PRINTED: 12/01/2021 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		90138	B. WING		10/2	2/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BROOKDALE WESTAMPTON 480 W. WOODLANE ROAD WESTAMPTON, NJ 08060						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 000 Initial Comments			A 000			
	Initial Comments: TYPE OF SURVEY	: Standard/COVID-19 survey				
	Survey dates: 10/2	0 -10/22/21				
	CENSUS: 42					
	SAMPLE: 11					
	New Jersey Adminis Standards for Licen Residences, Comp	substantial compliance with strative Code, Chapter 8:36, usure of Assisted Living rehensive Personal Care and Living Programs, based on				
	conducted by the S facility was found to New Jersey Administractions of the S control regulations of the S Assisted Living Res Personal Care Hom Programs and Cent	d Infection Control Survey was tate Agency on 10/20/21. The be in compliance with the strative Code 8:36 infection standards for Licensure of sidences, Comprehensive nes and Assisted Living ters for Disease Control and ecommended practices to 19.				

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

TITLE

(X6) DATE