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CARNEGIE ASSISTED LIVING AT PRINCETON	1000 WINDROW DRIVE PRINCETON, NJ 08540

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H 000	Initials Comments TYPE OF SURVEY: Complaint COMPLAINT#: NJ00182165, NJ00182239 CENSUS: 85 SAMPLE SIZE: 3 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.	H 000		
H3460	8:43E-10.11(c)(1) Other Rprtng Rqrmnts Unrltd to Pt Sfty Act Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following: Loss of heat or air conditioning. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00182165, NJ00182239	H3460		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/22/25

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H3460	Continued From page 1	H3460		

Based on observation, interview, and record review it was determined the that the facility failed to immediately notify the New Jersey Department of Health (NJDOH) of an interruption in services by telephone and in writing within 72 hours, related to the loss of heat in the facility's dining room located on the first floor of the facility. This deficient practice was evidenced by the following:

On 1/7/24 at 9:10 a.m., the surveyor toured the facility which revealed that the facility's dining room was unoccupied and not in use. At that time, the surveyor observed a notice on an easel in front of the facility's dining stating that the resident's dining room has been temporarily relocated to the living room. Further surveyor observation revealed that the facility's dining room tables and chairs were relocated to the living room.

At 10:25 a.m., the surveyor interviewed the facility's Executive Director (ED) who stated that the facility staff noticed that the dining room did not feel as warm as usual but that the facility's dining room did maintain a temperature of 72 degrees Fahrenheit (F) through 12/26/24. Continued surveyor interview with the facility's ED revealed the following:

On 12/26/2024, the facility hired an outside contractor to evaluate the heating unit that heated the facility's dining room.

On 12/27/2024 through 12/29/2024, the main dining room was not in use due to the dining room's heating unit being unable to maintain a temperature of 72 degrees in the facility's dining room.

On 12/30/2024 through the morning of 1/5/25, the

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H3460	Continued From page 2	H3460		

dining room was holding the appropriate temperature. Prior to the facility's lunch service on 1/5/25, the facility's dining room temperature dropped below 72 degrees F and the dining room was relocated to the facility's living room.

On 1/3/2025, the facility's ED was contacted by the NJDOH complaints representative and was instructed to check the temperature of the facility's dining room every four hours.

During continued surveyor interview, the ED stated that a NJDOH complaint department representative contacted her via telephone on 1/3/25 regarding the facility's dining room temperature. At that time, the surveyor requested documentation that the facility reported the facility's dining room loss of heat to the NJDOH.

At 11:03 a.m., the facility's ED provided the surveyor with the requested document titled, "Reportable Event Record/Report" which revealed that the interruption of heat to the faculty dining room was reported to the NJDOH on 1/4/25, by the ED, 10 days after the incident occurred.

At 11:18 a.m., the surveyor toured the facility's main dining room with the facility's maintenance technician and observed the temperature thermostat which revealed that the room temperature of the dining room was set to 72 degrees F and that the temperature in the room was 66 degrees F. In addition, the maintenance technician utilized a temperature gun in the facility's dining room which revealed the facility's dining room temperature was 64.7 degrees F A temperature gun is a device utilized to measure the temperature of an object without physically touching the object. At that time, the maintenance

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H3460	Continued From page 3 technician stated that the temperature readings was correct and the room was not in use due to the temperature not maintained at 72 degrees F or above. The surveyor requested the facility policy titled, "Incidents and Adverse Event Reporting," however, it was not provided at the time of the survey.	H3460		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; This REQUIREMENT is not met as evidenced by: Complaint#: NJ00182165, NJ00182239 Based on interview and record review, it was determined that the facility's Food Service Director (FSD) failed to enforce and implement the facility's policies titled, "Menu Planning Committee" and "Community Dining Service	A 310		

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A 310	Continued From page 4	A 310		

Audit" to ensure compliance with the facility's Continuous Quality Improvement Program and to ensure receipt of resident feedback and preferences in menu options were addressed.

This deficient practice was evidenced by the following:

On 1/8/2025 at 1:01 p.m., while conducting a complaint survey related to food, the surveyor reviewed the facility's kitchen policies which revealed the policies titled, "Menu Planning Committee" and "Community Dining Service Audit."

1. Surveyor review of a 2015 policy titled, "Menu Planning Committee" revealed, "... Policy: The Director of Dining Services shall establish a monthly Menu Planning Committee to receive resident feedback and preferences in menu options. Procedure: 1. The Director of Dining Services (DDS) shall conduct menu planning committee meetings with Residents 2x per month. 2. Attendance and minutes must be taken at each meeting. Meeting minutes must be uploaded to the Corporate Chef portal in the appropriate folder by the 5th of the next month .... "

At 1:12 p.m., the surveyor interviewed the facility's Assistance Food Service Director (AFSD), who stated he was unsure Menu Planning Committee meetings occurred. At that time the surveyor requested the last four meetings minutes.

