PRINTED: 12/14/2022 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) DAT COM	(X3) DATE SURVEY COMPLETED	
153334		B. WING		01/	01/31/2020	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  220 ST. MARY'S DRIVE CHERRY HILL, NJ 08003						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETE DATE			
Initial Comments			R 000			
Type of Survey: Standard						
Dates of Survey: 1/24/20, 1/31/20 Census:						
Sample: 5						
of the standards in Code, Chapter 8:43	the New Jersey Adm B, Standards For Lice	ninistrative				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS)  Initial Comments  Type of Survey: 1/2 Census:  Sample: 5  The facility was in sof the standards in Code, Chapter 8:43	TIDENTIFICATION NU  153334  ROVIDER OR SUPPLIER  S VILLA FOR INDEPENDENT & RETII  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Initial Comments  Type of Survey: Standard  Dates of Survey: 1/24/20, 1/31/20  Census:  Sample: 5  The facility was in substantial compliance of the standards in the New Jersey Adm	Type of Survey: 1/24/20, 1/31/20 Census:  STREET ADI  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  Type of Survey: 1/24/20, 1/31/20 Census:  Sample: 5  The facility was in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43, Standards For Licensure of	Type of Survey: Standard  Dates of Survey: 1/24/20, 1/31/20 Census:  Ten Correction  IDENTIFICATION NUMBER:  A. BUILDING: B. WING  B. WING  B. WING  220 ST. MARY'S DRIV CHERRY HILL, NJ 08  ID PREFIX TAG  R 000  R 000	Topic correction  IDENTIFICATION NUMBER:  A. BUILDING:  B. WING  B. WING  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  220 ST. MARY'S DRIVE CHERRY HILL, NJ 08003  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  Type of Survey: Standard  Dates of Survey: 1/24/20, 1/31/20 Census:  Sample: 5  The facility was in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43, Standards For Licensure of	A. BUILDING:

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

TITLE

(X6) DATE