

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/11/2025
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NAME OF PROVIDER OR SUPPLIER CARNEGIE ASSISTED LIVING AT PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WINDROW DRIVE PRINCETON, NJ 08540
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ00185658</p> <p>Census: 59</p> <p>Sample Size: 7</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 735	<p>8:36-7.2(e)(1-5) Health Care Assmnt. and Health Service Plan</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 	A 735		

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

TITLE

(X6) DATE

08/27/25

New Jersey Department of Health

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A 735	<p>Continued From page 1</p> <p>4. The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>5. The measures to be used to assess the effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00185658</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to develop a Health Service Plan (HSP) for 6 of 7 residents reviewed who received treatments and services to address their NJ Ex Order 26. 4B1 problems, Resident #s 2, 3, 4, 5, 6, and 7. This deficient practice was evidenced by the following:</p> <p>On 7/10/25, the surveyor reviewed the Medical Records (MRs) of Resident #s' 1, 2, 3, 4, 5, 6, and 7 which revealed that the residents received treatments and services to address their NJ Ex Order 26. 4B1 issues and concerns, as indicated below:</p> <p>1. Surveyor review of the Medical Record (MR) for Resident #2, revealed an NJ Ex Order 26. 4B1 [REDACTED]. The surveyor reviewed a Progress Note (PN) dated NJ Ex Order 26. 4B1, written by an Advanced Practice Nurse (APN), which indicated that Resident #2 received a</p>	A 735		

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A 735	<p>Continued From page 2</p> <p>NJ Ex Order 26. 4B1 assessment.</p> <p>2. Surveyor review of the MR for Resident #3 revealed an NJ Ex Order 26. 4B1. The surveyor reviewed a PN dated NJ Exec Order 26.4b written by an APN, which indicated that Resident #3 received a NJ Ex Order 26. 4B1 assessment.</p> <p>3. Surveyor review of the MR for Resident #4 revealed an NJ Ex Order 26. 4B1. The surveyor reviewed a PN dated NJ Exec Order 26.4b written by an APN, which indicated that Resident #4 received a NJ Ex Order 26. 4B1 assessment.</p> <p>4. Surveyor review of the MR for Resident #5 revealed an NJ Ex Order 26. 4B1. The surveyor reviewed a PN dated NJ Exec Order 26. 4b, written by an APN, which indicated that Resident #5 received a NJ Ex Order 26. 4B1 assessment.</p> <p>5. Surveyor review the MR for Resident #6 revealed an NJ Ex Order 26. 4B1. The surveyor reviewed a PN dated NJ Exec Order, written by an APN, which indicated that Resident #6 received a NJ Ex Order 26. 4B1 assessment.</p> <p>6. Surveyor review of the MR for Resident #7 revealed an NJ Ex Order 26. 4B1. The surveyor reviewed a PN dated NJ Exec Order 26.4b written by an APN, which indicated that Resident #7 received a NJ Ex Order 26. 4B1 assessment.</p>	A 735		

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A 735	<p>Continued From page 3</p> <p>7. Record review of a document titled, "List of Residents in PT/OT (NJ Ex Order 26. 4B1 [REDACTED]) Current as of NJ Exec Order 26. [REDACTED]." indicated that Resident #2 and Resident #6 received NJ Ex Order 26. [REDACTED] services.</p> <p>There was no documented evidence provided to the surveyor of HSPs developed for NJ Ex Order 26. 4B1 [REDACTED] services for Resident #s 2, 3, 4, 5, 6, and 7 and no HSPs developed for NJ Ex Order 26. [REDACTED] for Resident #s 2 & 6. There was no HSP to confirm, assess, or evaluate the goals and effects of the treatment.</p> <p>At 10:40 a.m., the surveyor interviewed the Executive Clinical Director (ECD), who was acting as the interim Director of Nursing (DON), about where the HSPs for Resident #s 2, 3, 4, 5, 6, and 7 were located. The ECD stated that the HSPs had not been done. The ECD explained that there were NJ Ex Order [REDACTED] different DONs since NJ Ex Order [REDACTED] of NJ Ex Order [REDACTED] and that she had been the interim DON for NJ Ex Order [REDACTED]. The ECD stated that she was in the process of updating resident MRs and that she notified the Executive Director (ED) that documentation was not completed.</p> <p>In the same interview, the surveyor asked the ECD what the policy was for the completion of HSPs, the ECD stated that she did not know the policy.</p> <p>Surveyor review of a revised 9/2024 facility policy and procedure titled, "Health Service Plan," indicated, "Policy: Each resident shall receive an initial assessment by a Registered Nurse (RN) or Licensed Nurse when permitted by state regulations to determine if the Residents needs General Service and/or Health Care Services. Procedure: 1. A Resident Health Service Plan shall be developed within 48 hours of Resident's</p>	A 735		
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A 735	Continued From page 4 if needed ... d. Resident's Health plan shall be reviewed on a quarterly basis (90) days and if necessary revised on a monthly basis and shall be documented in the resident's chart. ..."	A 735		
A 783	8:36-7.5(e) Provision of Health Care Services (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00185658 Based on interview and record review, it was determined that the facility failed to ensure residents received an annual physical examination completed by a Physician, Advanced Practice Nurse (APN) or physician assistant and certified that the residents did not have needs that exceeded the level of care that the facility was capable of providing, for 7 of 7 residents reviewed, Resident #'s 1, 2, 3, 4, 5, 6, and 7. This deficient practice was evidenced by the following: On 7/10/25, the surveyor reviewed the Medical Records (MRs) of Resident #'s 1, 2, 3, 4, 5, 6, and	A 783		

