

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11A013	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2021
NAME OF PROVIDER OR SUPPLIER ARTIS SENIOR LIVING OF PRINCETON JUNCTION		STREET ADDRESS, CITY, STATE, ZIP CODE 861 ALEXANDER ROAD PRINCETON, NJ 08540		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D 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: C # NJ 00142789 Census: 37 Sample: 4 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 389	8:36-4.1(a)(16) 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: 16. The right to be free from physical and mental abuse and/or neglect; This REQUIREMENT is not met as evidenced by:	A 389		2/20/21

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 389	<p>Continued From page 1</p> <p>C # NJ 00142789</p> <p>Based on interviews, and record review, as well as review of pertinent facility documents on 2/12/21, it was determined that the facility staff (Care Partner (CP #3)) failed to immediately report to the Administration an allegation of staff (CP #2) to Resident abuse and follow the facility's policy for 1 of 4 residents (Res #4) reviewed for EX Order 26 § 4b1. Failing to report the abuse led to CP #2 continued working and provide care to the residents.</p> <p>This deficient practice is evidenced by the following:</p> <p>The Facility Reportable Event (FRE) dated NJ Ex Order 26.3 showed that on NJ Ex Order 26.3 (time not indicated) that the Executive Director (ED) received a call from CP #1 that on NJ Ex Order 26.4 at approximately 9:00 pm CP #1 heard from outside Res #1's room a NJ Ex Order 26.4 and NJ Ex Order 26.4b sound. Then CP #1 saw CP #2 step out of Res #1's room.</p> <p>Attached with FRE statement from CP #3 dated NJ Ex Order 26.3 (no time) who stated that CP #2 had told CP #3 that CP #2 NJ Ex Order 26.3 another resident's NJ Ex Order 26.3 (Res # 4). CP #3 did not specify the date when the NJ Ex Order 26.4b1 had occurred.</p> <p>1. According to the "Emergency Information / Face Sheet" form, Res #4 was initially admitted to the facility on EX Order 26 § 4b1 with diagnosis that included but was not limited to: EX Order 26 § 4b1.</p> <p>According to the "Assessment - All States V2 (Version 2)" dated NJ Ex Order 26.4b1, Res #4 had EX Order 26 § 4b1</p>	A 389		

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A 389	<p>Continued From page 2</p> <p>The surveyor conducted an interview with CP #3 on 2/12/21 at 3:10 pm. CP #3 stated that approximately [REDACTED] months ago (unable to recall the exact date and time) CP #2 told CP #3 that CP #2 [REDACTED] Res # 4's [REDACTED] CP #3 stated she did not report to the Administration because she did not witness CP #2's [REDACTED] Res # 4's [REDACTED]. CP #3 revealed that in order to report an incident or abuse she needs to witness the incident even though CP #2 admitted that CP #2 [REDACTED] Res # 4's [REDACTED]. Furthermore, she stated that [REDACTED] a resident's [REDACTED] was considered abuse.</p> <p>The surveyor conducted an interview with the ED and Director of Health and Wellness (DHW) on 2/12/21 at 11:27 am. They stated that aforementioned incident involving CP #2 and Res #4 was not investigated and was not reported to the Department of Health because CP #3 did not report the incident until [REDACTED]. However, the facility did not submit a report to the NJDOH after [REDACTED] involving Res #4 and CP #2.</p> <p>Continued interview with the ED and DHW on 2/21/21 at 1:37 pm they stated there was no intervention done to prevent the occurrence of the incident because the facility was waiting further instruction for the New Jersey Department of Health. In addition, the facility did not initiate reinsertion/reeducation to the staff (including CP #2 and CP #3) regarding abuse, protect residents from abuse, and immediate reporting of abuse as required and according to the facility's policy. Furthermore, CP #2 continued to work and provided care to the residents until [REDACTED]. CP #2 was terminated on [REDACTED].</p> <p>The surveyor attempted to conduct a telephone interview on 2/12/21 at 3:50 pm with CP #2.</p>	A 389		

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A 389	Continued From page 3 However CP #2 was not available. On 2/12/21 at 4:00 pm the ED and the DHW provided the surveyor with an immediate removal plan including a mandatory abuse and neglect in-service for all associates, the facility will emphasize the responsibility of immediate reporting and the context of what to report (suspected, unwitnessed incidents). The facility's policy titled "ABUSE REPORTING AND INVESTIGATIONS" under "POLICY: [Facility] will thoroughly investigate all reports of suspected abuse (mental, physical...to ensure residents and their responsible parties will be free from fear of abuse...Prompt enforcement of employee disciplinary procedure in the case of substantiated abuse will occur. Abuse is defined as: any physical or mental mistreatment whether or not an actual injury has occurred; including, but not limited to, the willful infliction of physical pain, injury, or mental anguish, or the willful deprivation by a Care Partner of services necessary to maintain physical or mental health...PROCEDURES: 1. Anyone who witnesses an incident of suspected resident abuse, neglect or exploitation is to tell the abuser to stop immediately, and is to report it to the supervisor immediately...2. All reports of suspected abuse must be reported to the Executive Director, within 24 hours..."	A 389		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 11A013	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/18/2021
NAME OF FACILITY ARTIS SENIOR LIVING OF PRINCETON JUNCTION	STREET ADDRESS, CITY, STATE, ZIP CODE 861 ALEXANDER ROAD 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 A0389	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(16)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/20/2021	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	
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 2/12/2021

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO