PRINTED: 07/01/2020 FORM APPROVED

New Jersey Department of Health

PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 Initial Comments S 000	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
GARDEN TERRACE NURSING HOME 361 MAIN STREET CHATHAM, NJ 07928 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 000 Initial Comments 361 MAIN STREET CHATHAM, NJ 07928 ID PREVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000		061403	B. WING		06/2	2/2020	
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 000 Initial Comments PREFIX TAG PREFIX TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE	I GARDEN TERRACE NURSING HOME						
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
A COVID-19 Focused infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities, infection control regulations and has implemented Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Survey date: 6/22/20 Census: 20	A COVID-19 Focuse was conducted by the Health. The facility with the New Jersey Chapter 8:39, Stand Term Care Facilities, and has implemente Control and Preventing practices to prepare Survey date: 6/22/20	e New Jersey Department of vas found to be in compliance Administrative Code, ards for Licensure of Long infection control regulations d Centers for Disease ion (CDC) recommended for COVID-19.	S 000	DEFICIENCY)			

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

TITLE (X6) DATE