New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND I EAR OF CONNECTION IDENTIFICATION NOWIDEN.		A. BUILDING:		OOW! LETED		
		12a001	B. WING		07/0	8/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HARBOR	CHASE OF PRINCETON	4331 S US MONMOUT	ROUTE 1 TH JUNCTION,	NJ 08852		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A 000	Initial Comments		A 000			
	Initial Comments: TYPE OF SURVEY: CENSUS: 0	Initial				
	SAMPLE SIZE: 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.					
A1083	8:36-16.1(b) Physical	Plant	A1083			
	and additions to exist living residences shall	d alterations, renovations ing buildings for assisted ll conform with the New truction Code, N.J.A.C. 2 of the subcode.				
	by: Based on observation	is not met as evidenced n on 7/7/2021 and 7/8/2021 cility management, it was				

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

TITLE

(X6) DATE 07/20/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			D 14/11/0	D. WING			
		12a001	B. WING		07/0	8/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
HARBOR	CHASE OF PRINCETON	4331 S US					
		MONMOUT	H JUNCTION,	NJ 08852			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
A1083	Continued From page	e 1	A1083				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	determined that the far proper fire sprinkler or New Construction throby the New Jersey Ur N.J.A.C. 5:23, for use occupancy and Nation Association (NFPA) 1 Systems. This deficient practice following:	acility failed to provide overage to all areas of a ee story building as required niform Construction Code e group I-2 (health care) use nal Fire Protection 3 Installation of Sprinkler e was evidenced by the Jersey Uniform Construction					
	1. Special detailed requirements based on use and occupancy; Section 407, Group I-2, [F] 407.5 Automatic sprinkler system: "Smoke compartments containing patient sleeping units shall be equipped throughout with an automatic fire sprinkler system in accordance with section 903.3.1.1 The smoke compartments shall be equipped with quick-response or residential sprinklers in accordance with Section 903.3.2" Reference #2: National Fire Protection Association (NFPA) 13 Standard for the						
	Installation of Sprinkle Installation Requirem -8.8.4.1.1 Unobstructe -8.8.4.1.1.1 Under un distance between the ceiling shall be a mini and a maximum of 12 throughout the area of On 7/7/2021 at 9:02 A entrance with the faci	er Systems. ents: ed Construction. obstructed construction, the sprinkler deflector and the imum on 1 inch (25.4 mm) inches (305 mm) of coverage of the sprinkler.					

· '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICAT		IDENTIFICATION NOWIBER.	A. BUILDING:		COMPL	ETED	
		12a001	B. WING		07/0	08/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE			
HADDOD	CHASE OF PRINCETON	4331 S US	ROUTE 1				
HARBOR	CHASE OF PRINCETON	MONMOU	TH JUNCTION,	NJ 08852			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
A1083	Continued From page		A1083				
	requested a copy of the facility layout which identified the various rooms in the facility and to provide the Department of Community Affairs (DCA) approved plans for review. During the building tour on 7/8/2021 starting at 10:20 AM in the presence of the DOM, the surveyor observed the following locations whose						
	fire sprinkler coverage requirements:	e did not meet the regulatory					
	1. At 10:58 AM, an ir floor Resident apartment)room between					
	type pendant fire spri cover plate. Sprinkle	nkler head with a concealed rs with concealed cover					
	would be a wall board grid within the room.	applications where there d ceiling or drop in ceiling tile The surveyor measured and					
	metal decking above	(25) inches between the to the frangible sprinkler ward type pendant fire					
	sprinkler head twenty steel metal decking a	five (25) inches below the bove, the fire sprinklers					
		operly in the event of a fire. B) Residential sleeping units tment.					
	2. At 12:42 PM, an i	-					
	surveyor observed a	was performed. The downward type pendant fire					
	Sprinklers with conce	concealed cover plate. aled cover plates are utilized there would be a wall board					
	The surveyor measur	ng tile grid within the room. red and recorded sixteen					
	` ,	the metal decking above to head. With the downward					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SU COMPLE		
		12a001	B. WING		07/0	8/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
HARBOR	CHASE OF PRINCETON		S ROUTE 1 JTH JUNCTION,	NJ 08852		
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A1083	inches below the stee fire sprinklers would n event of a fire. There are in this smoke compari	nkler head sixteen (16) I metal decking above, the not function properly in the Residential sleeping units tment. inkler heads to be with-in a rooms ceiling.	A1083			
A1113	food storage, a small with work space and e small cooking applian microwave, a two-bur toaster-oven. 1. Upon entering the resident and the representative sh have a cooking a appliance shall be accordance with facili resident and resident and resident secondarial with the representative wish to	nit shall contain, at a igerator, a wall cabinet for bar-type sink, and a counter electrical outlets suitable for ces, for example, a ner cooktop, or a the assisted living facility, esident's family or hall be asked if they wish to ppliance. If so, the e provided by the facility, in ty policies. If the	A1113			
	by:	is not met as evidenced as and interview on 7/7/2021				

