

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315370		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/03/2023	
NAME OF PROVIDER OR SUPPLIER CARNEGIE POST ACUTE CARE AT PRINCETON LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 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 #: NJ00146686, NJ00150785 Census: 126 Sample Size: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY.			F 000			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the			F 842			9/5/23

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

TITLE

(X6) DATE

Electronically Signed

08/25/2023

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.

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F 842	<p>Continued From page 1</p> <p>records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #NJ00146686</p> <p>Based on observation, interview, medical record review, and review of other pertinent facility documentation on 08/02/23 and 08/03/23, it was determined that facility staff failed to consistently document in the "Documentation Survey Report" the Activities of Daily Living (ADL) status and care provided to the residents. In addition, the facility staff failed to follow the facility's policy titled "Activities of Daily Living" for 4 of 4 residents (Resident #1, #2, #4, and #5) reviewed for documentation.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 08/02/23 at 09:47 AM, the surveyor observed Resident #1 in their bed with their family member at their bedside. Resident #1 did [REDACTED]. A family member was interviewed at this time, and revealed they visited the facility every day. They also indicated that the facility staff cared for resident 's ADL needs in a timely manner.</p> <p>According to the Admission Record (AR), Resident #1 was admitted to the facility on [REDACTED] with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [REDACTED]</p> <p>The admission Minimum Data Set (MDS), an</p>	F 842	<p>How the corrective action be accomplished for those residents found to be affected by this practice?</p> <p>¿ Affecting Residents number 1,2,4,5- All certified nursing assistants were in -served immediately on proper and consistent activities of daily living documentation and facilities policy on Activities of Daily Living on all shifts.</p> <p>How the Facility will identify other residents having the potential to be affected by the same deficient practice?</p> <p>¿ All residents have the ability to be affected by the facility failing to consistently document on the Activities of Daily Living and failing to follow the facility policy on Activities of Daily Living.. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>¿ All certified nursing assistants were in -served on proper and consistent activities of daily living documentation and facilities policy on Activities of Daily Living on all shifts.</p> <p>¿ The facility will install more kiosks to make it more accessible for the nursing staff to properly document the activities of daily living</p>		

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F 842	<p>Continued From page 3</p> <p>assessment tool used to facilitate the management of care, dated [redacted] indicated that Resident #1 had [redacted] and [redacted]. The MDS also indicated the resident required between extensive and total assistance from staff for ADLs.</p> <p>The [redacted] care plan indicated a focus, "[Resident #1] is dependent on staff for meeting [redacted] NJ Exec Order 26.4b1, and [redacted] needs r/t [related to] [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>The surveyor reviewed the Documentation Survey Report (DSR), an ADL record documented by the Certified Nursing Assistants (CNA) during their assigned shifts for [redacted]. The DSR revealed the following:</p> <p>The DSR forms had assigned ADL care tasks which included but were not limited to [redacted].</p> <p>Review of Resident #1's ADL record included an area for the CNAs to document the Resident's self-performance and support provided by staff was blank. There was no documentation completed for the aforementioned ADL care tasks for the following dates and shifts:</p> <p>Day shift on [redacted] and [redacted] NJ Exec Order 26.4b1 NJ Exec Order 26.4b1</p> <p>Evening shift on [redacted] NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1</p> <p>[redacted] NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, and [redacted] NJ Exec Order 26.4b1</p> <p>Night shifts on [redacted] thru [redacted] NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1</p> <p>and [redacted] thru [redacted] NJ Exec Order 26.4b1 NJ Exec Order 26.4b1</p>	F 842	<p>¿ The Unit Managers/ designee will audit the certified nursing assistants' documentation of activities of daily living for 3 residents daily for one week, then weekly for one month, monthly for 3 months then quarterly thereafter.</p> <p>¿ The DON/designee will monitor the accuracy the audits of Unit manager/designee</p> <p>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?)</p> <p>¿ The Director of Nursing/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.</p>		