The surveyor did not receive the requested Menu Planning Committee meeting minutes as requested during the survey

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A 310	Continued From page 5 2. Surveyor review of a 2009 policy titled, "Community Dining Service Audit", revealed, "... Policy: A Dining Service Audit Report is completed each month for the previous month as part of A Continuous Quality Improvement Program. Statement: The form is completed by the 10th of each month, kept on record in the community for review upon request ..." At 1:12 p.m., the surveyor interviewed the facility's AFSD and requested the last four Community Dining Service Audits. At that time, the AFSD stated that he did not know what the facility's Community Dining Service Audits were. The surveyor did not receive the requested Community Dining Service Audits as requested during the survey.	A 310		
A 559	8:36-5.9 General Requirements The facility or program shall have a written agreement or its equivalent, or a linkage for services not provided directly by the facility or program. If the facility or program provides care to residents with psychiatric disorders, the facility or program shall also have a written agreement with one or more community mental health centers specifying which services will be provided by the mental health center. The written agreements shall require that services be provided in accordance with this chapter. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00182165, NJ00182239 Based on observation, interview, and record review, it was determined that the facility's Food	A 559		

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A 559	Continued From page 6 Service Director (FSD) failed to ensure that the facility stocked and have at least three days of emergency food and water supplies for all facility residents. This deficient practice was evidenced by the following: On 1/7/2025 at 11:59 a.m., while conducting a complaint survey, the surveyor interviewed the facility's Alternate Executive Director (AED) who stated that the assisted living facility shared the facility's kitchen and kitchen storage areas with the facility's long term care facility. Continued surveyor interview revealed, the assisted living facility and a long-term care facility sits on the same campus and shares a kitchen and FSD but has separate kitchen staff. On 1/8/2025 at 11:08 a.m., while conducting a tour of the facility's kitchen, Surveyor #1 interviewed the facility's Assistance Food Service Director (AFSD) and requested a copy of the facility's three-day emergency food list for the campus's assisted living facility. The ASFD stated that he did not have the three-day emergency food list. At that time, the facility's Regional Food Service Director (RFSD) asked the facility's AFSD if he had the facility's three-day emergency food list in the presence of the facility's FSD. In response to the RFSD, the FSD stated that the AFSD would not have the three-day emergency food list, if he, the FSD did not have the list. At that time, the facility's RFSD asked the FSD if the three-day emergency food list was on his computer's drive, and the FSD stated that the three-day list was not on his drive. At 11:10 a.m., Surveyor #2 provided Surveyor #1 with a copy of the facility's three-day emergency food list that was provided by the facility's Executive Director (ED) on Day 1 of the survey,	A 559		

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A 559	Continued From page 7 1/7/2025. At 11:12 a.m., Surveyor #1 interviewed the facility's FSD who stated that the assisted living and long-term care facility's emergency food was separated in different kitchen storage rooms and that the kitchen storage room's doors were labeled by the facility type. At that time, the FSD pointed to a door that was labeled as A.L.F (Assisted Living Facility) Emergency Food and stated that all the assisted living's emergency food was located behind that door, as labeled. At that time, the RFSD asked the FSD if all the assisted living facility's emergency food were in the room behind the door, labeled A.L.F Emergency Food. The FSD replied, "yes." he FSD then to opened the door labeled A.L.F Emergency Food and stated that the room was too small to contain all of the facility's A.L.F Emergency Food. At that time, the surveyor requested clarification as to where the assisted living emergency food supplies are located. The FSD stated that the food supplies were located in three different storage rooms. Surveyor observation of the room labeled A.L.F did not contain emergency food. At 11:14 a.m., the RFSD lead the survey team into the storage room labeled "Emergency Food Supplies" next/adjacent to a room labeled "A.L.F Emergency Food." The RFSD stated that the emergency food for both facilities (assisted living and long-term care) were stored in that room and possibly in another room. At 11:17 a.m., the RFSD, AFSD, and survey team reviewed the facility's document titled, "Emergency Food for 3 Days AL" that revealed the emergency three-day menu and the quantity of food items needed to ensure that the facility	A 559		

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A 559	Continued From page 8	A 559		

had adequate emergency food stocked at the facility. Surveyor's review revealed that the facility did not have an adequate amount of 16 items as listed on the menu to provide the assisted living facility residents with 3 days of emergency food supplies nor was there adequate amount of emergency food supplies for the long-term care facility.

At 11:36 a.m., the RFSD, AFSD, and the survey team counted the amount of emergency water the facility had for the long-term care and the assisted living facility residents. The count revealed that the facility was short of approximately 300 gallons of water. At that time, the surveyor interviewed the facility's AFSD who stated that the facility did not have an adequate number of gallons of emergency water needed for both facilities. During continued surveyor interview, the facility's RFSD stated that the facility should have one gallon, per day, per resident, resulting in 3 gallons of water per resident stocked.

At 11:39 a.m., the RFSD and AFSD lead the surveyor team to the above-mentioned second room where additional emergency food supplies may have been held. Upon arrival to the second storage room, it was revealed that the second storage room did not contain any additional emergency food supplies.

