

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12A040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD AT PRINCETON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 HOSPITAL DRIVE PLAINSBORO, NJ 08536</b>		
(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: Survey Type: Focused Infection Control Survey  Census: 113  Sample: 4  The facility was found not 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 COVID-19.	A 000		
A1271	8:36-18.1(a) Infection Prevention and Control Services  (a) The facility shall develop and implement an infection prevention and control program.          This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to implement an infection prevention and control program (IPCP) in accordance with the Center of Disease Control Guideline and the New Jersey Department of Health (DOH) Executive Directive No. 21-012 (revised) to ensure the facility had an infection preventionist, an updated facility line list, and a facility infection control/Covid-19 testing procedure.	A1271		

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

TITLE

(X6) DATE

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A1271	<p>Continued From page 1</p> <p>The deficient practices were evidenced by the following:</p> <p>References:</p> <p>1. N.J.S.A. 26:2H-87.3(e)(1) states, " ... The department shall require each facility to establish an infection prevention and control committee and assign to the facility's infection prevention and control committee an individual designated as the infection preventionist who is a licensed health care provider and who possesses five years of experience in infection control, or an individual who has successfully completed an online infection prevention course through the federal Centers for Disease Control and Prevention or the American Health Care Association course with a valid certificate there from ...."</p> <p>2. Executive Directive 21-012 (Revised) Directive for the Resumption of Services for all Long-Term Care Facilities licensed pursuant to ... N.J.A.C. 8:36 ... which states, " ... 3. b. Facilities must test residents and staff as follows: Testing Trigger: Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts. Staff: Test all staff, facility wide ... Residents: Test all residents, facility wide ...."</p> <p>On 1/18/2024 at 9:50 a.m., during the Focused Infection Control survey, it was revealed that [REDACTED] of the facility's residents [REDACTED] for [REDACTED] The surveyor asked the facility's Resident Service Director (RSD) for the name and certification of the employed Infection Preventionist (IP). The RSD stated that the facility did not currently have an IP. The previous IP left the facility in [REDACTED]</p>	A1271		

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A1271	<p>Continued From page 2</p> <p>At 10:56 a.m., the surveyor interviewed a facility Licensed Practical Nurse who stated that the facility was testing only residents or staff members that were symptomatic.</p> <p>At 1:28 p.m., the surveyor interviewed the RSD, who also confirmed that the facility was only testing residents and staff members who were symptomatic. The RSD also indicated that the facility did not complete <b>NJ Exec Order 26.4b1</b> for the current (at time of survey) <b>NJ Exec Order 26.4b1</b> outbreak.</p> <p>In addition, review of the facility line list revealed that <b>NJ</b> of <b>NJ</b> staff members identified to be <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> were not included on the line list. At 1:29 p.m., the RSD confirmed that there four additional staff members that needed to be added to the line list.</p> <p>The facility did not ensure that an Infection Preventionist was hired when the previous IP left in <b>NJ Exec Order 26.4b1</b> to ensure that facility had an infection control program that is in accordance with the CDC requirement, the DOH, and per Executive orders and other regulations.</p>	A1271		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 12A040	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/18/2024
NAME OF FACILITY MAPLEWOOD AT PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 HOSPITAL DRIVE PLAINSBORO, NJ 08536	

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 A1271	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/16/2024	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 1/18/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			