New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060308	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDFORD LEAS	ONE MEDFORD LEAS WAY MEDFORD, NJ 08055

(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	Initial Comments Initial inspection for Licensure of Renovated Long Term Care Facilities Inspection Date: 02/07/2024 Census: 8 No deficiencies were noted during the inspection of the repurpose of the Haddon Court building including Resident rooms, enlarge Nurse's Station and Nurse Manager Office, Existing kitchen pantry into a clean linen storage room, existing clean utility room into a medication room, existing dirty utility room into a clean utility room and an existing linen storage into a dirty utility room. The above noted areas may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/08/24