p> <ul style="list-style-type: none"> 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 room #E-117. <p>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.</p> <p>The above noted areas may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.</p>	S 000		

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

TITLE

(X6) DATE