New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061620	A. BUILDING: _____ B. WING _____	03/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOCTORS SUBACUTE HEALTHCARE, LLC	59 BIRCH STREET PATERSON, NJ 07522

(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	Initial Comments Inspection for Licensure of New and/or Renovated Long Term Care Facilities Inspection Date: 3/25/22 No deficiencies were noted during the inspection of the expansion of the existing rehabilitation gym using the existing multi-purpose room. Project A which included the separation and new wall construction of the multi-purpose room and Project B which included the expansion of the rehabilitation gym. The above noted areas may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received. .	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/29/22