PRINTED: 10/06/2021 FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING 12a001 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S US ROUTE 1 HARBORCHASE OF PRINCETON MONMOUTH JUNCTION, NJ 08852 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A1113 A1113 Continued From page 4 and 7/8/2021 in the presence of facility management it was determined that the facility failed to provide a wall cabinet for food storage in Residential units, as required by regulation. The evidence includes the following: On 7/7/2021 at 9:02 AM during the survey entrance with the facility Administrator (Admin) and Director of Maintenance (DOM) the surveyor requested a copy of the facility layout which identified the various rooms in the facility and also whether or not the facility had a unit. The Admin responded yes that the facility did in fact have a unit with Residential units. The surveyor inquired as to whether the facility had any waivers as to which the Admin said no. Starting at 12:00 noon on day two (7/8/2021) of the survey, an inspection of the facility's unit was performed. This inspection identified that there was no evidence of a Kitchenette wall cabinet for food storage in the first Residential unit . The surveyor asked the DOM, where the cabinet was for food storage, the DOM told the surveyor, "this is a unit."

The surveyor inspected the other

the following Residential units

no evidence of wall cabinets for food storage in the kitchenette areas. The surveyor observed no Kitchenette wall cabinets for food storage inside

Residential units and observed

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				B. WING			
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NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE			
HARBOR	CHASE OF PRINCETON		S ROUTE 1 ITH JUNCTION,	N I 09952			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	J	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
A1113	Continued From page	∍ 5	A1113				
	During the survey exit, the Admin and DOM were informed that it is a regulation to have a Kitchenette wall cabinet for food storage.						
A1177	8:36-16.17 Physical F	Plant	A1177				
	Each residential unit telephone and televis						
	This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of facility provided documentation on 7/7/2021 and 7/8/2021 in the presence of facility management, it was determined that the facility failed to ensure Residential Units were pre-wired for telephone as required by regulation. The evidence includes the following: On 7/7/2021 at 9:02 AM during the survey entrance with the facility Administrator (Admin) and Director of Maintenance (DOM), the surveyor requested a copy of the facility layout which identified the various rooms in the facility and the number of Residential units within the facility to be inspected. The Admin told the surveyor that there were one hundred and twenty (120)						
	inside the first Reside was no evidence of h telephone. At 10:14 / Residential unit	an inspection of the The surveyor observed ential unit that there having been pre-wired for					

12a001 B. WING 07/08/2021	021
12001	U4 I
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HARBORCHASE OF PRINCETON 4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X-PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	(X5) COMPLETE DATE
the surveyor asked the DOM if he could identify any pre-wired connection for a telephone for which the DOM responded, "no I dont." The surveyor inquired whether all the Residential units were without pre-wiring for telephone like this and the DOM said "yes." Later at approximately 1:31 PM during an interview with the Admin, the surveyor informed the Admin that none of the Residential units inspected today had evidence of having been pre-wired for telephone. At this time the surveyor provided a copy of the regulation NJAC 8:36 requiring Residential units to be pre-wired for telephone. At this time the Admin said to the surveyor that the regulations need to be up-dated. On 7/8/2021 at 9:20 AM the surveyor requested the Admin provide a copy of the Resident Agreement. At 9:35 AM a review of the Resident Agreement Identified the following: Exhibit 12 Statement and explanation of Residents Rights (New Jersey) #29. The right to have a private telephone in his or her living quarters at the Resident's own expense. During the initial inspection survey on 7/7/2021 and 7/8/2021, the surveyor observed no evidence inside the 120 Residential units inspected of being pre-wired for telephone.	