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F 842	<p>Continued From page 4</p> <p>2. On 08/02/23 at 10:05 AM, the surveyor observed Resident #2 in bed wearing a hospital gown. The surveyor attempted to interview Resident #2 at this time, but the resident [REDACTED] NJ Exec Order 26.4b1.</p> <p>According to the AR, Resident #2 was admitted to the facility on [REDACTED] NJ Exec Order 26.4b1 with diagnoses that included but were not limited to [REDACTED] NJ Exec Order 26.4b1.</p> <p>The quarterly MDS dated [REDACTED] NJ Exec Order 26.4b1 indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of a possible 15 which indicated that the resident had [REDACTED] NJ Exec Order 26.4b1. The MDS also indicated that Resident #2 required between extensive and total assistance from staff for ADLs.</p> <p>The care plan indicated, "[Resident #2] is dependent on staff for [his/her] ADL care needs due to [REDACTED] NJ Exec Order 26.4b1 [REDACTED]".</p> <p>The surveyor reviewed the DSR during the CNA's assigned shifts for [REDACTED] NJ Exec Order 26.4b1. The DSR revealed the following:</p> <p>The DSR form had assigned ADL care tasks which included but were not limited to [REDACTED] NJ Exec Order 26.4b1.</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>Review of Resident #2's ADL record included an area for the CNAs to document the Resident's self-performance and support provided by staff was blank. There was no documentation completed for the aforementioned ADL care tasks for the following dates and shifts:</p> <p>Day shift: [redacted] and [redacted] Evening shift: [redacted], [redacted], and [redacted] Night shift: [redacted] thru [redacted], and [redacted] thru [redacted].</p> <p>3. The surveyor reviewed the closed medical record for Resident #4.</p> <p>According to the AR, Resident #4 was admitted to the facility on [redacted] with medical diagnoses which included but were not limited to [redacted]</p> <p>According to the Admission MDS dated [redacted], Resident #4 had a BIMS score of [redacted] out of a possible 15 which indicated that their [redacted]. The MDS also indicated that the resident required between supervisory and extensive assistance from staff for ADLs.</p> <p>The [redacted] care plan indicated focuses for, "The resident has a [redacted] " and "The resident has [redacted]."</p> <p>The surveyor reviewed the DSR during the CNA's assigned shifts for [redacted]. The DSR revealed the following:</p> <p>The DSR form had assigned ADL care tasks</p>	F 842			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: RC4W11 Facility ID: NJ62202 If continuation sheet Page 7 of 10

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F 842	<p>Continued From page 7</p> <p>4. The surveyor reviewed the closed medical record for Resident # 5.</p> <p>According to the AR, Resident #5 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>According to the [REDACTED] Admission Assessment, Resident #5 required substantial assistance or was dependent with activities of daily living including [REDACTED].</p> <p>The 07/01/21 Baseline Care Plan indicated that Resident #5 had a [REDACTED]."</p> <p>The surveyor reviewed the DSR during the CNA's assigned shifts for [REDACTED]. The DSR revealed the following:</p> <p>The DSR form had assigned ADL care tasks which included but were not limited to [REDACTED].</p> <p>Review of Resident #5's ADL record included an area for the CNAs to document the Resident's self-performance and support provided by staff was blank. There was no documentation completed for the aforementioned ADL care tasks for the following dates and shifts:</p> <p>Day shift: [REDACTED] Evening shift: [REDACTED].</p> <p>During an interview with the surveyor on 08/02/23 at 11:27 AM, CNA #1 stated that she was expected to document ADL care on the POC</p>	F 842			

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F 842	<p>Continued From page 8</p> <p>[point of care] (documentation system). CNA #1 stated that the documentation was mandatory and that it had to be done every shift. CNA #1 stated that the purpose of documenting was to take credit for the care that she provided.</p> <p>During an interview with the surveyor on 08/02/23 at 2:02 PM, the Licensed Practical Nurse (LPN #1) stated that the CNAs should document ADL care in the POC every shift and that their aim was 100% documentation every shift every day.</p> <p>During an interview with the surveyor on 08/03/23 at 10:20 AM, the Licensed Practical Nurse/ Unit Manager (LPN/UM) stated that staff have enough time to provide high quality ADL care to residents. The LPN/UM stated that the CNAs document in the POC and that they should document every day and every shift. The LPN/UM stated that he was responsible to ensure that the documentation was completed over all the shifts. The LPN/UM stated that he did not know why ADL care was not documented every shift.</p> <p>During an interview with the surveyor on 08/03/23 at 1:05 PM, the Licensed Nursing Home Administrator stated that he expected that ADL documentation by CNAs would be "100%" and that night shift documentation in particular was a, "weakness."</p> <p>The facility policy, "Activities of Daily Living," with a revised date of 10/22 indicated under the "Policy" section, "The activities of daily living will be entered onto [the Electronic Health Record] Point of Care Module every shift by the assigned nursing assistant."</p> <p>NJAC 8:39-35.2 (d)(6).</p>	F 842			