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A 783	<p>Continued From page 5</p> <p>7 which confirmed that the residents did not have a certification and physical examination conducted by their physician, advanced practice nurse, or a physician assistant on an annual basis as required. There was no certification to confirm that the residents were appropriate for Assisted Living settings, and that their needs did not exceed what the facility could provide.</p> <p>1. Resident #1's MR indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor reviewed Resident #1's last NJ Ex Order 26. 4B1, which revealed that the resident was last NJ Ex Order 26. 4B1.</p> <p>2. Resident #2's MR indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor reviewed Resident #2's last NJ Ex Order 26. 4B1 [REDACTED] which revealed that the resident was last NJ Ex Order 26. 4B1.</p> <p>3. Resident #3's MR indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor reviewed Resident #3's last NJ Ex Order 26. 4B1, which revealed that the resident was last NJ Ex Order 26. 4B1.</p> <p>4. Resident #4's MR indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor reviewed Resident #4's last NJ Ex Order 26. 4B1 examination, which revealed that the resident was last NJ Ex Order 26. 4B1 [REDACTED].</p>	A 783		
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A 783	<p>Continued From page 6</p> <p>5. Resident #5's MR indicated that the resident was NJ Ex Order 26. 4B1 . The surveyor reviewed Resident #5's last NJ Ex Order 26. 4B1 , which revealed that the resident was last NJ Ex Order 26. 4B1 .</p> <p>5. Resident #6's MR indicated that the resident was NJ Ex Order 26. 4B1 . The surveyor reviewed Resident #6's last NJ Ex Order 26. 4B1 , which revealed that the resident was last NJ Ex Order 26. 4B1 .</p> <p>7. Resident #7's MR indicated that the resident was NJ Ex Order 26. 4B1 . The surveyor reviewed Resident #7's last NJ Ex Order 26. 4B1 , which revealed that the resident was last NJ Ex Order 26. 4B1 .</p> <p>At 9:57 a.m., the surveyor requested a policy and procedure on annual physical examinations and physician certifications from the Executive Director (ED).</p> <p>At 10:40 a.m., the surveyor interviewed the Executive Clinical Director (ECD), who was acting as the interim Director of Nursing to inquire how often physical examinations should be completed by a physician, Advanced Practice Nurse (APN) or physician assistant. The ECD stated that physical examinations and certifications should be completed annually and that they were not done. During this interview, the ECD stated that she wrote the policies and procedures for the facility. At this time, the surveyor requested a policy and procedure on annual physical examinations and physician certifications, and the ECD stated that she did not have one.</p>	A 783		
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A 783	Continued From page 7 The ED or ECD were not able to provide the surveyor with a policy and procedure on annual physical examinations and physician certifications.	A 783		
A1179	8:36-17.1(a) Provision of Services (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00185658 Based on interview and review of pertinent facility documents, it was determined that the facility failed to provide and maintain a sanitary and safe environment for 3 of 7 residents reviewed, Resident #'s 2, 3, and 4. This deficient practice was evidenced by the following: On 7/10/25, the surveyor reviewed a document titled, "Resident Council Resolution," dated [redacted], which revealed that Resident #3 and Resident #4 complained that their apartments needed to be cleaned. 1. At 11:00 a.m., the surveyor interviewed Resident #3 to inquire how the resident liked the facility and if staff were helpful. Resident #3 stated that the caregivers and housekeepers [redacted]. Resident #3 stated that he/she would clean his/her own apartment and	A1179		

