



State of New Jersey  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PO BOX 367  
TRENTON, N.J. 08625-0367

JON S. CORZINE  
Governor

[www.nj.gov/health](http://www.nj.gov/health)

HEATHER HOWARD  
Commissioner

January 15, 2010

Mr. Hugh Flood, Administrator  
New Jersey Firemen's Home  
565 Lathrop Avenue  
Boonton, NJ 07005

Dear Mr. Flood:

Thank you for the opportunity of visiting your facility for the purpose of conducting your Standard Survey on December 1, 2009. Enclosed is a copy of the visit report (Form 2567) which indicates that no deficiencies were found during the survey.

If you have any questions you may call me at (609) 633-8993.

Sincerely,

A handwritten signature in cursive script that reads "A. Jeanne Caldwell".

A. Jeanne Caldwell  
Supervisor of Inspections  
Health Facilities Evaluation and Licensing

New Jersey Department of Health & Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>603333</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/01/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW JERSEY FIREMEN'S HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>565 LATHROP AVENUE BOONTON, NJ 07005</b>
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(X4) ID PREFIX TAG	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
R 000	8:43 Initial Comments  Standard Survey  Census: 9  Sample: 3	R 000		
	The facility was in substantial compliance with all of the standards in the New Jersey Administrative Code, Chapter 8:43, Standards For Licensure of Residential Health Care Facilities.			

TITLE

(X6) DATE

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