New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER CARE ONE AT PARSIPPANY ASSISTED LIVING (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) TAG Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ182185 CENSUS: 77 SAMPLE SIZE: 10 SURVEY DATE: 02/19/2025 to 02/20/2025 The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Programs, based on this Complaint survey.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE