

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 02/25/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48964</p> <p>Complaint #: NJ 00179151</p> <p>Based on observation, interview, review of medical records, other facility documentation, and review of the Resident Assessment Instrument (RAI) User's Manual, it was determined that the facility failed to accurately complete the Minimum Data Set (MDS), an assessment tool, for 3 of 31 residents reviewed (Resident #5, Resident #43, and Resident #53) for MDS accuracy. This deficient practice was evidenced by the following:</p> <p>1. On 2/19/25 at 11:33 AM, the surveyor observed Resident #5, in a wheelchair, in the day room on the 2nd floor. The resident was noted with their head down and eyes closed.</p> <p>On 2/19/25 at 02:43 PM, the surveyor observed Resident #5, out of bed, in a wheelchair in the bedroom, yelling out for help.</p> <p>On 02/19/25 at 02:46 PM, the surveyor observed Resident #5, in a wheelchair in the 3rd floor dining room yelling help continually.</p> <p>A review of Resident #5's admission record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; cerebral infarction (stroke), major depressive disorder (depression), and type 2 diabetes (high blood sugar).</p> <p>A review of the Medication Administration Record (MAR) for January 2025 revealed documentation under behavior monitoring (screaming continuously) that indicated that screaming occurred multiple times daily on all shifts during the look back period of 1/18/25 - 1/24/25 except for 1/19/25.</p> <p>A review of the comprehensive significant change MDS, dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) score of 7 out of 15 indicating moderate cognitive impairment. Further review revealed, Section E of the MDS, question E022C, was coded 0, indicating no behavior symptoms exhibited during the look back period of 7 days.</p> <p>On 2/21/25 at 10:44 AM, the surveyor interviewed the MDS Coordinator, who when asked about the behavior coding, stated Resident #5 was not yelling during the lookback period. After reviewing the MAR, she stated she was going to modify the MDS to correct it.</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 2/14/25 at 10:49 AM, the surveyor observed Resident #43 in bed. The resident verbalized current smoking status and stated that the facility holds the cigarettes and lighter.</p> <p>On 2/18/25 at 2:00 PM, the surveyor observed Resident #43 in a wheelchair, getting onto the elevator on 2nd floor. The resident stated they were going out to smoke after getting cigarettes and lighter from the receptionist.</p> <p>A review of Resident #43's admission record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; orthopedic aftercare following surgical amputation (removal of a limb), type 2 diabetes (high blood sugar), and major depressive disorder (depression)</p> <p>A review of the individual comprehensive care plan (ICCP) revealed a focus area of independent smoking, dated 8/14/22, with interventions including resident will follow the smoking policy, resident will be free of injury associated with smoking, complete smoking assessment upon admission, quarterly and as needed, and education to be provided to the resident regarding health complications related to smoking.</p> <p>A review of smoking evaluations completed 2/22/24, 5/21/24, 7/26/24, and 10/24/24 all indicate Resident #43 was safe to smoke unsupervised.</p> <p>A review of the annual comprehensive MDS dated [DATE], revealed the resident had a BIMS score of 15 out of 15, indicating intact cognition. Further review revealed Section J, question J1300, was coded 0, indicating no current tobacco use.</p> <p>On 2/21/25 at 10:44 AM, the surveyor interviewed the MDS Coordinator, who stated that Resident #43 was a smoker, the smoking assessment was overlooked when the MDS was completed. She further stated that she modified the MDS to correct it.</p> <p>3. On 2/14/25 at 11:26 AM, the surveyor observed Resident #53 in bed. The resident stated, I'm in a pile of poop. The call bell was noted to be on and was answered by a certified nurse assistant (CNA) in about 3 minutes.</p> <p>On 2/18/25 at 01:06 PM, the surveyor observed Resident #53 in a wheelchair in the hallway. The resident stated they had therapy today and it was good. The resident was dressed and appeared neat and clean.</p> <p>On 2/19/25 at 9:47 AM, the surveyor observed Resident #53 lying in bed. The resident stated they were tired today and further stated that the staff helps them when needed within a reasonable time.