

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 11/07/2025
--	---	---	---

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
--	---

(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: CENSUS: 113 SAMPLE SIZE: 5</p> <p>TYPE OF SURVEY: Standard Survey of 160 residential units</p> <p>The facility is not in substantial compliance with all 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.</p> <p>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> <p>CENSUS: 117</p> <p>A Life Safety Code Survey was conducted by the State Agency on 11/07/2025. The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</p>	A 000		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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

TITLE

(X6) DATE

12/27/25

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document and policy review, the facility failed to comply with the provisions of NJAC 8:24 Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code by failing to properly store and label food, failing to properly store food serving pans and utensils, and failing to properly clean non-food contact surfaces in 2 (main, satellite) of 2 kitchens.</p> <p>Findings included:</p> <p>A facility policy titled, "Food Storage Policy and Procedure," with an effective date of 06/2023, revealed, "Plastic containers with tight-fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables, and broken lots of bulk foods. All containers must be legible and accurately labeled." The policy also indicated, "Scoops must be provided for sugar, flour, dried vegetables, and spices. Scoops are not to be stored in food or ice containers, but are kept covered in a protected area near the containers." The policy also noted, "Food should be dated as it is placed on the shelves." The policy also indicated, "Leftover food is used within 3 days or discarded." Under a "Refrigeration" section, the policy identified that "d. Cooked foods</p>	A 891		
-------	--	-------	--	--

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 11/07/2025
--	---	---	---


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
--	---

(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 891	<p>Continued From page 2</p> <p>must be stored above raw foods to prevent contamination" and "e. All foods should be covered, labeled and dated." Under a "Frozen Foods" section, the policy revealed, "Foods should be covered, labeled and dated."</p> <p>During an interview on 11/06/2025 at 4:21 PM, the Director of Culinary Services (DCS) stated facility duties checklists for different kitchen positions were used to train staff, noting he reviewed the relevant checklists with kitchen staff when onboarding with the facility.</p> <p>An undated facility checklist titled, "Cook(s) AM Opening Duties" contained tasks to complete, including, "All Food Properly Labeled & [and] Stored." The checklist also directed staff to "Organize & Clean Spice Shelves."</p> <p>An undated facility checklist titled, "Cook-PM Closing Duties" contained tasks to complete, including, "Ensure that all items in the walk-in are put away properly, wrapped, and labeled accordingly." The checklist also directed staff to "Organize & Clean Spice Shelves" and to ensure "Product Organized & Rotated (FIFO) [first in, first out]."</p> <p>An undated facility checklist titled, "Utility AM Opening Duties" contained tasks to complete, including, "Pots/Pans stacked/drying properly."</p> <p>An undated facility checklist titled, "Utility-PM Closing Duties" contained tasks to complete, including, "Clean & dry all items in the pot sink and put away," "Sheet pans drying on speed rack," and "Pots/Pans stacked/drying properly."</p> <p>1. NJAC Chapter 24 Food Code section 8:24-3.3(c)1. i. indicated, "(c) Separation,</p>	A 891		

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 3</p> <p>packaging and segregation requirements for packaged and unpackaged food include the following: 1. Food shall be protected from cross contamination by: i. Separating raw animal foods from any ready-to-eat foods during storage, preparation, holding, and display."</p> <p>During a tour of the main kitchen on 11/06/2025 at 9:25 AM, eight cooked chicken breasts were observed in the walk-in cooler uncovered, releasing steam. The cooked chicken breasts were observed on the same shelf as unlabeled and undated frozen fish, uncooked marinated pork, uncooked pork sausage links, uncooked turkey sausage links, and uncooked bacon.</p> <p>During an interview on 11/06/2025 at 9:58 AM, Cook #2 stated that meat was stored on the lower shelves with raw meat below cooked meat, vegetables above cooked meat, and premade foods above vegetables. Cook #2 explained the reasoning for such storage was to avoid contamination of items below any food that fell or spilled.</p> <p>During an interview on 11/06/2025 at 2:38 PM, the DCS stated that cooked items were to be placed on a higher shelf than thawing meats, noting thawing meat would not share a shelf with cooked foods. The DCS stated thawing meat would be on a shelf below cooked food.</p> <p>2. NJAC Chapter 24 Food Code section 8:24-3.3(c)1. viii. indicated, "Storing the food in packages, covered containers, or wrappings, except: (1) Whole, uncut, raw fruits and vegetables and nuts in the shell, that require peeling or hulling before consumption; (2)  cuts, quarters, or sides of raw meat or slab bacon that are hung on clean, sanitized hooks or placed</p>	A 891		

