

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 02/25/2022
NAME OF PROVIDER OR SUPPLIER CARNEGIE ASSISTED LIVING AT PRINCETON		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 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
A 000	Initial Comments Initial Comments: Type of Survey: Complaint Complaint #NJ 00152233 Census: 38 Sample: 0 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.	A 000		
A1097	8:36-16.6 Physical Plant All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.	A1097		

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

TITLE

(X6) DATE

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A1097	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00152233</p> <p>Based on observations, interviews, and review of facility documentation it was determined that the facility failed to provide proper sprinkler maintenance in accordance with Nation Fire Protection Association (NFPA) 25: Standard for Inspection, Testing, and Maintenance of Water Based Fire Protection. This deficient practice was evidenced by the following:</p> <p>Reference: Nation Fire Protection Association (NFPA) 25: Standard for Inspection, Testing, and Maintenance of Water Based Fire Protection.</p> <ul style="list-style-type: none"> - 5.2.1.1.2 Sprinkler Head Maintenance - 5.2.5 Waterflow Alarm and Supervisory Devices <p>On 2/25/22 during a tour of the facility at 12:00 p.m., the surveyor observed on the second floor a sprinkler head that was obstructed by spackling compound on the ceiling between resident rooms [REDACTED] and [REDACTED].</p> <p>At 1:00 p.m., in the Administrator's office, in the presence of the Administrator, the surveyor observed a sprinkler head obstructed with spackling compound which covered a sprinkler head. The sprinkler head was also missing the cover plate, additionally, there were open areas around the sprinkler head. The obstruction and open areas could prevent the sprinkler head from functioning properly during a fire. The surveyor interviewed the Administrator, who confirmed that the sprinkler head cover was missing, and that it was obstructed.</p> <p>At 1:20 p.m. the surveyor reviewed the facility's contracted sprinkler servicing and maintenance</p>	A1097		

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A1097	Continued From page 2 company reports titled, "Inspection, Testing and Maintenance of Wet Pipe Fire Sprinkler Systems". The report dated 1/25/22, documented, "1000 building all 3 floors the waterflow did NOT report to panel or set the alarm off. Must troubleshoot." The surveyor interviewed the Regional Director of Operations (RDO) about the document. The RDO stated that he was working on obtaining work tickets for the job. At 1:50 p.m., during surveyor interview, the Maintenance Director stated that there was no ticket, and the work was not yet completed.	A1097		
A1169	8:36-16.15(a) Physical Plant (a) Fire extinguishers shall comply with National Fire Protection Association (NFPA) 10, Standards For Portable Fire Extinguishers, 2002 edition, incorporated herein by reference, as amended and supplemented. National Fire Protection Association publications are available from: NFPA, One Batterymarch Park, Quincy, MA, 02269-9101. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00152233 Based on observation, interview, and review of facility provided documentation it was determined that the facility failed to inspect 7 of 17 fire extinguishers annually as required by code, and failed to perform monthly visual examinations for 17 of 17 fire extinguishers and document on the tag attached to the fire extinguisher as required by NFPA 101, 2012 Edition, Section 19.3.5.12, 9.7.4.1 and National Fire Protection Association	A1169		

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A1169	<p>Continued From page 3</p> <p>(NFPA) 10, 2010 Edition, Sections 6.1, 6.1.3.8.1 and 6.1.3.8.3 and N.J.A.C. 5:70.</p> <p>Reference #1 NFPA 10 Edition 2010 Standard for portable fire extinguishers reads:</p> <ul style="list-style-type: none"> - 7.3 Maintenance. - 7.3.1.1 All Fire Extinguishers. - 7.3.1.1.1 Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 years at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification. <p>Reference #2 NFPA 10 Edition 2010 Standard for portable fire extinguishers reads:</p> <ul style="list-style-type: none"> - 4-3.4 At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded at least monthly and that records shall be kept on a tag or label attached to the fire extinguisher. <p>During the tour of the building on 2/25/22, in the presence of the facility Regional Director of Operations (RDO), and the Director of Environmental Services (DEVS) the surveyor observed that 17 of 17 portable fire extinguishers had no evidence of an annual inspection, were overdue for the annual inspection, and/or had no monthly visual examination performed and documented on the tags attached to the fire extinguishers in the following locations:</p> <p>On the first floor:</p> <p>1. One ABC type fire extinguisher in the lobby area, facility identification #07, was last annually inspected April 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p>	A1169			

