| NATE DEFINITION IMPLIENDENCE ODE WITTERDORS | New Jersey Department of Health | | | | | | | |
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| X1KYQQ B. WING | STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARE ONE AT HAMILTON 1660 WHITEHORSE-HAMILTON SQUARE ROAD HAMILTON TOWNSHIP, NJ 08619 (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 CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (x5) cOMPLETE DATE A 000 Initial Comments A 000 Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00159851 CENSUS: 75 SAMPLE SIZE: 9 SURVEY DATE: 05/07/2023 A 000 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 | ΧΊΚΥϘΟ | | Χ1ΚΥQQ | B. WING | | | | |
| I660 WHITEHORSE-HAMILTON SQUARE ROAD HAMILTON SQUARE ROAD HAMILTON SYNDRE (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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPLETE DATE A 000 Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00159851 CENSUS: 75 SAMPLE SIZE: 9 SURVEY DATE: 05/07/2023 A 000 Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00159851 CENSUS: 75 SAMPLE SIZE: 9 SURVEY DATE: 05/07/2023 Initial 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 I a b b b b b b b b b b b b b b b b b b | NAME OF PROVIDER OR SUPPLIER STREET AD | | | DRESS, CITY, STA | TE. ZIP CODE | | | |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE