

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>22845</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/02/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEPTUNE DIALYSIS CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2180 BRADLEY AVENUE</b> <b>NEPTUNE, NJ 07753</b>
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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
A 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility is in substantial compliance with N.J.A.C. Title 8 Chapter 43 A, Manual of Standards for Licensure of Ambulatory Care Facilities for this Complaint Investigation only: C# NJ00137438.</p>	A 000		

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

TITLE

(X6) DATE