

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/14/2025 |
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| NAME OF PROVIDER OR SUPPLIER BAKER PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 685 S. BREWSTER ROAD VINELAND, NJ 08360 |
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| A 000 | <p>Initial Comments</p> <p>Initial Comments: COMPLAINT #: NJ00171994</p> <p>CENSUS: 40</p> <p>SAMPLE SIZE: 6</p> <p>TYPE OF SURVEY: Standard Survey</p> <p>The facility is not 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>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p> | A 000 | | |
| A 517 | <p>8:36-5.6(b)(1-7) General Requirements</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <p>1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment;</p> | A 517 | | |

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

TITLE

(X6) DATE

01/06/26

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| A 517 | <p>Continued From page 1</p> <p>2. Emergency plans and procedures;</p> <p>3. The infection prevention and control program;</p> <p>4. Resident rights;</p> <p>5. Abuse and neglect;</p> <p>6. Pain management;</p> <p>7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and facility document review, the facility failed to ensure documentation of orientation for job duties was included in the staff personnel file for 4 (Licensed Practical Nurse [LPN] #6, Housekeeper [HSK] #7, Home Health Aide [HHA] #9, and the Director of Culinary Services [DCS]) of 5 personnel files reviewed.</p> | A 517 | | |

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| A 517 | <p>Continued From page 2</p> <p>Findings included:</p> <p>1. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired LPN #6 on <small>NJ Exec Order 26.4b1</small>.</p> <p>Review of LPN #6's personnel file revealed no documentation of orientation for the employee upon hire.</p> <p>During an interview on 11/14/2025 at 9:49 AM, LPN #6 stated she had orientation completed when she was first hired to the facility by the previous Director of Nursing (DON).</p> <p>2. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired HSK #7 on <small>NJ Exec Order 26.4b1</small>.</p> <p>Review of Housekeeper #7's personnel file revealed no documentation of orientation for the employee upon hire.</p> <p>During an interview on 11/14/2025 at 8:47 AM, HSK #7 stated she had an orientation with the previous Executive Director but was unsure where he put the information.</p> <p>3. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired HHA #9 on <small>NJ Exec Order 26.4b1</small>.</p> <p>Review of HHA #9's personnel file revealed no documentation of orientation for the employee upon hire.</p> <p>HHA #9 was contacted by phone on 11/14/2025, at 10:10 AM and 12:02 PM with no response.</p> <p>4. An untitled facility document dated 11/14/2025</p> | A 517 | | |

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| A 517 | <p>Continued From page 3</p> <p>revealed personnel demographics that indicated the facility hired the DCS on NJ Exec Order 26.4b1.</p> <p>Review of the DCS's personnel file revealed no documentation for the employee upon hire and/or his current role.</p> <p>During an interview on 11/14/2025 at 10:25 AM, the DCS stated he had been the facility cook for the last NJ Exec Order 26.4b1 and worked with previous cooks that were at the facility and stated the previous cooks had not completed a checkoff for him for his current position.</p> <p>During an interview on 11/14/2025 at 12:06 PM, the Director of Wellness stated there were no policies regarding staff orientation. She stated she did not have access to the facility's corporate human resource policies.</p> | A 517 | | |
| A 535 | <p>8:36-5.6(e) General Requirements</p> <p>(e) The facility or program shall employ reasonable efforts to ensure that no employee has been convicted of a crime relating adversely to the person's ability to provide resident care, such as homicide, assault, kidnapping, sexual offenses, robbery, and crimes against the family, children or incompetents, except where the applicant or employee with a criminal history has demonstrated his rehabilitation in order to qualify for employment at the facility or program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and facility document review, the facility failed to ensure staff members' personnel files contained documentation of a</p> | A 535 | | |

