

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12a001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/04/2022
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NAME OF PROVIDER OR SUPPLIER CIEL SENIOR LIVING OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852
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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 #: NJ00159250</p> <p>CENSUS: 50</p> <p>SAMPLE SIZE: 3</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 901	<p>8:36-10.5(c)(4) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;</p>	A 901		

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

TITLE

(X6) DATE

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A 901	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: NJ00159250</p> <p>Based on observations, interviews, and document review, it was determined that the facility failed to ensure that the posted meal menus and the menus available to the residents identified the portion sizes. This deficient practice was evidenced by the following:</p> <p>On 11/4/22 at 11:15 a.m., during tour of the facility, the surveyor observed posted meal menus located on furniture stands and daily menus located on the dining tables. Upon review of the menu's, the surveyor observed that the menu's did not indicate portion sizes.</p> <p>On 11/4/22 at 12:30 p.m., the surveyor toured the main facility kitchen and observed that the menu was posted next to the food preparation area, however, the menu did not indicate portion sizes. The surveyor then asked the Food Service Director (FSD) about the portion sizes on the menu, and he, the FSD, explained that the menus posted was created and sent from the Corporate Dietician. Also, the FSD explained that he worked at the facility for approximately six months and was not aware that the menus required portion sizes.</p> <p>On 11/4/22 at 1:30 p.m., the surveyor interviewed the Executive Director (ED) who explained that she, the ED, had been working at the facility for [REDACTED] and was still getting familiar with the facility. Additionally, the ED informed the surveyor</p>	A 901		

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A 901	<p>Continued From page 2</p> <p>that the facility did not have a menu that identified portion sizes at the facility at time of survey.</p> <p>On 11/4/22 at 1:45 p.m., the surveyor reviewed the facility policy and procedure titled "Dining Service Requirements" and listed under "Procedure: ...Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in resident areas, and/or a copy of the menu shall be provided to each resident"</p> <p>The facility failed to ensure that portion sizes were identified on the meal menus that were posted and provided to the residents.</p>	A 901		

ID: 12a001 Complaint Survey Date: 114/2022

1. A 901- Dining Services

- a. **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice**
 - i. No resident was affected by this deficient practice.
- b. **How the facility will identify other residents having the potential to be affected by the same deficient practice**
 - i. All residents have the capacity of being affected by this deficient practice.
- c. **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur**
 - i. Executive Director held an in-service with the Director of Hospitality with the proper education for state dining regulations and Harbor Chase's policy and procedures.
 - ii. Director of Hospitality posted the proper menus with portion sizes in the food preparation area and conspicuously posted for the residents.
 - iii. Director of Hospitality provided in-service to all cooks on proper portion sizes for each cycled menu.
- d. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.**
 - i. Executive Director will ensure that menus conspicuously posted reflect portion sizes and provide monthly checks.
- e. **Completion Date: 12/9/2022**

written
accepted
12/14/22
Ked
12/14/22