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A1169	<p>Continued From page 4</p> <p>2. One ABC type fire extinguisher at facility identification #01 was last annually inspected August 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p> <p>3. One ABC type fire extinguisher facility identification #03 had no evidence of an annual inspection tag attached to the extinguisher.</p> <p>4. One ABC type fire extinguisher facility identification #04 was last annually inspected January 2020. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p> <p>5. One ABC type fire extinguisher facility identification #06 was last annually inspected June 2020. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p> <p>On the second floor:</p> <p>6. One ABC type extinguisher located near the elevators, facility identification #12. There was no evidence of an annual inspection tag attached to the extinguisher.</p> <p>7. One ABC type fire extinguisher near a stairwell, facility identification #11, was last annually inspected August 2020. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p> <p>8. One ABC type fire extinguisher at facility</p>	A1169		

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A1169	<p>Continued From page 5</p> <p>identification #09 was last annually inspected July 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p> <p>9. One ABC type fire extinguisher at facility identification #10 was last annually inspected April 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p> <p>10. One ABC type fire extinguisher located near a stairwell floor, facility identification #13. There was no evidence of an annual inspection tag attached to the extinguisher.</p> <p>11. One ABC type fire extinguisher at facility identification #08 was last annually inspected September 2020. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p> <p>On the third floor:</p> <p>12. One ABC type fire extinguisher at facility identification #17 was last annually inspected June 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher for July 2021, August 2021, September 2021, October 2021, November 2021, December 2021, January 2022.</p> <p>13. One ABC type fire extinguisher located at facility identification #16 was last annually inspected September 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher.</p>	A1169		

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A1169	Continued From page 6 14. One ABC type fire extinguisher in facility identification #14 was last annually inspected April 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher. 15. One ABC type fire extinguisher at facility identification #19 was last annually inspected October 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher. 16. One ABC type fire extinguisher at facility identification #18 was last annually inspected October 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher. 17. One ABC type fire extinguisher at facility identification #15 was last annually inspected June 2021. There was no evidence that monthly examinations were performed and documented on the tag attached to the extinguisher. During surveyor interview, the DEVS confirmed and agreed with the surveyor's observations. At 12:41 p.m., the surveyor requested that the RDO provide a copy of the work acknowledgement ticket for the annual inspection of the fire extinguishers. The RDO was unable to provide the surveyor with the requested annual inspections of the fire extinguishers.	A1169		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance	A1249		

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A1249	<p>Continued From page 7</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> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00152233</p> <p>Based on observations and interview, it was determined that the facility failed to provide a safe environment for its residents by not ensuring heating, air conditions and ventilations (HVAC) units had cover panels in place to prevent exposed live electric wires, and by ensuring that smoke detector sensing chambers were not covered with painter's tape. This deficient practice was evidenced by the following:</p> <p>On 2/25/22 at 8:35 a.m., the surveyor conducted the entrance conference with the facility Executive Director and the Director of Environmental Services (DEVS). The surveyor requested a copy of the facility layout which identifies the various rooms in the facility.</p> <p>The surveyor, in the presence of the DEVS, started the tour of the facility at 11:07 a.m. The surveyor inspected the first floor, which was under renovation, and observed the following safety hazards:</p>	A1249		

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A1249	<p>Continued From page 8</p> <p>In resident apartments #'s [REDACTED] and [REDACTED] the HVAC system cover panels were not in place which left exposed live electric wires. The surveyor observed during the survey that there were no contractors working in the building.</p> <p>During continued tour the surveyor observed blue painter's tape on several smoke detector sensing chambers in the following locations: inside an electrical closet next to resident apartment # [REDACTED] inside resident apartment # [REDACTED], and inside resident apartment # [REDACTED]. This would prevent the smoke detectors from functioning properly in the event of a fire.</p> <p>At that point during the tour, the surveyor interviewed a Licensed Practical Nurse (LPN) that worked on the 3rd floor who stated that there were a few residents that lived on the 3rd floor of the facility.</p> <p>The facility placed all resident's safety at risk when the facility placed painter's tape over the smoke detector sensing chambers which would result in smoke detectors not functioning during a fire emergency.</p>	A1249		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90112	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/14/2022
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 A1097	Correction	ID Prefix A1169	Correction	ID Prefix A1249	Correction
Reg. # 8:36-16.6	Completed	Reg. # 8:36-16.15(a)	Completed	Reg. # 8:36-17.7	Completed
LSC	03/25/2022	LSC	03/02/2022	LSC	04/04/2022
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 2/25/2022		<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			