New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF CHERRY HILL (X4) ID PREFIX (EACH DEFICIENCY MUST SEP PRECEDED BY FULL TAGS TAGS A 000 Initial Comments: Census; 41 A Covid-19 Focused Infection Control Survey was conducted by the State Agency on January 8, 2021. The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
ARDEN COURTS OF CHERRY HILL (X4) ID PREFIX TAG (REQULATORY OR LSC IDENTIFYING INFORMATION) A 000 Initial Comments: Census: 41 A Covid-19 Focused Infection Control Survey was conducted by the State Agency on January 8, 2021. The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for			15A001	B. WING		01/0	8/2021	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION COMPLETE DATE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2700 CHAPEL AVENUE							
Initial Comments: Census: 41 A Covid-19 Focused Infection Control Survey was conducted by the State Agency on January 8, 2021. The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	N SHOULD BE COMP		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE