STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90112	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEGIE ASSISTED LIVING AT PRINCETON	1000 WINDROW DRIVE PRINCETON, NJ 08540

(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
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #'s NJ00182319, NJ00183541, NJ00184004 CENSUS: 78 SAMPLE SIZE: 7 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 361	8:36-4.1(a)(4) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 4. The right to be treated with respect, courtesy, consideration and dignity; This REQUIREMENT is not met as evidenced	A 361		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/14/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 361	Continued From page 1 by: Complaint #: NJ00183541, NJ00184004 Based on observation, interview and record review, it was determined that the facility failed to ensure that the staff communicated and provided care to residents in a dignified and respectful manner for 1 of 7 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 2/27/25 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 moved into the facility in NJ ex order 26.4b1, with diagnoses of NJ ex order 26.4b1 [redacted] The surveyor reviewed Resident #2's General Service Plan (GSP) dated NJ ex order 26.4b, which revealed that Resident #2 NJ ex order 26.4b1 [redacted]. The GSP also indicated that Resident #2 NJ ex order 26 [redacted] and NJ ex order 26.4b1 [redacted] and NJ ex order 26.4b1 The surveyor additionally observed that Resident #2 NJ ex order 26.4b1 [redacted]. At 10:27 a.m., the surveyor interviewed a Certified Nursing Assistant (CNA), who stated that Resident #2 NJ ex order 26.4b1 [redacted] which NJ ex order 26.4b1 [redacted] The CNA also stated that Resident #2 NJ ex order 26.4b1 [redacted] but that the facility staff also checked on Resident #2 throughout the shift. The CNA was not able to state the exact hours of the checks and repeated that the staff checked on Resident #2 "throughout the shift." During continued surveyor interview, the CNA explained that	A 361		

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A 361	Continued From page 2 Resident #2 did not usually use his/her pendant to call for assistance and that he/she was NJ ex order 26.4b1. The CNA further stated that when a resident was NJ ex order 26.4b1 and did not use their pendant, that the aides checked on those residents every two hours for NJ Ex Order 26.4(b)(1) At 2:50 p.m., the surveyor interviewed the facility Executive Director (ED), who stated that the facility started a log sometime in NJ Ex Order 26.4(b) to document that the staff NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1, to address NJ ex order 26 that Resident #2 NJ ex order 26.4b1 by the facility staff. The ED stated that the facility aides were checking on Resident #2 NJ ex order 26.4b1, which included when the NJ ex order 26.4b1 Resident #2 during NJ ex order 26.4b1 The ED further explained that the log was originally just for the facility aides to document, but then in NJ Ex Order 26.4(b)(1) the facility added an additional log for the Licensed Practical Nurse (LPN) and/or Certified Medication Aide (CMA) who was assigned to the overnight shift; and, that they accompanied the aide on the two hour checks and documented on their own log. During continued surveyor interview, the ED stated that the NJ ex order 26.4b1, but that Resident #2 NJ ex order 26.4b1 so the plan was changed to safety checks, alternating with NJ ex order 26.4b1 . NJ ex order 26.4b1 The ED further explained that during the safety checks,	A 361		

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A 361	Continued From page 3 the staff checked on Resident #2 to ensure his/her safety, NJ ex order 26.4b1 the resident. The ED stated that this plan was communicated with the family and agreed upon. On 2/28/25 at 12:45 p.m., during a follow up interview with the facility ED, she stated that several employees were disciplined based on additional NJ ex order 26.4b1 related to Resident #2. At 1:30 p.m., the surveyor reviewed a document titled, "Employee Disciplinary Action" (EDA), dated NJ ex order 26.4b1, which revealed a NJ ex order 26.4b1 for a facility Certified Home Health Aide (CHHA #2). The EDA indicated that when CHHA #2 entered Resident #2's room, she "tapped" a camera that belonged to Resident #2. The EDA further indicated that CHHA #2, "will refrain from hitting/ tapping any camera that belongs to the residents." The surveyor reviewed an additional EDA dated NJ ex order 26.4b1, which revealed a documented warning for a violation on the dates of NJ ex order 26.4b1 and NJ ex orde by a Certified Home Health Aide (CHHA #3). The EDA revealed that on the dates of NJ ex order 26.4b1 and NJ ex order 3 CHHA #3 NJ ex order 26.4b1 for Resident #2. The EDA further indicated that in the future, CHHA #3 would perform two hour checks and incontinent management as assigned. At 5:30 p.m., the surveyor reviewed an additional EDA provided via email by the ED dated NJ ex order 26.4b1, which revealed a documented warning for a violation on the date of NJ ex order 26.4b1 by a facility Licensed Practical Nurse (LPN #2). The EDA documented that LPN #2 "was observed	A 361		