</p> <p>On 2/20/25 at 9:44 AM, the surveyor observed Resident #53 lying in bed with their eyes closed, no odors noted.</p> <p>A review of Resident #53's admission record reflected the resident had diagnoses that included but were not limited to; surgical aftercare following surgery on the genitourinary system (kidneys, bladder, etc), major depressive disorder (depression), and epilepsy (seizures).</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the IDCP (interdisciplinary care plan) summary dated 1/7/25, reflected the resident required partial/moderate assistance with toileting hygiene and personal hygiene and supervision or touching assistance with toilet transfer.</p> <p>A review of the ICCP revealed a focus area of ADL (activities of daily living) self care performance deficit related to osteoporosis (loss of bone density resulting in weaker bones) and history of fractures (broken bones) dated 8/12/23. Interventions included praise all efforts at self care, encourage participation to the fullest extent possible with each interaction, and encourage to use call bell for assistance. The ICCP also included a focus area of bladder incontinence related to the disease process dated 8/12/23 which included interventions of staff to check frequently for incontinence and for staff to wash, rinse, and dry perineum.</p> <p>A review of the quarterly MDS dated [DATE], revealed the resident had a BIMS of 15 out of 15, indicating intact cognition. Further review revealed Section GG, questions GG0130B, GG130I, GG0170F all coded as independent.</p> <p>On 2/21/25 at 10:44 AM, the surveyor interviewed the MDS Coordinator, who stated section GG is a little different, and that when she interviewed the CNA and the staff, they indicated the resident was independent. When surveyor showed her the IDCP Summary dated 1/7/25 and the task sheet for toileting hygiene which had many codes of 4, indicating supervision or touching assistance and a few codes of 3, indicating partial or moderate assistance needed during the 7 day look back period, she stated that she had seen that, but her interviews said the resident was independent.</p> <p>Review of MDS Policy Reviewed 10/2024 included:</p> <p>Policy: It is the policy and procedure of this facility to follow the latest version of the Resident Assessment Manual and CMS (Center for Medicare and Medicaid) regulations and requirements.</p> <p>Purpose:</p> <ol style="list-style-type: none"> 1. To outline the procedure of identifying and addressing residents' strengths and needs through the RAI (Resident Assessment Instrument) process 2. To provide information on the resident's condition 3. To facilitate development of a comprehensive care plan. 4. To ensure care delivery that enhances the resident's quality of life. 5. To help achieve the highest and practical level of self sufficiency. <p>Procedure:</p> <p>MDS Department</p> <ol style="list-style-type: none"> 1. Schedules Minimum Data Set (MDS) and Care Plan Meeting in accordance to existing regulations governing RAI process. <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>48964</p> <p>Complaint #: NJ 00179151</p> <p>Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to ensure that the responsible physician supervising the care of residents conducted face-to-face visits and wrote progress notes at least once every thirty days from April 2024 through January 2025 for 1 of 34 residents, (Resident #5) reviewed for physician visits.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 2/19/25 at 11:33 AM, the surveyor observed Resident #5 in a wheelchair in the day room on the 2nd floor. The resident was noted with their head down and eyes closed.</p> <p>A review of Resident #5's admission record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; cerebral infarction (stroke), major depressive disorder (depression), and type 2 diabetes (high blood sugar).</p> <p>A review of the comprehensive significant change Minimum Data Set (MDS), an assessment tool dated 1/24/25, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 7 out of 15, indicating moderate cognitive impairment.</p> <p>A review of the electronic medical record (EMR) revealed a progress note from Resident #5's attending physician on 4/15/24. No further attending physician notes were found in the EMR by the surveyor.