

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST COMMUNITIES AT THE SHORES		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 BAY AVENUE OCEAN CITY, NJ 08226		
(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
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Inspection Survey of Phase II of the Renovation Project, which includes the renovation and reconfiguration of the first floor to create additional amenity spaces, including the Cafe/Bistro with kitchenette and serving area and relocated gift shop. Inspection of the cosmetic renovation with new furnishing, lighting, furniture, and fixtures for the existing lobby, dining rooms, offices, storage rooms, and four (4) bathrooms.</p> <p>This Inspection does not change the current 255 Licensed beds.</p> <p>CENSUS: 131</p> <p>The facility is in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</p>	A 000		

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

TITLE

(X6) DATE