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A 361	Continued From page 4 addressing the resident's camera in {his/her} apartment, This is a concern because the behavior impacts the resident's dignity negatively." The surveyor observed that the EDA also indicated that LPN #2 would make every effort to treat Resident #2 in a way that preserved his/her dignity. On 3/3/25 at 8:15 a.m., the surveyor conducted a phone interview with Resident #2's NJ Ex Order 26.4(b)(1) who stated that she cared for Resident #2 on NJ ex order 26.4b1 The PA stated that she assisted Resident #2 with NJ ex order 26.4b1 . The PA additionally stated that the facility staff checked on Resident #2 while she was there, but that it wasn't always every two hours. The surveyor reviewed a facility policy titled, "Resident Rights", dated 4/2024 which revealed the following: "Policy : To ensure that resident rights are respected and protected.... 2. Be treated with consideration and respect and with due recognition of personal dignity, respect, individuality and the need for privacy...."	A 361		
A 749	8:36-7.3(a) Resident Assessments and Care Plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.	A 749		

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A 749	Continued From page 5 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182319, NJ00183541, NJ00184004 Based on interview and review of records, it was determined that the facility failed to ensure that the General Service Plan (GSP) was updated based on the response to the care provided, or any changes in the resident's individual needs, for 2 of 7 residents reviewed, Resident #2 and Resident #3. This deficient practice was evidenced by the following: 1. On 2/27/25 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 moved into the facility on NJ ex order 26.4b1 with diagnoses of NJ ex order 26.4b1 The surveyor reviewed Resident #2's GSP dated NJ ex order 26.4b, which revealed that Resident #2 NJ ex order 26.4b The GSP also indicated that Resident #2 NJ ex order 26.4b1 . The surveyor additionally observed that Resident #2 NJ ex order 26.4b1 . At 10:27 a.m., the surveyor interviewed a Certified Nursing Assistant (CNA), who stated that Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b . The CNA also stated that Resident #2 NJ ex order 26	A 749		

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A 749	Continued From page 6	A 749		

NJ ex order 26.4b1 , but that the facility staff still went in to check on Resident #2 throughout the shift.

The CNA was not able to state the exact hours of the checks but repeated that the staff checked on Resident #2 throughout the shift. During continued surveyor interview, the CNA explained that Resident #2 NJ ex order 26.4b1 . The CNA further stated that when a resident was NJ ex order 26.4b1 and did not use their pendant, that the aides checked on those residents every two hours for NJ ex order 26.4b1

On 2/27/25 at 2:50 p.m., the surveyor interviewed the facility Executive Director (ED), who stated that the facility started a log sometime in NJ Ex Order 26.4(b) to document that the facility staff NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 to address family concerns. The ED stated that Resident #2 NJ ex order 26 but the family was concerned that Resident #2 was not being checked on often enough during the night by the facility staff.

The ED stated that the facility Aides were checking on Resident #2 every two hours on all shifts, which included when the NJ Ex Order 26.4(b)(1) was with Resident #2 during the hours of 8:00 a.m. to 8:00 p.m. The ED further explained that the log was originally just for the facility aides to document, but then in NJ Ex Order 26.4(b)(1) the facility added an additional log for the Licensed Practical Nurse (LPN) or Certified Medication Aide (CMA) who was assigned to the overnight shift; and, that they accompanied the aide on the two hour checks and documented on their own log.

During continued surveyor interview, the ED

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A 749	Continued From page 7	A 749		

stated that the [redacted], but that Resident #2 [redacted] so the plan was [redacted]. The ED further explained that during the safety checks, the staff checked on Resident #2 to ensure his/her safety, but did not wake the resident. The ED stated that this plan was communicated with the family and agreed upon.

The surveyor observed that the specific information which included the alternating safety and [redacted] care checks every two hours, was not documented within the GSP to reflect Resident #2's individual needs.

2. The surveyor reviewed Resident #3's medical record (MR) which revealed that Resident #3 moved into the facility in [redacted], with diagnoses of [redacted]. Resident #3's GSP revealed that Resident #3 [redacted] The surveyor observed that that there were no timely updates to reflect the semi -annual review of GSP needs, or a quarterly review of health care needs, related to Resident #3's [redacted]

The surveyor reviewed a facility policy dated September 2024, titled, "Individualized Service Plan" which revealed the following: "Policy: Each Resident shall receive an Individualized Service Plan which will include a coordination of resident specific care and service needs. ...Procedure: A Resident Service Plan shall be developed upon

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A 749	Continued From page 8 admission, then every 180 days or upon change in condition or services needed. ...The plan shall support the principles of individuality, personal dignity... The community shall ensure that personal assistance and care are provided to each resident as necessary so that the needs of the resident are met, including assistance or care with the following ..."	A 749		
A1175	8:36-16.16 Physical Plant If self-locking doors are used at the main entrance and other entrances which open onto a roof or balconies, they shall be equipped with a sounding device, such as a bell, buzzer or chime, which is in operating condition. The sounding device shall be affixed to the outside of the door or to the adjacent exterior wall for use in the event that a person is unable to enter the building, and shall ring at an area staffed 24 hours a day. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00183541, NJ 00184004 Based on observation, interview and record review, it was determined that the facility failed to ensure that a sounding device rang in an area staffed 24 hours a day. This deficient practice was evidenced by the following: On 2/27/25 at 10:27 a.m., the surveyor interviewed a Certified Nursing Assistant (CNA), and inquired about how a visitor entered the building in the evening after the front door was locked. The CNA stated that there was a door bell at the front door, but that it wasn't loud enough,	A1175		

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A1175	Continued From page 9	A1175		

and only rang at the front desk. The CNA further stated that if someone wanted to enter the building after 8:00 p.m., they had to use their cell phone to call the facility, and then a staff member opened the door.

