

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061413 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 05/28/2021 |
| NAME OF PROVIDER OR SUPPLIER PINE ACRES CONVALESCENT CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 51 MADISON AVE MADISON, NJ 07940 | | |
| (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 NEW or RENOVATED LONG TERM CARE FACILITIES</p> <p>INITIAL INSPECTION DATE: 5/28/2021</p> <p>THE FACILITY COMPLIES WITH THE BUILDING REQUIREMENTS FOR LONG TERM CARE FACILITIES REGARDING THE INSPECTION OF CONSTRUCTION/RENOVATIONS TO THE FRONT ENTRANCE INCLUDING A NEW ACCESS RAMP AND MODIFICATION TO THE FRONT LOBBY.</p> <p>THE BUILDING MAY NOT BE OCCUPIED UNTIL YOU RECEIVE FORMAL NOTIFICATION BY THE LICENSING PROGRAM.</p> | S 000 | | |

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

TITLE

(X6) DATE

Electronically Signed

06/03/21