At 11:47 a.m., Surveyor #1 reviewed and confirmed the above findings with the facility's AFSD and RSFD who stated that the facility would place an order for the 16 missing items and additional water.

On 1/8/25, the Removal Plan was requested, and Removal Plans were received on 1/9/25 and

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A 559	Continued From page 9 1/10/25. The Removal Plan was accepted on 1/10/25 that included an emergency food order was placed on 1/8/25 and received on 1/9/25, in-services were done for the Food Service Director (FSD) on the three day emergency food supply policy, and weekly audits of the emergency food storage to be done by the FSD or designee to ensure that the three day emergency stock is completed.	A 559		
A 907	8:36-10.5(c)(7) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 7. Between-meal snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented by a physician in the resident's health care plan; This REQUIREMENT is not met as evidenced by: Complaint#: NJ00182165, NJ00182239 Based on observation, interview, and record review it was determined that the facility failed to ensure that snacks and beverages were available for residents at all times. The deficient practice was evidenced by the following: On 1/7/2025 at 9:10 a.m., while conducting a complaint survey, the surveyor toured the facility. During the surveyor facility tour, the surveyor observed dispensers containing water and juice located on a countertop within the facility's temporary dining room. At that time, the surveyor did not observe any snacks.	A 907		

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A 907	Continued From page 10 At 9:51 a.m., the surveyor interviewed an unsampled resident (UR) #1 who stated that the facility did not have snacks or drinks available for residents at all times. At 9:57 a.m., the surveyor interviewed a "sampled resident" who stated that she was not aware of snacks and drinks being available for the residents at all times. At 11:39 a.m., the surveyor interviewed UR #2 and UR #3 in facility's temporary dining room, who stated that they can request extra snacks and drinks during meal times to take with them for later in the day. In addition, UR #2 and UR #3 are offered snacks and drinks when they have activities throughout the day but stated they have not seen snacks or drinks available to residents at all times. On 1/8/2025 at 10:11 a.m., the surveyor interviewed a "sampled resident" who stated that there have been no snacks or drinks available to the residents at all times since the facility's dining room was closed due to the room not maintaining a temperature above 72 degrees Fahrenheit. The residents had their meals consistently in the alternate dining room since 12/30/24. Surveyor review of the revised 12/2018 facility policy titled, "Snacks " revealed, "Policy: Snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented by a health care provider... Standards: In each community there shall be at least one designated area where residents can find snacks and beverages. Snacks must be available at all times for all residents desiring them or in accordance with physician's or other	A 907		

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A 907	Continued From page 11 prescriber's orders ...Water and other beverages must be available at all times...." Surveyor review of the revised April 2011 facility policy titled, "Dining Services" revealed, "Policy: The Community shall provide dining services to meet the daily nutritional needs of its residents. Between meal snacks and beverages shall be available at all times for each resident; unless medically contraindicated as documented by a physician in the resident record...."	A 907		
A 913	8:36-10.5(c)(10) Dining Services (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 10. All meals shall be served at the proper temperature and shall be attractive when served to residents. Place settings and condiments shall be appropriate to the meal; This REQUIREMENT is not met as evidenced by: Complaint#: NJ00182165, NJ00182239 Based on observation, interview, and record review, it was determined that the facility failed to provide documented evidence that food were monitored, maintained, and served at proper temperatures, in accordance with the requirements of the New Jersey Administrative Code (N.J.A.C.) 8:24, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" to prevent the risk of residents contracting food borne illnesses. This deficient	A 913		

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A 913	Continued From page 12	A 913		

practice was evidenced by the following:

While conducting a complaint survey on 1/7/24 at 9:51 a.m., the surveyor interviewed an unsampled resident who stated their eggs and coffee were cold the day of survey.

At 9:57 a.m., the surveyor interviewed a "sampled resident" who also stated that the eggs were often cold for breakfast.

At 11:52 a.m., during the surveyor's tour of the kitchen, the surveyor interviewed the facility's cook who stated that he checks the food temperatures when placing the food on the steam table prior to serving the residents. At that time, the surveyor requested the food temperatures for breakfast and lunch. The cook stated that the temperatures had not been logged that day.

At 11:56 a.m., the surveyor interviewed the Assistant Food Service Director (AFSD) and requested the meal temperature logs for 1/7/25. The AFSD responded that the food temperature log was not done for that day, 1/7/25.

At 12:13 p.m., the surveyor requested the facility's meal temperature logs, which track the monitoring of food temperatures served to residents from 12/20/24 to the day of the survey. While in the kitchen, the surveyor reviewed the food temperature log for 1/5/25 and noted that no temperatures were recorded for dinner on that day.

Surveyor review of the revised January 2015 facility policy titled, "Food Handling and Storage" revealed, "Policy to guide the staff in proper procedures to prevent the food borne illness...Standard:..14.Check and record food

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A 913	Continued From page 13 temperatures during cooking, holding, serving and reheating." Surveyor review of the revised April 2011 facility policy titled, "Dining Services" revealed, "...All meals shall be served at the proper temperature and shall be attractive when served to residents."	A 913		