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 4</p> <p>on clean, sanitized racks; (3) Whole, uncut, processed meats such as country hams, and smoked or cured sausages that are placed on clean, sanitized racks; (4) Food being cooled; or (5) Shellstock."</p> <p>During a tour of the main kitchen on 11/06/2025, the following observations were made: At 9:15 AM, an open brown sugar and spiced ham glaze was observed. At 9:19 AM, in the refrigerator there was an open hot dog package. At 9:25 AM, eight cooked chicken breasts were observed in the walk-in cooler uncovered, releasing steam. At 9:28 AM, on the top shelf in the walk-in cooler, there was a large bowl with a mixture and spoon inside. The bowl was uncovered, unlabeled, and undated. At 9:35 AM, diced butternut squash was observed open. In the freezer, at 9:39 AM, a case of cheese tortillas was observed opened with an opened bag inside. A case of cheese manicotti was observed open with the packaging inside not sealed. At 9:40 AM, sliced potatoes were observed open and undated.</p> <p>During an interview on 11/06/2025 at 2:38 PM, the DCS stated that any food item opened was to be repackaged into an airtight container, labeled, and dated. He stated that the bowl of mixture in the walk-in cooler should have been wrapped, noting items that were prepped should be wrapped, dated, and labeled so they would not develop a film, and to prevent something from falling or dripping into it. The DCS stated if hot chicken was cooling, it should be covered with a hole in the wrap to prevent something from falling into it, unless it was placed on a top shelf where nothing could fall into it. The DCS stated if a food item was opened, it would be placed in a plastic container, noting staff tried not to close open bags with plastic wrap because it would not fully</p>	A 891		

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 5</p> <p>seal it. The DCS noted that many dry goods arrived in cases that had bags inside the case, and those items would be consolidated into airtight containers.</p> <p>During an interview on 11/06/2025 at 5:55 PM, the Executive Director (ED) stated that opened food needed to be properly stored away, which included being sealed or transferred into a container and labeled.</p> <p>3. NJAC Chapter 24 Food Code section 8:24-3.3(k)1. and 2. indicated, "During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored: 1. In the food with their handles above the top of the food and the container, except as specified in (k)2 below; 2. In food that is not potentially hazardous, with their handles above the top of the food within containers of equipment that can be closed, such as bins of sugar, flour, or cinnamon."</p> <p>During a tour of the main kitchen on 11/06/2025 at 9:43 AM, a container of sugar and an unlabeled container of white powder were observed with scoops resting sideways on the ingredients inside the containers.</p> <p>During an interview on 11/06/2025 at 10:20 AM, Cook #2 stated she did not think the scoops were supposed to be in the observed containers. She stated that some containers were designed with scoop hooks on the outsides of the containers.</p> <p>During an interview on 11/06/2025 at 2:38 PM, the DCS stated there was a container on a table above the bulk flour and sugar bins that had small plastic scoops to be used in those containers, noting the scoops were usually washed each time they were used. The DCS stated scoops should</p>	A 891		

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 6</p> <p>not be stored in the bulk flour and sugar bins.</p> <p>4. NJAC Chapter 24 Food Code section 8:24-3.6(a) indicated, "Packaged food shall comply with standard of identity requirements in 21 CFR Parts 131 through 169, incorporated herein by reference, as amended and supplemented, herein by reference, as amended and supplemented, and the general food standards in 21 CFR Part 130, incorporated herein by reference, as amended and supplemented, and the general requirements in 9 CFR Part 319, Subpart A, incorporated herein by reference, as amended and supplemented."</p> <p>During a tour of the main kitchen on 11/06/2025, the following observations were made: At 9:15 AM, apple cider syrup was observed to have a use-by date of "10/7," a miscellaneous light-yellow bottle was unlabeled, opened, and not dated, a brown sugar and spiced ham glaze was observed opened and not dated, and tortilla chips were opened, closed with plastic wrap, and not dated. At 9:19 AM, in the refrigerator there was an opened turkey package that was dated "10/30." At 9:28 AM, in the walk-in cooler, it was observed that chocolate cake mix was dated for October. At 9:31 AM, there was salad unlabeled in the cooler. At 9:28 AM, on the top shelf in the walk-in cooler, there was a large bowl with a mixture and spoon inside. The bowl was uncovered, unlabeled, and undated. There were lemon bars unlabeled and undated. At 9:33 AM, there was a pan of uncooked bacon that was undated and unlabeled. At 9:35 AM, diced butternut squash was observed open, undated, and unlabeled. Open dried peaches were observed undated. At 9:36 AM, one bottle of low fat cultured 1% buttermilk was observed to have a "best by" date of 10/21/2025. In the freezer, at</p>	A 891		