</p> <p>On 2/25/25 at 02:08 PM, the Director of Nursing (DON) provided physician visits for Resident #5 handwritten on paper dated 8/10/24, 9/29/24, 11/23/24. When the DON was asked if this was all the visits, he stated yes. When asked what the requirement was, he stated the regulation is every 30 days for long term care.</p> <p>On 2/25/25 at 02:22 PM, the Licensed Nursing Home Administrator (LNHA) provided additional physician visits for Resident #5 handwritten on paper dated 7/11/24, 12/15/24, and 2/16/25.</p> <p>Addition review of the EMR and handwritten physician notes did not reveal a progress note from the attending physician for May 2024, June 2024, October 2024, and January 2025.</p> <p>A review of facility provided policy Physician visits included:</p> <p>Policy:</p> <p>It is the policy and procedure of this facility that the Attending Physician must make visits in accordance with applicable state and federal regulations.</p> <p>Procedure:</p> <p>(continued on next page)</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. The Attending Physician must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the resident's admissions, and then at least every sixty (60) days thereafter.</p> <p>NJAC 8:39-23.2 (d) reveals: A physician or advanced practice nurse shall visit each resident at least every 30 days unless the medical record contains an explicit justification for not doing so. Following the initial visit, alternate 30-day visits may be delegated by a physician to a New Jersey licensed physician assistant, in accordance with facility policies.</p> <p>N.J.A.C. 8:39-23.2 (d)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48964</p> <p>Complaint #: NJ 00179151</p> <p>Based on observations, interviews, review of the medical record and review of other facility documentation, it was determined that the facility failed to ensure adequate indication for a resident with behaviors prior to the administration of an antipsychotic medication (Seroquel).</p> <p>This deficient practice was identified for 1 of 6 residents (Resident #5) reviewed for unnecessary medications and was evidenced by the following:</p> <p>On 2/14/25 at 12:13 PM, the surveyor observed Resident #5 in a wheelchair with raised footrests in the 3rd floor dining room ready for lunch.</p> <p>On 2/19/25 at 9:55 AM, the surveyor observed Resident #5 in a wheelchair in the day room on the 2nd floor. The resident was sitting with their head down and eyes closed.</p> <p>On 2/19/25 at 10:28 AM, the surveyor observed Resident #5 in a wheelchair in the day room on the 2nd floor. The resident was sitting with their head down and eyes closed.</p> <p>On 2/19/25 at 11:33 AM, the surveyor observed Resident #5 in a wheelchair in the day room on the 2nd floor. The resident was sitting with their head down and eyes closed.</p> <p>On 2/19/25 at 12:28 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who stated regarding Resident #5 and the behavior of screaming, that they (the resident) are out of bed all day. They used to refuse to get out of bed. We have really encouraged them to be out of bed. We encourage activities. If the 2nd floor can't keep them occupied, then they go to the third floor. The team has spent much time on this and this is a big dilemma for the team. This resident is definitely a challenge. I don't have a very good answer. He further stated the team has put a lot of thought into this, it comes up in meetings all the time.</p> <p>On 2/19/25 at 02:43 PM, the surveyor observed Resident #5 in a wheelchair in the bedroom, yelling out for help.</p> <p>On 02/19/25 at 02:46 PM, the surveyor observed Resident #5 in a wheelchair in 3rd floor dining room yelling help continually.</p> <p>On 2/20/25 at 9:39 AM, the surveyor observed Resident #5 in the 2nd floor day room, sitting quietly in a wheelchair, an I love [NAME] trivia was going on in the activity room.</p> <p>On 2/20/25 at 12:19 PM, the surveyor observed Resident #5 in 2nd floor dayroom, sitting quietly in a wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #5's admission record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; cerebral infarction (stroke), major depressive disorder (depression), and type 2 diabetes (high blood sugar).</p> <p>A review of the physician's orders revealed an order for Seroquel 50 mg at bedtime for mood disorder dated 12/19/24. An additional order, dated 1/6/25, was noted for Seroquel 50 mg at bedtime for schizophrenia.