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

PRINTED: 12/22/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR BUPPLIER  VILLAGE POINT  SUMMARY STATISMENT OF DEPICIENCIES PRETA TAG  SUMMARY STATISMENT OF DEPICIENCIES PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  REQUIATORY OR LIST BE PRICEDED BY RILL PRETA TAG  RECOLATORY OR LIST BE PRICEDED BY RILL PRETA TAG  RECOLATORY OR LIST BE PRICEDED BY RILL PRETA TAG  RECOLATORY OR LIST BE PRICEDED BY RILL PRETA TAG  RECOLATORY OR LIST BY RICH BY RICH PRETA TAG  RECOLATORY OR LIST BY RICH BY RICH PROVIDER READ ROOMS REPROPERATE  DEPRICEMENT OF COMMENTORY  DEPRICEMENT AND COMMENTORY  RECOLATORY OR LIST BY RICH PROVIDER READ ROOMS REPORTED TO THE ADDRESS OF COMMENT OF TAG AND COMMENTORY  TAG OF TAG AN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  VILLAGE POINT  SUMMARY STATEMENT OF DEPICIENCIES (CACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE DENTIFYING INFORMATION)  F 000  INITIAL COMMENTS  Survey date: 12/4/2020  Census: 77  Sample: 3 + 3 staff  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 12 CFR \$483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.			315269	B. WING _	WING		12/04/2020	
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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** 

12/04/2020