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 7</p> <p>9:38 AM, a block of an unknown white substance with specks in it was observed unlabeled and undated. At 9:39 AM, banana and mangos were observed not dated. At 9:40 AM, sliced potatoes were observed open and undated. At 9:45 AM, sugar and oatmeal cookies were observed undated. At 10:38 AM, in the refrigerator of the server area of the kitchen, pre-packaged, pre-made [redacted] waffles were observed to be undated. A container of eggs was observed unlabeled and undated.</p> <p>During an observation in the memory care unit's satellite kitchen on 11/06/2025 at 11:22 AM, there were three plates that were wrapped and contained food sitting on a counter. Two plates contained pancakes, sausage, and scrambled eggs. One plate contained French toast, sausage, and eggs. The plates were unlabeled and undated. There were two unlabeled and undated squirt bottles of brown liquid sitting on the counter. There was half a jug of undated pancake and waffle syrup, and there was an open bottle of "[redacted] [redacted]" chocolate syrup on the counter that expired on 06/22/2025. In the refrigerator there were two open water bottles, an open can of [redacted] and five containers of opened, unlabeled, and undated [redacted] protein shakes. There was a container of whipped cream that expired in 05/2025.</p> <p>During an interview on 11/06/2025 at 9:58 AM, Cook #2 stated that food storage depended on the item, but items usually were labeled with an item description and date.</p> <p>During an interview on 11/06/2025 at 11:59 AM, the DCS stated the cooks and chef were responsible for checking and cleaning the refrigerator and freezer, checking food labels,</p>	A 891		

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 8</p> <p>and checking dates daily. The DCS stated the only items that should be in the refrigerator were juices, thick-it juices, and some condiments. He stated, "This is not good" while looking at the <small>NJ Exec Order 26.4b1</small> <small>NJ Exec Order 26.4b1</small> chocolate sauce bottle. He stated it was usually the DCS who looked for and identified expired products. He stated staff were not to leave personal water bottles in the refrigerator, noting the water bottles opened in the refrigerator appeared to belong to staff. He stated that any personal water bottles belonging to a resident would be kept in their room. He stated that the unlabeled sauce cup was "probably dressing." He stated that the whipped cream expired in 05/2025 and noted that the <small>NJ Exec Order 26.4b1</small> protein shakes were under nursing staff discretion, and he was not sure why the nursing staff were not opening and finishing the same shake before opening a new one. The DCS stated the <small>NJ Exec Order 26.4b1</small> protein shakes were normally kept at the nurses' station, confirming all the opened protein shakes should have dates and labels with the associated resident's name.</p> <p>During an observation in the memory care unit's satellite kitchen on 11/06/2025 at 11:26 AM, in a freezer, there were two uncovered cups of a frozen dark pink mixture, two covered cups of a frozen dark pink mixture, one covered cup of a frozen dark brown mixture, and one covered cup of a frozen light pink mixture. The cups were unlabeled and undated. There was one frozen iced tea bottle and a red travel cup that were unlabeled.</p> <p>During an interview on 11/06/2025 at 11:59 AM, the DCS stated the cooks and chef were responsible for checking and cleaning refrigerators and freezers, checking food labels, and checking dates daily. He stated he did not</p>	A 891		
-------	---	-------	--	--

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 9</p> <p>know why there were so many items in the freezer, noting it was normally empty and staff simply conducted temperature checks. He stated of the freezer contents observed, "That's all garbage."</p> <p>During an interview on 11/06/2025 at 2:38 PM, the DCS stated food items were to be labeled and dated with an item descriptor and the date the item was opened.</p> <p>During an interview on 11/06/2025 at 5:55 PM, the Executive Director (ED) stated that if food was opened, it needed to be properly stored away, which included being sealed or transferred into a container, dated, and labeled.</p> <p>5. NJAC Chapter 24 Food Code section 8:24-4.6(c) indicated, "(c) Non food [sic]-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris."</p> <p>During an observation in the memory care unit's satellite kitchen on 11/06/2025 at 11:21 AM, the floor was observed to be dirty with miscellaneous debris.</p> <p>During an observation in the memory care unit's satellite kitchen on 11/06/2025 at 11:26 AM, in the freezer, there was spilled purple material that was frozen to the bottom.</p> <p>During an interview on 11/06/2025 at 11:59 AM, the DCS stated the cooks and chef were responsible for checking and cleaning the refrigerator and freezer, checking food labels, and checking dates daily.</p> <p>6. NJAC Chapter 24 Food Code section</p>	A 891		

