

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11A013 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/17/2025 |
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| NAME OF PROVIDER OR SUPPLIER ARTIS SENIOR LIVING OF PRINCETON JUNCT | STREET ADDRESS, CITY, STATE, ZIP CODE 861 ALEXANDER ROAD PRINCETON, NJ 08540 |
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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 |
|--------------------|--|---------------|---|--------------------|
| A 000 | <p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00177342, NJ 00177448, NJ 00187571, NJ 00187642</p> <p>Census: 54</p> <p>Sample Size: 4</p> <p>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.</p> | A 000 | | |
| A 310 | <p>8:36-3.4(a)(1) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> | A 310 | | |

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

TITLE

(X6) DATE

11/21/25

New Jersey Department of Health

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| A 310 | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ177342</p> <p>Based on interview, and closed record review, it was determined that the facility Executive Director (ED) failed to implement and enforce the Resident Assessment/Care Plans/Service Plans policy for 1 of 2 residents (Resident #1) reviewed for discharge planning.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/17/25 at 9:58 AM, the surveyor interviewed the Director of Business (DOB) who provided the surveyor with a list of residents who moved out of the facility in [redacted] when requested. The surveyor reviewed the "Move-Outs by Reason" form which indicated that the rationale for Resident #1's move out on [redacted] was [redacted] moved out to [redacted] NJ Exec Order 26.4b1."</p> <p>On 10/17/25 at 10:26 AM, the surveyor attempted to review the closed electronic health record (EHR) of Resident #1 and was unable to do so. The ED was immediately notified and he stated that the facility had recently changed their EHR software, and the resident's information was not available in the updated software. At that time, the surveyor requested to view the resident's closed record and all Care Plan Meeting documentation and progress notes.</p> | A 310 | | |

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| A 310 | <p>Continued From page 2</p> <p>On 10/17/25 at 1:00 PM, the ED provided the surveyor with Care Conference Notes dated [redacted], and Service Plan Conference Summaries dated [redacted].</p> <p>A review of the Service Plan Conference Summary dated [redacted], revealed that the conference was attended by the resident's responsible parties (by phone, and in person), the ED and the Director of Community Integration (DCI). On the back of the form, there was a hand written note that was reportedly documented by the DCI who indicated that the resident now required [redacted].</p> <p>[redacted] Further review of the documentation revealed that the resident had not [redacted] and still had [redacted] before they were to become eligible to be considered to remain in the facility under [redacted]. It was noted that the resident was accepted by [redacted] and required alternate placement in a facility that [redacted]. Further review of the documentation indicated that the ED had recommended a [redacted] that accepted direct [redacted] to the resident's responsible parties.</p> <p>Further review of the Service Plan Conference Summary dated [redacted], that was attended by the resident's responsible parties, the ED, and the DCI failed to indicate that the resident's plans for a transfer to an alternate facility were finalized. The facility also failed to provide the surveyor with progress notes or nurse's notes for the resident when requested for review.</p> <p>On 10/17/25 at 10:43 AM, the surveyor interviewed the ED who stated that the facility could not accept [redacted] according to</p> | A 310 | | |
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| A 310 | <p>Continued From page 3</p> <p>their Admission Agreement, which was provided and indicated that the resident make [redacted] NJ Exec Order 26.4b1 [redacted]. Further review of the [redacted] NJ Exec Order 26.4b1 Disclosure Policy indicated that ..."Currently, the Community does not accept applicants for direct admission to a Medicaid-Covered bed." The ED stated that the family knew that [redacted] NJ Exec Order 26.4b1 was imminent when [redacted] NJ Exec Order 26.4b1 and they found a facility that accepted the resident right away within 30 days.</p> <p>On 10/17/25 at 12:00 PM, in a later interview with the ED, he stated that Care Conferences were held quarterly, or more frequently if needed. When the surveyor asked the ED why the Care Conference documentation provided failed to indicate that Resident #1's Care Conferences were held on a quarterly basis the ED stated that the responsible parties may have refused. The surveyor then requested a copy of the facility's Care Plan Meeting policy and the resident's progress notes.</p> <p>On 10/17/25 at 1:40 PM, the ED provided the surveyor with the Resident Assessment /Care Plans/Service Plans Policy. The ED was unable to provide the surveyor with documented evidence of Resident #1's Progress Notes or Nurse's Notes as previously requested at that time.</p> <p>On 10/19/25 at 9:58 AM, the ED sent the surveyor Resident #1's Charting Notes via email dated [redacted] NJ Exec Order 26.4b1, which failed to contain documented evidence of Resident #1's Care Plan Meeting refusal or documentation to explain why the resident's Care Plan Meetings</p> | A 310 | | |
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| A 310 | Continued From page 4 were not held on a quarterly basis as indicated by the ED or every six months as outlined in the facility policy. A review of the facility "Resident Assessment/Care Plans/Service Plans" policy, effective/revised 1/1/2025, revealed the following: "Routine Review Meetings General Service Plan: Reviewed and updated at least every six (6) months or more frequently as condition warrants. Health Service Plan: Reviewed and updated at least every three (3) months or more frequently as condition warrants. ...Documentation Meeting date, time, attendees, summary of discussion, and all agreed interventions shall be documented on the Care Plan Meeting Form or in [name redacted] under Observation Notes. Updates to the General Service Health Plan or Health Service Plan must be completed immediately following the meeting. Resident or representative participation (or refusal to participate) must be recorded. Copies of the revised plans must be filed in the clinical record and made available to care associates..." | A 310 | | |
| A1051 | 8:36-15.2 Record Availability The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department. This REQUIREMENT is not met as evidenced by: | A1051 | | |