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| A 535 | <p>Continued From page 4</p> <p>reference check and criminal background information for 1 (Home Health Aide [HHA] #9) of 5 personnel files reviewed.</p> <p>Findings included:</p> <p>An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired HHA #9 as a care manager on NJ Exec Order 26.4b1</p> <p>Review of HHA #9's personnel file revealed no documentation of a reference check and criminal background check.</p> <p>During an interview on 11/13/2025 at 4:45 PM, the interim Executive Director (ED) stated that she and the Director of Wellness were unable to locate any additional documentation for HHA #9.</p> <p>During an interview on 11/14/2025 at 11:27 AM, the Business Office Assistant (BOA) stated that she took over the role of onboarding staff with background checks in NJ Exec Order 26.4b1. The BOA stated that the previous Director of Wellness retired in NJ Exec Order 26.4b and prior to their retirement the Director of Wellness was responsible for collecting reference and background check information.</p> | A 535 | | |
| A 547 | <p>8:36-5.7(a)(6) General Requirements</p> <p>(a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at</p> | A 547 | | |

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| A 547 | <p>Continued From page 5</p> <p>all times. The manual(s) shall include at least the following:</p> <p>6. Policies and procedures for the maintenance of personnel records for each employee, including at least his or her name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, records of orientation and inservice education, and evaluation of job performance;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and facility document review, the facility failed to develop and implement a policy and procedure to ensure personnel files contained evidence of a physical examination. Additionally, personnel files lacked documentation of a physical examination for 4 (Licensed Practical Nurse [LPN] #6, Director of Wellness, Home Health Aide [HHA] #9, and the Director of Culinary Services [DCS]) of 5 personnel files reviewed.</p> <p>Findings included:</p> <p>1. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired LPN #6 on NJ Exec Order 26.4b1</p> <p>Review of LPN #6's personnel file revealed no documentation of a physical examination for the employee.</p> | A 547 | | |

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| A 547 | <p>Continued From page 6</p> <p>During an interview on 11/14/2025 at 9:50 AM, LPN #6 stated she was required to have a physical examination completed prior to working at the facility and provided one to the previous Executive Director (ED). She stated she had not completed a physical examination for the [redacted] and [redacted].</p> <p>2. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired the Director of Wellness on [redacted].</p> <p>Review of the Director of Wellness's personnel file revealed no documentation of a physical examination for the employee.</p> <p>During an interview on 11/14/2025 at 11:15 AM, the Director of Wellness stated she had a physical examination completed at an outside vendor. She stated she thought the staff were going to an urgent care facility to complete their physical examinations as she had when she was first hired.</p> <p>3. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired HHA #9 on [redacted].</p> <p>Review of HHA #9's personnel file revealed no documentation of a physical examination for the employee.</p> <p>HHA #9 was contacted by phone on 11/14/2025 at 10:10 AM and 12:02 PM with no response.</p> <p>4. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired the DCS on [redacted].</p> | A 547 | | |

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| A 547 | <p>Continued From page 7</p> <p>Review of the DCS's personnel file revealed no documentation of a physical examination for the employee.</p> <p>During an interview on 11/14/2025 at 10:30 AM, the DCS stated he had a physical examination completed every year although he did not recall the facility requesting the documentation for his personnel file.</p> <p>During an interview on 11/14/2025 at 12:06 PM, the Director of Wellness stated there were no facility policies and procedures regarding staff physical examinations.</p> <p>During an interview on 11/13/2025 at 4:45 PM, the interim Executive Director (ED) stated she and the Director of Wellness were unable to locate any documentation for the staff members (regarding physical examinations).</p> | A 547 | | |
| A1225 | <p>8:36-17.3(b)(8)(i-ii) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(b) The following safety conditions shall be met:</p> <p>8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition;</p> <p>i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters</p> | A1225 | | |

