

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

PRINTED: 05/16/2024
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 12/07/2022
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	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ00159874</p> <p>Census: 129</p> <p>Sample Size: 4</p> <p>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.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

01/12/2023

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.

New Jersey Department of Health

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S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00159874</p> <p>Based on interviews and review of pertinent facility documentation on 12/6/22 and 12/7/22, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 14 of 14 days reviewed. This deficient practice was evidenced by the following:</p> <p>Findings include: 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. 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 One direct care staff member to every 14</p>	S 560	<p>1.How will the corrective action be accomplished for those residents found to be affected by this practice?</p> <p>-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</p> <p>2.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>3.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>	2/15/23

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S 560	<p>Continued From page 1</p> <p>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>The "Nurse Staffing Report" completed by the facility for the weeks of 11/20/22 to 12/3/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift.</p> <p>The facility was deficient in CNA staffing for 14 of 14 day shifts as follows:</p> <p>11/20/2022 had 11 CNAs for 126 residents, required 16 11/21/2022 had 10 CNAs for 126 residents, required 16 11/22/2022 had 11 CNAs for 126 residents, required 16 11/23/2022 had 10 CNAs for 125 residents, required 16 11/24/2022 had 12 CNAs for 123 residents, required 15 11/25/2022 had 10 CNAs for 123 residents, required 15 11/26/2022 had 11 CNAs for 122 residents, required 15 11/27/2022 had 12 CNAs for 122 residents, required 15 11/28/2022 had 9 CNAs for 122 residents, required 15 11/29/2022 had 10 CNAs for 121 residents, required 15 11/30/2022 had 12 CNAs for 121 residents, required 15 12/01/2022 had 12 CNAs for 121 residents, required 15 12/02/2022 had 10 CNAs for 121 residents, required 15 12/03/2022 had 10 CNAs for 121 residents,</p>	S 560	<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 administrator/designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>5.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 with the QAPI committee to determine frequency of future audits.</p>	

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S 560	Continued From page 2 required 15 During an interview with the Administrator and the Staffing Coordinator (SC) on 12/7/22 from 9:12 am to 12:05 pm, they stated that the facility was aware of the staffing ratios and they were trying to meet the requirements. NJAC 8:39-5.1(a)	S 560		
S1695	8:39-25.2(e) Mandatory Nurse Staffing (e) A registered professional nurse shall be on duty at all times in facilities with more than 150 licensed beds. This REQUIREMENT is not met as evidenced by: NJ00159874 Based on review of the nurse staffing requirements it was determined that the facility failed to provide the Registered Nurse (RN) Staffing as required by the New Jersey State Regulations and evidenced by the following: On 12/6/22 and 12/7/22, the surveyor reviewed the Nurse Staffing Reports completed by the facility from 11/20/22 through 12/3/22. The Nurse Staffing Reports indicated that there were no identified RN's on duty on the following dates and	S1695	1.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 Registered Nurse staffing as required by the New Jersey State regulations. -The facility will continue to reach out to existing RN staff to see if they want to pick up overtime shifts and continue to try and staff accordingly to maintain the required RN staffing as required by the New Jersey State regulations	2/15/23

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S1695	Continued From page 3 shifts Monday 11/21/22 - 3:00 pm to 11:00 pm shift Tuesday 11/22/22 - 3:00 pm to 11:00 pm shift Wednesday 11/23/22 - 3:00 pm to 11:00 pm shift Thursday 11/24/22 - 3:00 pm to 11:00 pm Friday 11/25/22 - 11:00 pm to 7:00 am shift NJAC 8:39-25.2 (e)	S1695	<p>-The facility has hired a full time RN supervisor</p> <p>2.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 Registered Nurse staffing as required by the New Jersey State regulations.</p> <p>3.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 RN openings -The facility is offering a sign on bonus for the RN position -The facility has contracted with multiple agencies to assist with our RN staffing needs -The administrator/designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>5.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 with the QAPI committee to</p>	

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S1695	Continued From page 4	S1695	determine frequency of future audits.		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 62202	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/16/2023
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 S1695	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-25.2(e)	Completed	Reg. #	Completed
LSC	02/15/2023	LSC	02/15/2023	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 12/7/2022		<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			