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A1179	<p>Continued From page 8</p> <p>that if there was something he/she could not clean, the resident would call the front desk receptionist, who would notify housekeeping that the resident required assistance.</p> <p>At 11:15 a.m., when the surveyor asked what was done when residents called for assistance with cleaning, the Receptionist stated that she called nursing or housekeeping depending on the resident's needs.</p> <p>2. At 11:50 a.m., during surveyor interview with Resident #2, he/she stated that that one morning in April of NJ Ex Order he/she had an episode of NJ Ex Order 26, 4B1 and needed assistance with cleaning the bathroom. Resident #2 stated that he/she informed the nurse, and that a caregiver came to the room and stated that it was the housekeepers job to clean the bathroom and not his/hers. Resident #2 stated that the caregiver left and no one came to clean the bathroom. Resident #2 then stated that he/she informed the nurse a second time that the bathroom needed to be cleaned, and that the nurse called housekeeping. Resident #2 stated that no one came so he/she had to use the visitor's bathroom. Resident #2 continued to say that he/she called his/her responsible party who then called the facility to report that the resident's bathroom needed to be cleaned. Resident #2 stated that later that day someone cleaned the bathroom, however, Resident #2 was not able to recall what time the bathroom was cleaned.</p> <p>At 11:38 a.m., when the surveyor asked what would you do if a resident had an episode of NJ Ex Order 26, 4B1 the bathroom, the Caregiver stated that she would first assist the resident in getting cleaned up and then call for housekeeping to clean the bathroom.</p>	A1179		

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A1179	<p>Continued From page 9</p> <p>At 11:42 a.m., when the surveyor asked what is the protocol if a resident had ^{NJ Ex Order 26, 4B1} and needed assistance with bathroom clean up, the Licensed Practical Nurse (LPN) stated that a caregiver would first assist the resident and clean up the ^{NJ Ex Order 26, 4B1}, and then housekeeping would come and disinfect the bathroom.</p> <p>At 12:08 p.m., the surveyor interviewed the Executive Clinical Director (ECD), who was acting as the interim Director of Nursing, on what the procedure was for a resident who had ^{NJ Ex Order 26, 4B1} and required assistance to clean the bathroom. The ECD stated that a caregiver would respond and clean as much as possible and then housekeeping would sanitize the area.</p> <p>3. On 7/11/25, at 10:10 a.m., the surveyor interviewed Resident #4 about his/her complaint made during the resident council meeting in April of 2025. Resident #4 stated that his/her apartment should be cleaned weekly and that it was not done. Resident #4 stated that he/she must follow up every week to ensure that his/her apartment was cleaned. Resident #4 stated, ^{NJ Ex Order 26, 4B1} "Resident #4 stated that if the apartment was not cleaned, the resident would notify the front desk.</p> <p>The surveyor reviewed an undated facility policy titled, "Bathroom Cleaning of Apartments and Common Areas," which indicated, "Policy: Apply standards of cleanliness and consistency in the way in which apartments and common areas are cleaned and maintain a sanitary environment."</p> <p>Additionally, the surveyor reviewed a policy titled, "Resident Rights," which indicated, "Policy: ...1. Live in a safe and clean-living environment ... 20.</p>	A1179		

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A1179	Continued From page 10 Receive a prompt response ..."	A1179		

Carnegie Senior Living
PLAN OF CORRECTION (POC)

A735 Complaint Visit 07/11/2025

How the corrective action will be accomplished for those residents found to be affected by this practice?

- Residents #2-7 Health Service Plans were developed and implemented by the clinical team on 8/11/2025.
- Resident #2-7 continue to reside in the community.
- All residents' Medical Records were audited by the clinical team to see if residents were receiving any health care services and had Health Service Plans in place. Audit started on 7/16/2025 and finished on 7/18/2025.

How the Facility will identify other residents having the potential to be affected by the same deficient practice?

- All Residents who live in the facility have the Potential to be affected.

What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?