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 11/07/2025
--	---	---	---

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
--	---

(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 891	<p>Continued From page 10</p> <p>8:24-4.11(e)2. i. indicated, "Clean equipment and utensils shall be stored: i. In a self-draining position that allows air drying."</p> <p>During a tour of the main kitchen on 11/06/2025, the following observations were made: At 9:21 AM, it was observed that metal hotel pans were stored upside down, nested together, and wet. At 10:07 AM, large, deep hotel pans were observed nested together while wet.</p> <p>During an interview on 11/06/2025 at 10:26 AM, Culinary Services Associate (CSA) #1 stated dishes came out of the dishwasher dry because it was so hot that, within a few seconds after coming out, the dishes were dry. At 10:31 AM, CSA #1 was observed taking a wet hotel pan from the dishwasher. He stacked it on top of another hotel pan with holes in it and set it on the edge of a three-compartment sink across from the dishwasher. He stated he sometimes did that when they were busy. He stated that the pans dried even when stacked wet because they were stacked upside down to drain. He stated that when they were not busy, he would towel dry items.</p> <p>During an interview on 11/06/2025 at 2:38 PM, the DCS stated that dishes were not dried by hand, noting they were stacked on carts to air dry after being pulled from the dishwasher before the items were put away. The DCS described hotel pans as stainless-steel cooking pans and trays. The DCS stated once the hotel pans were on the dish racks, they dried quickly, and were then placed on shelves. The DCS stated if items came out of the dishwasher still wet, they would be resent through the dishwasher again to allow them to truly air dry. Per the DCS, the dishes, including the hotel pans and plates, should be</p>	A 891		

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 11/07/2025
--	---	---	---

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
--	---

(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 891	Continued From page 11 dried before they were stacked together. During an interview on 11/06/2025 at 5:55 PM, the Executive Director (ED) stated all pans and dishes needed to dry before being put away.	A 891		
A1041	8:36-14.3(a) Emergency Services and Procedures (a) The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills. This REQUIREMENT is not met as evidenced by: Based on interview and facility document and policy review, the facility failed to conduct at least one drill for emergencies due to fire every month for 16 (07/2024 - 10/2025) of 16 months reviewed. Findings included:	A1041		

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 11/07/2025
--	---	---	---

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
--	---

(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
A1041	<p>Continued From page 12</p> <p>A facility policy titled, "Fire Safety," with an effective date of 08/01/2021, indicated, "The community will stay up to date on all life safety and fire safety regulations. The Executive Director will work closely with the Maintenance Director to ensure all inspections and fire drills are performed." Under a "B. Fire Inspections" section, the policy noted, "2. Be prepared to show documentation of fire drills/fire safety training and the certified inspection results that should be maintained in the Administrative Files." Under a "C. Fire Safety Training" section, the policy noted, "3. At least one fire drill is required to be conducted monthly to ensure ability of staff and resident to follow fire safety procedures."</p> <p>Documents titled "In-Service Training Record" for the prior 16 months revealed the documented topics covered included fire drills, conducted on 07/30/2024, 08/15/2024, 09/04/2024, 10/15/2024, 11/04/2024, 12/10/2024, 01/07/2025, 02/10/2025, 03/01/2025, 04/01/2025, 05/05/2025, 06/09/2025, 07/22/2025, 08/28/2025, 09/03/2025, or 10/06/2025.</p> <p>During an interview on 11/07/2025 at 9:50 AM, the Director of Maintenance (DOM) stated the in-service records of fire drills were in-services and not actual simulated fire drills. He stated he simply spoke about what individuals should do in the event of a fire, and staff and residents did not actually participate in a simulated fire drill for the prior 16 months. He stated he was not aware that an actual drill of a simulated fire event must be completed. He stated he expected to follow all life safety code (LSC) requirements</p> <p>During an interview on 11/07/2025 at 1:28 PM, the Life Enrichment Director stated the DOM conducted classes or in-services regarding fire</p>	A1041		