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| A1225 | <p>Continued From page 8</p> <p>Laboratories (U.L.) approved; and</p> <p>ii. The written statement shall be available for review by the Department during survey.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to have the facility's electrical system inspected by a licensed electrician annually. This deficient practice was evidenced by the following:</p> <p>On 11/14/25 at 11:11 a.m., the surveyor reviewed the electrical inspection records provided by the Director of Maintenance (DOM) which revealed that the facility did not have a current electrical inspection for the year 2025. The record indicated that the electrical inspection was last conducted on 5/18/24.</p> <p>At 11:20 a.m. the surveyor interviewed the DOM regarding the 2025 electrical inspection. The DOM stated that he was aware of the inspection and had it scheduled for the following week.</p> | A1225 | | |
| A1307 | <p>8:36-18.4(a)(1) Infection Prevention and Control Services</p> <p>(a) Each new employee upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be</p> | A1307 | | |

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| A1307 | <p>Continued From page 9</p> <p>employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:</p> <p>1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and facility document and policy review, the facility failed to ensure staff personnel files included documentation of a NJ Exec Order 26.4b1) upon hire for 1 (Director of Wellness) of 5 staff personnel files reviewed.</p> <p>Findings included:</p> <p>A facility policy titled, "IC15-Tuberculosis: Care Staff," dated 06/07/2024, revealed, "The Community will screen all care staff for NJ Exec Order 26.4b1, per state regulations prior to the start of employment and annually thereafter." The policy revealed, "1. Each</p> | A1307 | | |

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| A1307 | <p>Continued From page 10</p> <p>newly hired care staff member will be screened regarding exposure to or symptoms of TB after an employment offer has been made and prior to the employee's duty assignment. a. Care staff will annually provide proof of a negative TB examination. b. Documentation will be retained in the employee's file."</p> <p>An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired the Director of Wellness on NJ Exec Order 26.4b1</p> <p>Review of the Director of Wellness personnel file revealed no documentation of a NJ Exec Order 26.4b1 test in the personnel file prior to providing patient care.</p> <p>During an interview on 11/14/2025 at 11:15 AM, the Director of Wellness stated she had completed a NJ Exec Order 26.4b1 test with an outside vendor prior to hire. The Director of Wellness stated she was unsure why she did not have a NJ Exec Order 26.4b1 completed prior to beginning work.</p> <p>During an interview on 11/14/2025 at 11:27 AM, the Business Office Assistant (BOA) stated that she took over the role of onboarding new employees beginning in NJ Exec Order 26.4b1. She stated she was responsible for completing the employees' background check and then the employee completed all other required documents on the computer platform. The BOA did not say why there was no documentation of the second step of the NJ Exec Order 26.4b1 testing for the Director of Wellness upon hire.</p> <p>During an interview on 11/13/2025 at 4:30 PM, the interim Executive Director stated her</p> | A1307 | | |

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| A1307 | Continued From page 11 expectation was after a new employee was hired the employee was to have a NJ Exec Order 26.4b1 test then annual screenings were to be performed annually thereafter. During an interview on 11/13/2025 at 4:45 PM, the interim Executive Director stated she and the Director of Wellness were unable to locate any documentation (NJ Exec Order 26.4b1 testing for the Director of Wellness). | A1307 | | |
| A1315 | 8:36-18.4(b) Infection Prevention and Control Services (b) The facility shall have written policies and procedures establishing timeframes, requiring annual Mantoux tuberculin skin tests for all employees except those exempted under (a) above. This REQUIREMENT is not met as evidenced by: Based on interview and facility document and policy review, the facility failed to ensure staff personnel files contained documentation of an annual NJ Exec Order 26.4b1) for 4 (Licensed Practical Nurse [LPN] #6, Housekeeper [HSK] #7, Home Health Aide [HHA] #9, and the Director of Culinary Services [DCS]) of 5 personnel files reviewed. Findings included: A facility policy titled, "IC15-Tuberculosis: Care Staff," dated 06/07/2024, revealed "The Community will screen all care staff for tuberculosis (TB) infection and disease, per state | A1315 | | |

