

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER BARCLAYS REHABILITATION AND HEALTHCARE CEI		STREET ADDRESS, CITY, STATE, ZIP CODE 1412 MARLTON PIKE EAST CHERRY HILL, NJ 08034		
(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>Survey: 1/22/2025</p> <p>A project survey was conducted on 1/22/2025 at Barclays Rehabilitation and Healthcare Center. Renovation to the Rehabilitation Gym was found to be in compliance with N.J.A.C. 8:39-31.1 and NFPA 101:2012.</p> <p>The identified areas may not be occupied until the New Jersey Certificate of Need and Licensing notifies the facility of approval.</p>	S 000		

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

TITLE

(X6) DATE

Electronically Signed

01/27/25