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 11/07/2025
--	---	---	---

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
--	---

(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
A1041	Continued From page 13 safety. She stated she participated in an in-service on 05/05/2025 where the DOM talked about the location of fire safety equipment, but noted it was not a simulated fire drill. During a telephone interview on 11/07/2025 at 1:44 PM, the Executive Director stated she reviewed the fire drill in-service documentation and assumed fire drills had been conducted. She stated she expected fire drills to be conducted per LSC and New Jersey Administrative Code (NJAC) requirements.	A1041		
A1045	8:36-14.3(c) Emergency Services and Procedures (c) The facility shall test at least one manual pull alarm each month of the year and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition. This REQUIREMENT is not met as evidenced by: Based on interview and facility document and policy review, the facility failed to test at least one manual pull alarm each month of the year and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition. Findings included: A facility policy titled, "Fire Safety," with an effective date of 08/01/2021, revealed, "The community will stay up to date on all life safety and fire safety regulations. The Executive	A1045		

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 11/07/2025
--	---	---	---

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
--	---

(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
A1045	<p>Continued From page 14</p> <p>Director will work closely with the Maintenance Director to ensure all inspections and fire drills are performed."</p> <p>Documents provided that were titled "In-Service Training Record" for the prior 16 months revealed there was no documentation regarding manual pull alarm testing, including test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition from 07/2024 to 10/2025.</p> <p>During an interview on 11/07/2025 at 9:50 AM, the Director of Maintenance stated he did not test one manual pull alarm during any of the prior 16 months and was not aware of the requirement to test one manual fire pull alarm each month of the year. He stated he expected to follow all life safety code (LSC) requirements.</p> <p>During a telephone interview on 11/07/2025 at 1:44 PM, the Executive Director (ED) stated she expected fire drills to be conducted per the LSC and New Jersey Administrative Code (NJAC).</p>	A1045		
A1249	<p>8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance</p> <p>The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.</p>	A1249		

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 11/07/2025
--	---	---	---

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
--	---

(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
--------------------	--	---------------	---	--------------------

A1249	<p>Continued From page 15</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the building was maintained in good condition to keep it free from hazards to resident health and safety by failing to maintain 1 steam table (memory care unit satellite kitchen) of 2 steam table s inspected.</p> <p>Findings included:</p> <p>During an observation in the memory care unit's satellite kitchen on 11/06/2025 at 11:21 AM, a bowl was observed in a cabinet under a steam table. The bowl contained a small amount of water with a film on the surface and a light orange/pink-colored ring around the inside of the bowl.</p> <p>During an interview on 11/06/2025 at 11:59 AM, the Director of Culinary Services (DCS) stated the steam table drained after a valve was switched, and the bowl was present to catch water that may have been leaking.</p> <p>During an interview on 11/06/2025 at 12:22 PM, Culinary Services Associate (CSA) #1 stated he had noticed the steam table leak previously, but stated it was no longer leaking.</p> <p>During a second observation in the satellite kitchen of the memory care unit on 11/06/2025 at 4:54 PM, the steam table in question was observed to be leaking underneath from the fill line that led from the water heat source to the steam pan. The area underneath the steam table</p>	A1249		
-------	---	-------	--	--

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 11/07/2025
--	---	---	---

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
--	---

(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
A1249	<p>Continued From page 16</p> <p>was wet, and there was a clear plastic cup underneath to catch the leaking water. During the observation, the cup began to fill with water.</p> <p>During a second observation of the memory care unit satellite kitchen's steam table on 11/06/2025 at 4:54 PM, the DCS stated that the line leaking was the line that supplied the water to fill the steam table, noting it needed to be tightened.</p>	A1249		

POC #3 received 1/9/20
Accepted 1/12/20



Ciel of Princeton

Provider Identification Number: NJ Ex Order 26.481

Survey Completion Date: November 7th, 2025

Responses to the cited deficiencies do not constitute an admission or agreement by the community to the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state regulation.

D891-8:36-10.5 Dining Services

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. All deficient practices noted have been corrected in the kitchen regarding food storage areas, proper labeling and overall cleanliness pertaining to proper dry storage labeling and removing scoop from dry storage containers, covering all chicken breasts, cating any other meats including fish, pork, pork sausage links, turkey sausage links, and bacon. All proper storage has been corrected regarding cross contamination of food items such as cooked meat not being directly stored with vegetables. Proper food storage has been corrected regarding open brown sugar and spiced ham gaze, diced butternut squash, cheese manicotti, sliced potatoes, sliced peaches, buttermilk, chocolate cake mix, tortilla chips, large bowl with mixture and spoon labeled, container of sugar and white powder, dated, sealed, and covered properly. The plates and undated items in Memory Care server station have been corrected, such as the unlabeled plates of French toast, oatmeal cookies, waffles, and all liquids. All storage areas have been properly corrected with deep cleaning of all refrigerators and freezers with the removal of all expired items. The kitchen floors, the freezers and proper cleaning of pan storage have been corrected. All corrections took place on 11/7/2025.