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S 000	Initial Comments Complaint #NJ00146686, NJ00150785 Census: 126 Sample Size: 5 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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 interview and review of facility documentation on 08/02/2023 and 08/03/2023, 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 28 of 28 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include:	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	9/5/23

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

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S 560	<p>Continued From page 1</p> <p>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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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.</p> <p>1. For the week of staffing from 07/11/2021 to 07/17/2021, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>-07/11/21 had 8 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/12/21 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs. -07/13/21 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs. -07/14/21 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs. -07/15/21 had 9 CNAs for 94 residents on the</p>	S 560	<p>How the Facility will identify other residents having the potential to be affected by the same deficient practice?</p> <p>¿ All residents have the ability to be affected by the facility failing to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>¿ The facility will continue to post job openings on job sites to promote CNA openings</p> <p>¿ The facility is offering a sign on bonus</p> <p>¿ The facility has contracted with multiple agencies to assist with our staffing needs</p> <p>¿ 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.</p> <p>¿ The staffing coordinator/designee will review one days staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>¿ The Administrator/designee will monitor the accuracy the audits of Unit manager/designee</p> <p>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?</p> <p>¿ 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</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 62202	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/03/2023
NAME OF PROVIDER OR SUPPLIER CARNEGIE POST ACUTE CARE AT PRINCETON LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 560	<p>Continued From page 2</p> <p>day shift, required at least 12 CNAs. -07/16/21 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs. -07/17/21 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs.</p> <p>2. For the week of staffing from staffing from 11/28/2021 to 12/04/2021, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-11/28/21 had 8 CNAs for 111 residents on the day shift, required at least 14 CNAs. -11/29/21 had 7 CNAs for 111 residents on the day shift, required at least 14 CNAs. -11/30/21 had 9 CNAs for 111 residents on the day shift, required at least 14 CNAs. -12/01/21 had 10 CNAs for 111 residents on the day shift, required at least 14 CNAs. -12/02/21 had 10 CNAs for 113 residents on the day shift, required at least 14 CNAs. -12/03/21 had 10 CNAs for 113 residents on the day shift, required at least 14 CNAs. -12/04/21 had 9 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>3. For the two weeks of staffing prior to survey from 07/16/2023 to 07/29/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-07/16/23 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. -07/17/23 had 12 CNAs for 126 residents on the day shift, required at least 16 CNAs. -07/18/23 had 12 CNAs for 126 residents on the day shift, required at least 16 CNAs. -07/19/23 had 12 CNAs for 126 residents on the day shift, required at least 16 CNAs. -07/20/23 had 12 CNAs for 126 residents on</p>	S 560	future audits.	

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER CARNEGIE POST ACUTE CARE AT PRINCETON LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540		
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S 560	<p>Continued From page 3</p> <p>the day shift, required at least 16 CNAs. -07/21/23 had 11 CNAs for 128 residents on the day shift, required at least 16 CNAs. -07/22/23 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs. -07/23/23 had 12 CNAs for 128 residents on the day shift, required at least 16 CNAs. -07/24/23 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs. -07/25/23 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs. -07/26/23 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs. -07/27/23 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs. -07/28/23 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs. -07/29/23 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>During an interview with the surveyor on 08/03/23 at 1:26 PM, the Director of Nursing stated that the facility partnered with a CNA school to recruit new CNAs and that the facility offered staff sign-on bonuses and bonuses when they referred new CNAs.</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315370	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/8/2023
NAME OF FACILITY CARNEGIE POST ACUTE CARE AT PRINCETON LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 WINDROW DRIVE PRINCETON, NJ 08540	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/05/2023	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 8/3/2023		<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			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 62202	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/8/2023
NAME OF FACILITY CARNEGIE POST ACUTE CARE AT PRINCETON LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/05/2023	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	
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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/3/2023		<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			