</p> <p>A review of the psychiatric progress note dated 12/19/24, revealed a recommendation for Seroquel for mood disorder. The following was also recommended on 12/19/24: Always consider supportive and individualized non-pharmacologic interventions, inc: redirection, support/reassurance, comfort measures, reduced environmental stimulation, expression of feelings, family involvement. Treat medical issues including pain, UTI, constipation, infection, physical issues, positioning, toileting. Encourage participation in activities, social engagement as tolerated and as possible for psychosocial wellbeing.</p> <p>A review of the Medication Administration Record (MAR) for January and February 2025 revealed documentation under behavior monitoring (screaming continuously) multiple times daily and throughout all shifts.</p> <p>A review of the comprehensive significant change Minimum Data Set (MDS), an assessment tool, dated 1/24/25 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 7 out of 15, indicating moderate cognitive impairment. A further review revealed Section N indicated the use of an antipsychotic and an appropriate indication for the use.</p> <p>A review of the individual comprehensive care plan (ICCP) revealed focus areas of use of psych medication for diagnosis of mood disorder and behavior problem of screaming and yelling with interventions including to inform resident and family members of indication for medication and side effects, administer medications as ordered, intervene as necessary to protect the rights and safety of others, and to offer gentle reminders.</p> <p>Further review of the medical records did not reveal a diagnosis of schizophrenia.</p> <p>On 2/25/25 at 10:30 AM, the surveyor spoke with the certified consultant pharmacist who stated that in January she had noted to clarify diagnosis for the use of Seroquel as mood disorder is not an approved diagnosis for Seroquel.</p> <p>Review of facility provided policy 1.0 Psychotropic Drug Use, revised 10/1/24 which included:</p> <p>Policy:</p> <p>When clinically appropriate, the facility staff will initiate non-medication approaches to care to assist in the treatment of alteration of the customer's behavior as behavioral redirection, environmental alterations, etc.</p> <p>Procedure:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A. Each customer receiving an antipsychotic medication for organic mental disorders (now referred to as dementia, Alzheimer's disease, or other cognitive disorders by DSM-IV) is observed for:</p> <ol style="list-style-type: none"> 1. Episodes of the behavioral symptoms being treated and/or manifestations of the disordered thought process. 2. Adverse reactions and side effects 3. Appropriateness of drug selection and dosage <p>C. Antipsychotics are not to be used if one (1) or more of the following is/are the only indication:</p> <ol style="list-style-type: none"> 5. Anxiety 6. Depression w/o psychotic features 13. Agitated behaviors which do not represent a danger to the customer or others <p>F. Each customer on an antipsychotic for organic mental syndrome with agitation or psychosis has a plan of action the includes dosage reduction and behavioral interventions unless clinically contraindicated as defined below.</p> <p>I. When psychotropic drugs are used outside the recommended dosage ranges of the federal interpretive guidelines, the physician or nursing staff (per physician explanation) documents the reason (i.e. maintenance or improvement of customer's functional status) for the higher dose and the absence of adverse drug reactions (ADRs).</p> <p>On 2/25/25 at 9:35 AM, the survey team met with the Director of Nursing and the Licensed Nursing Home Administrator (LNHA). The LNHA stated that the neurologist started the resident on the Seroquel, not us (the facility).</p> <p>Reference:</p> <p>A review of the manufacturer's specifications for Seroquel (quetiapine) under the black box warning reflected Warning:</p> <p>Increased Mortality In Elderly Patient with dementia related psychosis and suicidal thoughts and behaviors.</p> <p>Section 1 Indications and Usage included schizophrenia, bipolar disorder, and special considerations in treating pediatric schizophrenia and bipolar 1 disorder.</p> <p>Section 5.1 included, Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death .</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Section 5.3 Cerebrovascular Adverse Reactions, Including Stroke, in Elderly Patients with Dementia-Related Psychosis . Cerebrovascular Adverse Reactions, Including Stroke, in Elderly Patients with Dementia-Related Psychosis.</p> <p>N.J.A.C. 8:39-27.1 (a)</p>