During continued interview with the CNA, the surveyor asked what the procedure was when a visitor wanted to leave the building after 8:00 p.m. The CNA stated that the receptionist locked the front door at 8:00 p.m. when she left for the evening, and that if a visitor wanted to leave after that time, that the visitor looked for a staff member to let them out.

At 3:00 p.m., the surveyor interviewed the Executive Director (ED), who stated that the door bell only rang at the front desk, and nowhere else in the facility. The ED demonstrated how the door bell system worked and when the ED rang the door bell, the surveyor observed a camera screen at the receptionist's desk that showed the ED who was at the door.

The ED stated that there was a sign in place by the door bell that was in the process of being replaced, which indicated that visitors had to call on their cell phones if the door was locked to gain entry.

During continued surveyor interview, the ED stated that she recently put an an additional measure in place, which included that the evening nurse was provided with a cell phone to answer calls after 8:00 p.m. The ED further explained if a visitor wanted to enter the community after 8:00 p.m., they called the facility; and, the call was then forwarded to the charge nurse's cell phone, who then opened the door.

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A1223	Continued From page 10	A1223		
A1223	8:36-17.3(b)(7) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 7. If pets are allowed in the facility, the facility shall provide safeguards to prevent interference in the lives of residents. Guidelines for pet facilitated therapy may be requested from the Department of Health and Senior Services; This REQUIREMENT is not met as evidenced by: Based on interview and review of records, it was determined that the facility failed to ensure safeguards to prevent [NJ Ex Order] which belonged to facility residents, from [NJ Ex Order 26.4(b)(1)] neighboring resident's rooms. This deficient practice was evidenced by the following: On 2/27/28 at 10:45 a.m., the surveyor interviewed a staff member who stated that Resident #7, who lived across from Resident #2, had [NJ Ex Order] that lived with the resident. The staff member further stated that sometimes Resident #7 [NJ ex order 26.4b1] him/her, and sometimes [NJ ex order 26.4b1] During continued surveyor interview, the staff member stated that there were a few residents who probably should not have [NJ Ex Order] because they were unable to [NJ Ex Order 26.4(b)] the [NJ Ex Order 26.4(b)(1)]. At 12:30 p.m., the surveyor reviewed Resident	A1223		

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A1223	Continued From page 11	A1223		

#7's medical record (MR) which revealed that Resident #7 moved into the facility in NJ ex order 26.4b1 and had a diagnosis of NJ ex order 26.4b1 The surveyor reviewed Resident #7's General Service Plan (GSP) which revealed that Resident #7 NJ ex order 26.4b1, and required some NJ Ex Order 26.4(b)(1) and/or NJ Ex Order 26.4(b)(1) with NJ ex order 26.4b1. The surveyor observed that Resident #7's GSP did not include information that Resident #7 had NJ Ex Order.

On 2/28/25 at 12:45 p.m., the surveyor interviewed the Executive Director (ED) who stated that if a resident was able to NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b), they were permitted to have NJ Ex Order. The ED stated that she was aware of one incident, when NJ Ex Order 26.4(b)(1) Resident #2's room, but that there had been no other reports of concern regarding resident NJ Ex Ord that she was aware of.

On 3/3/25 at 8:02 a.m., the surveyor interviewed Resident #2's NJ Ex Order 26.4(b)(1) over the phone who provided care to the resident on NJ ex order 26.4b1 NJ ex ord. During surveyor interview, the NJ Ex stated that on one morning, a few weeks ago, upon the start of her shift, she found Resident #2's door opened, and there was NJ Ex Order by the dresser. The NJ Ex stated that she was not sure how long NJ Ex Order 26.4 had been in Resident #2's apartment, and the resident was sleeping at the time she arrived.

The surveyor reviewed a facility policy titled, "Pets and Animal Visitation", dated April 2024 which revealed the following:

"Policy: To safeguard against the introduction of infectious microorganisms into the community through contact with animals. Pets residing in the

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A1223	Continued From page 12 community must be maintained according to the communities administrative policies and procedures.... 3. Resident's animals and care of the animals are their responsibility unless otherwise stated in the resident's evaluation and service plan ..."	A1223		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
90112 Y1	A. Building B. Wing Y2	5/6/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEGIE ASSISTED LIVING AT PRINCETON	1000 WINDROW DRIVE PRINCETON, NJ 08540

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0361	Correction	ID Prefix A0749	Correction	ID Prefix A1175	Correction
Reg. # 8:36-4.1(a)(4)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-16.16	Completed
LSC	04/26/2025	LSC	04/26/2025	LSC	04/26/2025
ID Prefix A1223	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.3(b)(7)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/26/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/28/2025

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO