STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315370	A. BUILDING _____ B. WING _____	C 07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEGIE POST ACUTE CARE AT PRINCETON LLC	**5000 WINDROW DRIVE PRINCETON, NJ 08540**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00152846, NJ00169811 Census: 129 Sample Size: 7 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		

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

Electronically Signed | 08/23/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	62202	A. BUILDING: _____ B. WING _____	C 07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEGIE POST ACUTE CARE AT PRINCETON LLC	5000 WINDROW DRIVE PRINCETON, NJ 08540

(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
S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. 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 the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 17 of 28 day shifts. The deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were	S 560	How will the corrective action be accomplished for those residents found to be affected by this practice? ¿ The staffing coordinator was educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. ¿ The facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly How the Facility will identify other residents having the potential to be affected by the same deficient practice? ¿ All residents have the ability to be affected by the facility failing to maintain the required minimum direct care	9/10/24

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

Electronically Signed | 08/23/24

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	62202	A. BUILDING: _____ B. WING _____	C 07/31/2024

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CARNEGIE POST ACUTE CARE AT PRINCETON LLC	5000 WINDROW DRIVE PRINCETON, NJ 08540

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S 560	Continued From page 1 effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. 1. The surveyor requested staffing for the weeks of 02/20/2022 to 03/05/2022, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: -02/20/22 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs. -02/22/22 had 14 CNAs for 119 residents on the day shift, required at least 15 CNAs. -02/27/22 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs. -03/04/22 had 14 CNAs for 118 residents on the day shift, required at least 15 CNAs. -03/05/22 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs. 2. The surveyor requested staffing for the weeks of 07/14/2024 to 07/27/2024, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: -07/14/24 had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs.	S 560	staff-to-resident ratios as mandated by the state of New Jersey. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? ¿ The facility will continue to post job openings on job sites to promote CNA openings ¿ The facility is offering a sign on bonus ¿ The facility has contracted with multiple agencies to assist with our staffing needs ¿ The staffing coordinator/designee will offer staff the ability to pick up more shifts by placing a “pick up shift sheet” on Staffing Coordinators door. ¿ The administrator/designee will review one days staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter. How the Facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place? ¿ The Administrator/designee will review any findings of these audits and present them quarterly x 4 with the Quality Assurance Performance Improvement committee to determine frequency of future audits.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	62202	A. BUILDING: _____ B. WING _____	C 07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEGIE POST ACUTE CARE AT PRINCETON LLC	5000 WINDROW DRIVE PRINCETON, NJ 08540

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S 560	Continued From page 2 -07/15/24 had 15 CNAs for 137 residents on the day shift, required at least 17 CNAs. -07/16/24 had 15 CNAs for 137 residents on the day shift, required at least 17 CNAs. -07/18/24 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs. -07/19/24 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -07/20/24 had 15 CNAs for 133 residents on the day shift, required at least 17 CNAs. -07/21/24 had 15 CNAs for 133 residents on the day shift, required at least 17 CNAs. -07/22/24 had 15 CNAs for 129 residents on the day shift, required at least 16 CNAs. -07/23/24 had 15 CNAs for 129 residents on the day shift, required at least 16 CNAs. -07/24/24 had 15 CNAs for 129 residents on the day shift, required at least 16 CNAs. -07/25/24 had 14 CNAs for 129 residents on the day shift, required at least 16 CNAs. -07/27/24 had 15 CNAs for 130 residents on the day shift, required at least 16 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
62202	A. Building B. Wing	9/18/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CARNEGIE POST ACUTE CARE AT PRINCETON LLC	5000 WINDROW DRIVE 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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 09/10/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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 7/31/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ **YES** ☐ **NO**