

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2023
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NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE BASKING RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3066 AND 3074 VALLEY ROAD BASKING RIDGE, NJ 07920
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Standard Survey</p> <p>The facility is in substantial compliance with all 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> <p>Type of Survey: Initial/Pre-Operational survey conducted on 12/6/2023 and 12/7/2023 for the newly constructed two story Assisted Living (AL) facility licensed for 100 beds which included 32 Memory Care Units. The facility has 48 residential units in AL and 32 residential units in the Memory Care unit for a total of 80 residential units.</p> <p>Census: N/A</p> <p>The Outbreak Response Plan was reviewed.</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