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

PRINTED: 03/27/2020 FORM APPROVED OMB NO. 0938-0391

ANNUE OF PROVIDER OR SUPPLIER ROSE MOUNTAIN CARE CENTER ROSE MOUNTAIN CARE CENTER REGULATION OR SUPPLIED PRESENT TAG FROM INITIAL COMMENTS C #: NJ00115488 Census: 88 Sample Size: 4 THE FACILITY IS IN COMPLAINT THE FACILITY IS IN COMPLAINT VISIT. CARRATORY DIRECTORS OR PROVIDERS SUPPLIER REPRESENTATIVES SKINATURE TO THE FACILITY SIZE OF PROVIDERS SKINATURE LABORATORY DIRECTORS OR PROVIDERS SUPPLIER REPRESENTATIVES SKINATURE THE FACILITY SIZE OF PROVIDERS SKINATURE CARDATORY DIRECTORS OR PROVIDERS SUPPLIER REPRESENTATIVES SKINATURE THE CARDATORY OR STATE AND	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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								06/03/2019	

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.