DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2021 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE HAMMONTON OF SUPPLIER HAMMONTON OF SUPPLIER HAMMONTON NO 18937 DAY OF SUPPLIER HAMMONTON NO 18937 PROVIDER'S PLAN OF CORRECTION REGULATORY OR ISC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS COMPLAINT N 1393781, NJ141900 CENSUS: 188 SAMPLE SIZE: 3 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. ABDRAIDHY DIRECTIONS ON PROMIDERSUPPLIER REPRESENTATIVES SIGNATURE ABDRAIDHY DIRECTIONS ON PROMIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY DAYS DAY OF THE PROVIDERSUPPLIER REPRESENTATIVES SIGNATURE 11TLE DAY DAYS DAY D	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE (XAI) D (XAI)			315209	B. WING		1:		
PREFIX TAO REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS COMPLAINT # NJ139781, NJ141900 CENSUS: 198 SAMPLE SIZE: 3 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CPR PART 483, SUBPART B, FOR LONG TERM CARE FOLLITIES BASED ON THIS COMPLAINT VISIT.					43 N WHITE HORSE PIKE	,		
COMPLAINT # NJ139781, NJ141900 CENSUS: 198 SAMPLE SIZE: 3 THE FACILITY IS IN SUBSTANTIAL COMPLAINCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
CENSUS: 198 SAMPLE SIZE: 3 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000	INITIAL COMMENTS		FC	000			
SAMPLE SIZE: 3 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.		COMPLAINT # NJ13	9781, NJ141900					
THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.		CENSUS: 198						
COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.		SAMPLE SIZE: 3						
ADODATORY DIRECTORIC OR PROVIDER/OURDI FOR DEPRECENTATIVE CICANATURE.		COMPLIANCE WITH 42 CFR PART 483, S TERM CARE FACILI	THE REQUIREMENTS OF UBPART B, FOR LONG					
	LABORATORY		SHIDDI IED DEDDESENTATIVES SIGNATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

01/06/2021