PRINTED: 06/12/2024 FORM APPROVED

New Jersey Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 861 ALEXANDER ROAD PRINCETON, NJ 08540 PREFIX TAG Initial Comments A 000 Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the Slate Agency on 07/15/2023. The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The census was 50.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11A013		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			1	
ARTIS SENIOR LIVING OF PRINCETON JUNCTION REGULATORY OR LSC IDENTIFYING INFORMATION) A 000 Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 07/15/2023. The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for									
ARTIS SENIOR LIVING OF PRINCETON JUNCTION PRINCETON, NJ 08540 X(4) ID PREFIX TAG	NAME OF PR	ROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 000 Initial Comments A 000 Initial Comments: A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 07/15/2023. The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE APPROPRIAT	ARTIS SE	NIOR LIVING OF PRINC	ETON JUNCTION						
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE