		A. BUILDING:			
		A. BUILDING:		COMPLETED	
	65a007	B. WING		02/14/2020	
OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AT BRICK, THE		K MARTIN BLVD. NJ 08724			
X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	CROSS-REFERENCED TO T	IVE ACTION SHOULD BE COMPLET ED TO THE APPROPRIATE DATE	
Initial Comments		A 000			
Initial Comments: TYPE OF SURVEY: Complaint					
COMPLAINT #: NJ00133386					
CENSUS: 96					
SAMPLE SIZE: 3					
New Jersey Administ Standards for Licens Residences, Compre Homes, and Assisted	trative Code, Chapter 8:36, ure of Assisted Living chensive Personal Care d Living Programs, based on				
	(EACH DEFICIENC REGULATORY OR nitial Comments ITYPE OF SURVEY: COMPLAINT #: NJC CENSUS: 96 SAMPLE SIZE: 3 The facility was in su New Jersey Administ Standards for Licens Residences, Compre Homes, and Assisted his Complaint surve	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) nitial Comments TYPE OF SURVEY: Complaint COMPLAINT #: NJ00133386 CENSUS: 96 SAMPLE SIZE: 3 The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on his Complaint survey.	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG     nitial Comments   A 000     nitial Comments:   CYPE OF SURVEY: Complaint     COMPLAINT #: NJ00133386   CENSUS: 96     SAMPLE SIZE: 3   The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on his Complaint survey.	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAG(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCYnitial CommentsA 000nitial Comments: TYPE OF SURVEY: ComplaintA 000COMPLAINT #: NJ00133386CENSUS: 96SAMPLE SIZE: 3Sample Size: 3The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH DEFICIENCY ALTON SHOULD BE CROSS-REFERENCED TO THE APPOPRIATE DEFICIENCY)   Initial Comments A 000   Initial Comments A 000   Initial Comments A 000   COMPLAINT #: NJ00133386 DEFICIENCY   DEFICIENCY SAMPLE SIZE: 3   The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on his Complaint survey.

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

TITLE

(X6) DATE