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| A1315 | <p>Continued From page 12</p> <p>regulations prior to the start of employment and annually thereafter." The policy revealed a section titled, "Procedure," that included, "a. Care staff will annually provide proof of a negative TB (tuberculosis) examination. b. Documentation will be retained in the employee's file."</p> <p>An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired LPN #6 on [redacted] NJ Exec Order 26.4b1.</p> <p>LPN #6's "NJ Ex Order 26.4(b)(1) Testing Consent and Record" form revealed documentation that a [redacted] NJ Exec Order 26.4b1 test was given on [redacted] NJ Exec Order 26.4b1. Further review revealed no documentation of annual [redacted] NJ Exec Order 26.4b1 testing by the facility since [redacted] NJ Exec Order 26.4b1.</p> <p>During an interview on 11/14/2025 at 9:49 AM, LPN #6 stated she received an initial two-step [redacted] NJ Exec Order 26.4b1 test by the former Director of Nursing when she was hired. She stated she did not have an annual [redacted] NJ Exec Order 26.4b1 test completed for the [redacted] NJ Exec Order 26.4b1.</p> <p>2. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired HSK #7 on [redacted] NJ Exec Order 26.4b1.</p> <p>HSK #7's "NJ Exec Order 26.4b1 Testing Consent and Record" form revealed documentation that a [redacted] NJ Exec Order 26.4b1 test was given on [redacted] NJ Exec Order 26.4b1. Further review revealed no documentation of annual [redacted] NJ Exec Order 26.4b1 testing for the [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1.</p> <p>During an interview on 11/14/2025 at 8:47 AM, HSK #7 stated she did not recall being notified by the facility that an annual [redacted] NJ Exec Order 26.4b1 test was needed.</p> <p>3. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated</p> | A1315 | | |

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/14/2025 |
|--|---|---|---|

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| NAME OF PROVIDER OR SUPPLIER BAKER PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 685 S. BREWSTER ROAD VINELAND, NJ 08360 |
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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 |
|--------------------|---|---------------|---|--------------------|
| A1315 | <p>Continued From page 13</p> <p>the facility hired HHA #9 on [redacted] NJ Exec Order 26.4b1.</p> <p>HHA #9's "NJ Exec Order 26.4b1 Testing Consent and Record" form revealed documentation that a [redacted] NJ Exec Or test was given on [redacted] NJ Exec Order 26.4b1. Further review revealed no documentation of an annual [redacted] NJ Exec Or for the [redacted] NJ Exec Order 26.4b1.</p> <p>HHA #9 was contacted by phone on 11/14/2025 at 10:10 AM and 12:02 PM with no response.</p> <p>4. An untitled facility document dated 11/14/2025 revealed personnel demographics that indicated the facility hired the DCS on [redacted] NJ Exec Order 26.4b1.</p> <p>The DCS's "NJ Exec Order 26.4b1 Testing Consent and Record" form revealed documentation that an annual [redacted] NJ Exec Or test was given on [redacted] NJ Exec Order 26.4b1 [redacted]. Further review revealed no documentation of an annual [redacted] NJ Ex Orde test for the years [redacted] NJ Exec Orde and [redacted] NJ Exec Orde.</p> <p>During an interview on 11/14/2025 at 10:25 AM, the DCS stated that he had a [redacted] NJ Exec Or test performed in [redacted] NJ Exec Or by the previous Director of Wellness before she retired but was unaware of what she had done with the information.</p> <p>During an interview on 11/13/2025 at 4:30 PM, the interim Executive Director (ED) stated that she was trained to ensure that a new employee had a [redacted] NJ Exec Order 26.4b1 test and annual screenings were completed thereafter and that was her expectation. After reviewing the facility policy, the interim ED stated that she was not aware that the facility policy stated that an annual [redacted] NJ Exec Or test was required.</p> <p>During an interview on 11/13/2025 at 4:45 PM,</p> | A1315 | | |

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/14/2025 |
|--|---|---|---|

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|--|---|
| NAME OF PROVIDER OR SUPPLIER BAKER PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 685 S. BREWSTER ROAD VINELAND, NJ 08360 |
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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 |
|--------------------|--|---------------|---|--------------------|
| A1315 | Continued From page 14 the interim ED stated she and the Director of Wellness were unable to locate any documentation (of annual NJ EXEC OR testing for the staff members). | A1315 | | |