2. All residents had the potential to be affected by this deficient practice.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. All culinary staff will be in-serviced on food storage, food labeling, cross contamination and food safety protocols. All culinary staff will be educated and trained on proper cleaning of kitchen floors, refrigerator and freezer storage, pan storage, proper drying of pans. Training will be conducted by the Director of Culinary Services and documented on an in-service sign-in sheet. Training began on 11/6/2025 and will be completed on or before January 15, 2026.
2. DCS will conduct weekly audits of refrigerator and pantry, ensuring proper food handling, safety and storage and documented on an internal audit tool. DCS will ensure walk throughs of all storage areas are completed weekly. DCS will ensure that all food items are properly labeled and stored weekly. DCS will ensure weekly cleanings are being conducted during its audits of the entire main kitchen and satellite kitchen.
3. Checklists for dining staff will be updated to reflect specific tasks related to checking food storage and labeling process. Checklist will be updated and introduced to staff on or before January 15th, 2026.
4. All items will be corrected; all staff will be educated and in-serviced by 1/15/2026.

ED or designee will bring all audits conducted by DSC of all walk thru cleanings audits, food storage audits, pan storage audits, and training to the community's Quality Assurance meeting monthly for 3 months and quarterly for 3 quarters for tracking and trending purposes.



approved
1/12/26

A1041-Emergency Services and Procedures

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. Maintenance Director conducted the December 2025 Fire Drill in accordance with policy and regulations on December 16th, 2025.
2. All residents had the potential to be affected by this deficient practice.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Maintenance Director or designee will document monthly fire drills on rotating shifts using the internal community software [redacted] and document the procedure in accordance with policy and regulation.
2. Executive Director will review the fire drills monthly to ensure all requirements are met and documented.
3. This will be completed on December 16th, 2025.

ED or designee will bring monthly fire drill signed in services and training to the community's Quality Assurance meeting monthly for 3 months and quarterly for 3 quarters for tracking and trending purposes.

[redacted] approved 1/12/20

A1045-Emergency Services and Procedures

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. Maintenance Director conducted the December 2025 Fire Alarm Manual Pull Test in accordance with policy and regulation on December 30th, 2025.
2. All residents had the potential to be affected by this deficient practice.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Maintenance Director or designee will document monthly alarm pull testing using the internal community software [redacted] and document the procedure in accordance with policy and regulation.
2. Executive Director will review the fire alarm pull testing monthly to ensure all requirements are met and documented.
3. This will be completed by December 30th, 2025.

ED or designee will bring manual pull test report and trainings to the community's Quality Assurance meeting monthly for 3 months and quarterly for 3 quarters for tracking and trending purposes.

[redacted] approved 1/12/20

A1249-Housekeeping-Sanitation-Safety-Maintenance

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. The steam table in the Memory Care neighborhood has been repaired, is no longer leaking and is both clean and in good working order. This repair was completed on 11/7/2025.
2. All residents had the potential to be affected by this deficient practice.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. Director of Culinary Services will check monthly steam tables and associated under-cabinets for cleanliness and functionality.
2. All staff will be in-serviced on reporting leaks, breaks, outages, etc and the process of submitting work orders. Such training will be conducted by the Maintenance Director by January 15, 2026.

ED or designee will bring all reports regarding work orders and training to the community's Quality Assurance meeting monthly for 3 months and quarterly for 3 quarters for tracking and trending purposes.



approved
1/12/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 12a001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/12/2026
--	---	------------------------------

NAME OF FACILITY CIEL SENIOR LIVING OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852
---	---

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 A0891	Correction	ID Prefix A1041	Correction	ID Prefix A1045	Correction
Reg. # 8:36-10.5(a)	Completed	Reg. # 8:36-14.3(a)	Completed	Reg. # 8:36-14.3(c)	Completed
LSC	01/15/2026	LSC	12/16/2025	LSC	12/30/2025
ID Prefix A1249	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.7	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/15/2026	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 <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 11/7/2025		<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		