

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2024
NAME OF PROVIDER OR SUPPLIER VOORHEES PEDIATRIC FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1304 LAUREL OAK ROAD VOORHEES, NJ 08043		
(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>Initial inspection for Licensure of Renovated Long Term Care Facilities</p> <p>Inspection Date: 02/23/2024</p> <p>No deficiencies were noted during the inspection of the a converted office space into a semi-private resident room (209 C and D) and Room 116 adding one bed. The facility is requesting the addition of 3 beds to their license.</p> <p>The above noted areas may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.</p>	S 000		

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

TITLE

(X6) DATE

Electronically Signed

03/05/24