STATE FORM: REVISIT REPORT

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|--|---|---|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25A000 Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 1/6/2026 Y3 |
| NAME OF FACILITY BAKER PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 685 S. BREWSTER ROAD VINELAND, NJ 08360 | |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|-------------------------------------|-------------------|-------------------------------|-------------------|------------------------------|-------------------|
| ID Prefix <u>A0517</u> | Correction | ID Prefix <u>A0535</u> | Correction | ID Prefix <u>A0547</u> | Correction |
| Reg. # <u>8:36-5.6(b)(1-7)</u> | Completed | Reg. # <u>8:36-5.6(e)</u> | Completed | Reg. # <u>8:36-5.7(a)(6)</u> | Completed |
| LSC _____ | <u>01/15/2026</u> | LSC _____ | <u>01/06/2026</u> | LSC _____ | <u>01/12/2026</u> |
| ID Prefix <u>A1225</u> | Correction | ID Prefix <u>A1307</u> | Correction | ID Prefix <u>A1315</u> | Correction |
| Reg. # <u>8:36-17.3(b)(8)(i-ii)</u> | Completed | Reg. # <u>8:36-18.4(a)(1)</u> | Completed | Reg. # <u>8:36-18.4(b)</u> | Completed |
| LSC _____ | <u>01/06/2026</u> | LSC _____ | <u>01/12/2026</u> | LSC _____ | <u>01/12/2026</u> |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |

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|---|------------------------|--|-----------------------|------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON 11/14/2025 | | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 25A000 Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 1/6/2026 Y3 |
| NAME OF FACILITY BAKER PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 685 S. BREWSTER ROAD VINELAND, NJ 08360 | |

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| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|--------------------------------|-------------------|----------------------------|-------------------|------------------------------|-------------------|
| ID Prefix <u>A0517</u> | <u>Correction</u> | ID Prefix <u>A0535</u> | <u>Correction</u> | ID Prefix <u>A0547</u> | <u>Correction</u> |
| Reg. # <u>8:36-5.6(b)(1-7)</u> | <u>Completed</u> | Reg. # <u>8:36-5.6(e)</u> | <u>Completed</u> | Reg. # <u>8:36-5.7(a)(6)</u> | <u>Completed</u> |
| LSC _____ | <u>01/15/2026</u> | LSC _____ | <u>01/06/2026</u> | LSC _____ | <u>01/12/2026</u> |
| ID Prefix <u>A1307</u> | <u>Correction</u> | ID Prefix <u>A1315</u> | <u>Correction</u> | ID Prefix _____ | <u>Correction</u> |
| Reg. # <u>8:36-18.4(a)(1)</u> | <u>Completed</u> | Reg. # <u>8:36-18.4(b)</u> | <u>Completed</u> | Reg. # _____ | <u>Completed</u> |
| LSC _____ | <u>01/12/2026</u> | LSC _____ | <u>01/12/2026</u> | LSC _____ | |
| ID Prefix _____ | <u>Correction</u> | ID Prefix _____ | <u>Correction</u> | ID Prefix _____ | <u>Correction</u> |
| Reg. # _____ | <u>Completed</u> | Reg. # _____ | <u>Completed</u> | Reg. # _____ | <u>Completed</u> |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | <u>Correction</u> | ID Prefix _____ | <u>Correction</u> | ID Prefix _____ | <u>Correction</u> |
| Reg. # _____ | <u>Completed</u> | Reg. # _____ | <u>Completed</u> | Reg. # _____ | <u>Completed</u> |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | <u>Correction</u> | ID Prefix _____ | <u>Correction</u> | ID Prefix _____ | <u>Correction</u> |
| Reg. # _____ | <u>Completed</u> | Reg. # _____ | <u>Completed</u> | Reg. # _____ | <u>Completed</u> |
| LSC _____ | | LSC _____ | | LSC _____ | |

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|---|------------------------|--|-----------------------|------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON 11/14/2025 | | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |