

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/23/2020
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NAME OF PROVIDER OR SUPPLIER MATHENY SCHOOL & HOSPITAL, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 65 HIGHLAND AVENUE PEAPACK, NJ 07977
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(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
D 000	<p>INITIAL COMMENTS</p> <p>This was a Infection Control Focus Survey/State Complaint Survey conducted on April 23, 2020. The Matheny School and Hospital is in compliance with N.J.A.C. Title 8 Chapter 43G - Hospital Licensing Standards for this complaint only (C #NJ00135507).</p>	D 000		

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

TITLE

(X6) DATE