DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2020 FORM APPROVED OMB NO. 0938-0391

MARE OF PROVIDER OR SUPPLIER MARTWYCK AT OAK TREE SUMMARY STATEMENT OF DEFICIENCIES CASH DEPOCHAGE PLAN OF COSSECTION PROPERLY REGULATORY OR IS IDENTIFYING INFORMATION) FOUND INITIAL COMMENTS C #: Covid-19 Infection Control Survey Census: 92 Sample Size: 0 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 9/16/20. The facility was found to be in compliance with 42 CFR \$483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
CAN ALTER TOAK TREE CAN ALTER TREE CAN ALTER TOAK TREE ROAD EDISON, NJ 08220	315251		315251	B. WING		06	09/16/2020	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS C #: Covid-19 Infection Control Survey Census: 92 Sample Size: 0 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 91/6/20. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.					2048 OAK TREE ROAD	·		
C #: Covid-19 Infection Control Survey Census: 92 Sample Size: 0 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 9/16/20. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	((EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
Census: 92 Sample Size: 0 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 9/16/20. The facility was found to be in compliance with 42 CFR \$483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	F 000	INITIAL COMMENTS		F 0	000			
Sample Size: 0 A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health on 9/16/20. The facility was found to be in compliance with 42 CFR \$43.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.		C #: Covid-19 Infection	on Control Survey					
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ADODATORY DIRECTORIC OR PROVIDER/CUIRDUIER REPRECENTATIVEIC CICNATURE		was conducted by the Health on 9/16/20. The compliance with 42 Coregulations and has in Centers for Disease ((CDC) recommended	e New Jersey Department of the facility was found to be in FR §483.80 infection control mplemented the CMS and Control and Prevention					
	LABODATORY		CLIDDLIED DEDDEOENTATIVE OLONATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

Facility ID: NJ61218

09/21/2020