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| A1051 | <p>Continued From page 5</p> <p>Complaint #: NJ177342</p> <p>Based on observation, interview, and record review it was determined that the facility failed to ensure full access to a resident's complete medical record for 1 of 4 residents (Resident #1) reviewed for discharge planning.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/17/25 at 9:58 AM, the surveyor interviewed the Director of Business (DOB) who provided the surveyor with a list of residents who moved out of the facility in [REDACTED] when requested. The DOB stated that if the rationale for the discharge were not documented, then she could provide the surveyor with a verbal rationale for the discharge. The surveyor reviewed the "Move-Outs by Reason" form which indicated that the rationale for Resident #1's move out on [REDACTED] was NJ Exec Order 26.4b1 [REDACTED]."</p> <p>On 10/17/25 at 10:26 AM, the surveyor attempted to review the closed electronic health record (EHR) of Resident #1 and was unable to do so. The Executive Director (ED) was immediately notified and he stated that the facility had recently changed their EHR software, and the resident's information was not available as the resident was discharged prior to implementation of the new software. At that time, the surveyor requested to view the resident's closed record, all Care Plan Meeting documentation, and progress notes.</p> <p>On 10/17/25 at 10:43 AM, the surveyor interviewed the ED who stated that Resident #1 had [REDACTED] NJ Exec Order 26.4b1 and the facility could not accept NJ Exec Order 26.4b1 [REDACTED]</p> | A1051 | | |

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| A1051 | <p>Continued From page 6</p> <p>NJ Exec Order 26.4b1 _____) according to their Admission Agreement, which was provided and indicated that the resident was required to make NJ Exec Order 26.4b1 _____ _____ ed by the Community up until the date of transfer. Further review of the NJ Exec Order 26.4b1 Disclosure Policy indicated that ...Currently, the Community does not accept applicants for direct admission to a NJ Exec Order 26.4b1. The ED stated that the family knew that NJ Exec Order 26.4b1 was imminent when their funding ran out, and since the resident resided at the facility for less than two years at that time they found a facility that accepted the resident right away within 30 days.</p> <p>On 10/17/25 at 1:00 PM, the ED provided the surveyor with Care Conference Notes dated NJ Exec Order 26.4b1 and Service Plan Conference Summaries dated NJ Exec Order 26.4b1 and Monthly Visit Notes (MVN) that were written by the facility's APN (Advanced Practice Nurse). The ED failed to provide the surveyor with the resident's closed record as previously requested, and he agreed to print all requested information.</p> <p>A review of the Service Plan Conference Summary dated NJ Exec Order 26.4b1 revealed that the conference was attended by the resident's responsible parties (by phone, and in person), the ED and the Director of Community Integration (DCI). On the back of the form, there was a hand written note that was reportedly documented by the DCI who indicated that the resident now required NJ Exec Order 26.4b1 _____ . Further review of the documentation revealed that the</p> | A1051 | | |
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| A1051 | <p>Continued From page 7</p> <p>resident had not lived at the facility for [redacted] left before they were eligible to be considered to remain in the facility under NJ Exec Order 26.4b1. It was noted that the resident was accepted by [redacted] and required alternate placement in a facility that accepted direct [redacted]. Further review of the documentation indicated that the ED had recommended a local facility that accepted direct [redacted] to the resident's responsible parties.</p> <p>Further review of the Service Plan Conference Summary dated [redacted], that was attended by the resident's responsible parties, the ED, and the DCI failed to indicate that the resident's plans for a transfer to an alternate facility were finalized. The facility also failed to provide the surveyor with progress notes or nurse's notes for the resident when requested for review.</p> <p>A review of a MVN dated [redacted], documented by the facility APN revealed that staff reports that family confirmed to t/f (the facility) patient from [name redacted] facility to a [redacted]. Overall [redacted]. Further review of the MVN revealed the resident was [redacted] and [redacted] and [redacted].</p> <p>[redacted]...D/W (discussed with POA (Power of Attorney) at the facility and acknowledged that PCP (Primary Care Provider, medical provider) will be provided by the same group, contact information has been provided.</p> <p>On 10/17/25 at 1:15 PM, the ED stated that he could not provide the surveyor with Progress Notes as previously requested due to the change in computer software. The ED stated that he</p> | A1051 | | |
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| A1051 | <p>Continued From page 8</p> <p>would reach out to corporate and email the surveyor the progress notes if possible. The ED acknowledged that the resident's full medical record was not readily accessible to the surveyor at that time as required.</p> <p>On 10/19/25 at 10:47 AM, the ED provided the surveyor with Resident #1's Charting Notes via email that were dated from NJ Exec Order 26.4b1 [REDACTED], which failed to provide any details surrounding the resident's discharge planning and the resident's transfer to an alternate facility on NJ Exec Order 26.4b1 [REDACTED]</p> | A1051 | | |



