

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061314	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		
(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>A project survey of third floor renovations was conducted by the Department of Health, Health Facilities Survey and Field Operations on 06/06/2025. Allaire Rehab & Nursing was found to be in compliance with N.J.A.C. 8:39 and NFPA 101: 2012.</p> <p>The Project was a cosmetic renovation of the 3rd floor of a 4 story building that included 1 for 1 replacement of some plumbing and Electric. The project was completed in two phases. Each phase renovated one half of the third floor. There were 30 beds on each side for a total of 60 beds for the floor. Phase 1 was the Southeast side and Phase 2 was the Northwest side.</p> <p>Phase 1 was completed and successfully surveyed on 12/04/2024.</p> <p>This survey was the second and final survey for the project and inspected Phase 2 of the project.</p> <p>The resident rooms 330 to 344 on the Northwest side (Phase 2) were unoccupied at the time of survey. The Southeast side (Phase 1) was occupied at the time of survey. The 3rd floor census was 29 of 60. The facility census was 137.</p>	S 000		

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

TITLE

(X6) DATE

Electronically Signed

06/12/25