- Staff Training: All licensed nursing staff and interdisciplinary team members received in-service training on the HSP policy. Inservice was conducted by the Regional Nurse on 7/20/2025.
- Psychiatric Consultant Protocol: The executive director educated ^{NJ Ex Order 26.4B1} consultants on 7/29/2025. Starting on 7/29/2025, the ^{NJ Ex Order 26.4B1} consultant is now required to notify the Director of Resident Care within 24 hours of completing a psychiatric assessment, triggering development or update of the resident's Health Service Plans HSP.
- Health Service Plans HSP Review Checklist: A standardized checklist was created on 8/1/2025 and implemented by the clinical team for the Interdisciplinary Team (IDT) to verify all five elements of the HSP are addressed.

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 Executive Director or designee will conduct a monthly audit of 5 resident charts to ensure that the Health Service plans are up to date. Monthly x3 and quarterly thereafter starting on 8/1/2025.
- Audit Results will be reviewed monthly during the Quality Assurance Performance Improvement (QAPI) meeting starting on 8/25/2025 by the Interdisciplinary Team IDT team.

Completion Date: 08/29/2025

Licensing



Carnegie Senior Living
PLAN OF CORRECTION (POC)

A783 Complaint Visit 07/11/2025

How the corrective action will be accomplished for those residents found to be affected by this practice?

- *Residents #1-7 Physical evaluations were completed on 7/20/2025 by their provider, including certification that the resident's needs do not exceed assisted living care.*
- *Resident #1-7 continue to reside in the community.*
- *All residents' Physical evaluations were audited by the Regional nurse on 7/18/2025 and anyone needing an update was completed on 7/20/2025.*

How the Facility will identify other residents having the potential to be affected by the same deficient practice?

- *All Residents who live in the facility have the Potential to be affected.*

What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?

- *Electronic health Record EHR system updated by Regional Nurse on 7/30/2025 to include alerts for Annual physical exam due dates, Missing certification documentation, 30-day and 7-day advance alerts for expiring physicals.*
- *All wellness nurses, care coordinators, and administrative staff received in-service training by the Executive Director on: New policy and regulatory requirement, Electronic health Record EHR alert procedures, Responsible parties and deadlines for compliance, Training was started on 7/30/2025 and was completed on 7/31/2025. This training will be ongoing for new team members.*

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 Executive Director or designee will conduct monthly audits of 5 residents charts to ensure physicals are done in a timely manner. Starting on 8/1/2025, Monthly x3 and quarterly thereafter.*
- *Results of the audit will be reviewed during the monthly Quality Assurance Performance Improvement (QAPI) meeting starting on 8/25/2025 by the Interdisciplinary Team IDT team.*

Completion Date: 08/29/2025

Licensing



Carnegie Senior Living
PLAN OF CORRECTION (POC)

A1179 Complaint Visit 07/11/2025

How the corrective action will be accomplished for those residents found to be affected by this practice?

- *On 7/16/2025 The existing weekly cleaning schedule was reviewed with the housekeeping team by the Executive Director. A designated housekeeper now confirms cleaning weekly with the resident and documents the interaction starting on 7/17/2025.*
- *Resident #2, 3 and 4 continue to reside in the community.*

How the Facility will identify other residents having the potential to be affected by the same deficient practice?

- *All Residents who live in the facility have the Potential to be affected.*

What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?

- *On 7/16/2025 The Executive Director established a Rapid Response Cleaning Protocol, requiring caregivers to immediately clean biohazards when housekeeping is unavailable, followed by disinfection by housekeeping within 30 minutes.*
- *All housekeeping, caregiving, and nursing staff were trained by the Executive Director and the regional nurse on the new cleaning procedures training started on 7/16/2025 and completed on 7/18/25. Topics included: proper biohazard handling, teamwork between departments, documentation expectations, and response to resident complaints. This training will be ongoing for new team members.*

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 housekeeping supervisor or designee will conduct weekly audits of 6 apartments starting on 7/25/2025 x4, monthly x3 and quarterly thereafter.*
- *Results of the audit will be reviewed during the monthly Quality Assurance Performance Improvement (QAPI) meeting starting on 8/25/2025 by the Interdisciplinary Team IDT team.*

Completion Date: 08/29/2025

Licensing

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90112	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/11/2025
NAME OF FACILITY CARNEGIE ASSISTED LIVING AT PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 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 A0735	Correction	ID Prefix A0783	Correction	ID Prefix A1179	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-7.5(e)	Completed	Reg. # 8:36-17.1(a)	Completed
LSC	09/19/2025	LSC	09/19/2025	LSC	09/19/2025
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 <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 7/11/2025		<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		