

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 10/31/2024
NAME OF PROVIDER OR SUPPLIER Carnegie Post Acute Care at Princeton LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 Windrow Drive Princeton, NJ 08540	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48617</p> <p>Complaint #: NJ00178967</p> <p>Based on interviews and review of pertinent facility documents on 10/31/24, it was determined that the facility failed to report an alleged violation of abuse and its subsequent findings to the New Jersey Department of Health state agency and follow their facility policy on Abuse, Neglect and Mistreatment of Residents for a resident (Resident #1). The deficient practice was evidenced by the following:</p> <p>According to Resident #1's Admission Record (AR), Resident was admitted to the facility with diagnoses of that included but not limited to the following: Cerebral Infarction, Metabolic Encephalopathy, Hypertension, Respiratory Failure, and Glaucoma.</p> <p>According to Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's functional capabilities, dated [DATE], revealed Resident #1's Brief Interview for Mental Status (BIMS) score was 12 which indicated Resident's cognition was moderately impaired. Resident #1's MDS further showed Section GG- Functional Abilities which reflected the Resident required assistance and was dependent on staff for completion of her/his Activities of Daily Living (ADLs).</p> <p>Review of the written email [electronic mail] received by the Director of Nursing (DON) from Resident #1's family member [daughter] dated 10/23/2024 at 7:35 PM [evening] which according to the daughter, the Resident had been restrained or tied up after the Resident mentioned her/his leg pain again to the daughter. Resident's daughter stated, I asked why she [Resident] thought they hurt and understand she had been restrained or tied up as she said! I asked why again, and she [Resident] said so she would not hurt herself.</p> <p>Review of the email response of the DON to the Resident's daughter dated 10/24/2024 at 6:23 PM [evening], showed .our policy and procedure is to initiate an investigation with any claim/allegation, which we have already started since you sent your concerns to us. We are conducting an investigation and will reach out to you once we conclude.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the document provided by the facility titled INCIDENT SUMMARY (IS) with Date of Incident: 10/24/24 and under Incident: On October 23, 2024, [daughter's name] emailed the Director of Nursing that her mother told her during a facetime call that she was physically restrained by having her legs tied up. [Facility's Name] is a restraint-free facility, therefore this claimed precipitated an investigation which was initiated immediately by the Director of Nursing. The IS showed under Conclusion: .based on the evidence found by the IDT [interdisciplinary team] using resident and staff statements, interviews, facility policies, and nursing assessment, the team concluded no restraints had been applied to [Resident's name]. The team can safely conclude that no restraints had been used on [Resident's name], as per her daughter [Resident's daughter name] claim via email. However, upon review of [Resident's name] orders and care plan, she uses TED stockings which accounts for the tightness [Resident's name] reported feeling on her legs to her daughter [name]. According to [Resident's name]'s order the TED stockings are applied each morning and removed prior to bedtime. Based on these findings the team is able to rule out any abuse or neglect. In the IS, under Interventions, one of which .Office of the Long-Term Care Ombudsman made aware. There was no documented evidence that the allegation was reported to the New Jersey Department of Health (NJDOH).</p> <p>In an interview of the surveyor with the DON and Licensed Nursing Home Administrator (LNHA) on 11/01/24 via the telephone, DON stated notification of the allegation to Ombudsman was sent electronically and representative from Ombudsman office had been frequently visiting the Resident and was ongoing. LNHA stated we tried to reach out to resident's daughter [name] but she declined care conference.</p> <p>Review of the facility's Policy and Procedure titled: ABUSE, NEGLECT AND MISTREATMENT OF RESIDENTS POLICY, under Procedure: 1. All incidents of abuse (actual or suspected) will be reported immediately to the Administrator/Designee 3. The Adminstrator/Designee will notify the Department of Health within one (1) business day .</p> <p>NJAC 8:39-4.1(a) (5)(6)</p> <p>NJAC 8:39-9.4(f);Appx.B</p>		