11/24/2025

Artis Senior Living of Princeton Junction Plan of Correction
Survey Date: 10/17/2025
Statement of Deficiencies Report Date: 11/19/2025

A310 – 8:36-3.4(a)(1) Administrator’s Responsibilities

(a)The administrator or designee shall be responsible for, but not limited to, the following:

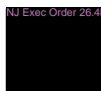
- 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights.

Resident #1’s charting notes failed to contain evidence of Care Plan Meeting refusal.

(1) Resident #1 is no longer a resident of Artis Senior Living of Princeton and documentation of care plan refusal cannot be retroactively added. (2) All residents have the potential to be effective by this deficient practice and therefore the Executive Director (ED) along with the Director of Community Integration (DCI) will audit all resident charts to ensure proper documentation is in place noting any care plan refusals. If documentation of refusal is missing, the ED or DCI will contact the resident’s responsible party (RP) to confirm and document refusal of care plan meeting. This audit will be completed by 12/22/25 (3) All refusals of future care plan meetings will be documented on the “Care Conference Form” by the Ed and/or DCI. On 11/21/25 the ED and DCI were in-serviced on where family/resident refusals are to be documented on the care conference form. (4) Upon the refusal of a care plan meeting by an RP or resident, the refusal noted on the care conference form will be acknowledged and signed by the ED, DCI and/or Director of Health and Wellness (DHW). A progress note will also be added to the residents’ chart. ED will audit progress notes quarterly to ensure appropriate documentation.

Completion Date: 12/22/2025

NJ Exec Order 26.41



approved 11/24/25

A1051 – 8:36-15.2 Record Availability

The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.

861 Alexander Road | Princeton, NJ 08540 | 609.454.3360

Honoring Yesterday, Celebrating Today



The facility failed to provide the surveyor with progress notes or nurse's notes when requested for review.

(1) Resident # **NJ Exec Order 26.4b1** [redacted] involuntary discharge was never issued and therefore documentation of involuntary discharge was not noted. Resident #1's progress notes were located on previous EHR system and emailed to surveyor. (2) All residents have the potential to be effective by this deficient practice and therefore the Executive Director (ED) and Director of Health and Wellness (DHW) will audit previous EHR system to ensure all progress notes of residents who moved out prior to implementation of new EHR system are available. Also, that current residents' progress notes were properly transitioned over to the new EHR system. This audit will be completed by 12/22/25. (3) The ED and DHW obtained login credentials for the previous EHR system on 10/17/25 and will maintain the credentials to ensure records are available to representatives of the department. (4) With new EHR system in place, all resident progress notes will be maintained and stored electronically and available upon login. ED and DHW will maintain active login credentials to access records as needed and upon request from representatives of the department.

Completion Date: 12/22/2025

NJ Exec Order 26.4b1
[redacted] approved 11/24/25

NJ Exec Order 26.4b1
[redacted]

ED
11/24/2025

STATE FORM: REVISIT REPORT

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 11A013 Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 11/24/2025 Y3 |
| 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 A0310 | Correction | ID Prefix A1051 | Correction | ID Prefix | Correction |
| Reg. # 8:36-3.4(a)(1) | Completed | Reg. # 8:36-15.2 | Completed | Reg. # | Completed |
| LSC | 12/22/2025 | LSC | 12/22/2025 | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
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| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON 10/17/2025 | | <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 | | |