

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12a001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2022
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NAME OF PROVIDER OR SUPPLIER CIEL SENIOR LIVING OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852
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(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	<p>Initial Comments</p> <p>Initial Comments: Sample size: Staff: 4 Residents: 4</p> <p>Census: 43</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 5/13/22. The facility was found not 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.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 310		

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

TITLE

(X6) DATE

06/14/22

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A 310	<p>Continued From page 1</p> <p>Based on observation, interview, and record review it was determined that the facility Administrator failed to:</p> <ul style="list-style-type: none"> post the Outbreak Response Plan on the facility's website and ensure Housekeeping was monitoring the infectious waste bin. <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Department of Health Issued Executive Directive 20-026-1, dated 10/20/2020... Item 1.4., "The outbreak plan must be posted on the facility's website for public view no later than two (2) months from the enactment date of this Directive."</p> <ol style="list-style-type: none"> 1. On 5/13/22 at 11:50 a.m., the surveyor interviewed the Executive Director (ED) and inquired about the posting of the facility's Outbreak Plan on the facility's website. The ED was not able to produce the outbreak response plan from the facility's website. She acknowledged that the Outbreak Response Plan was not on the website and stated that it should have been posted. 2. On 5/13/22 at 12:30 p.m., during tour of the third floor Assisted Living unit with a Licensed Practical Nurse (LPN), the surveyor observed a NJ Ex Order 26.4b1 bin lined with a NJ Ex O bag next to Resident #4's apartment. In the NJ Ex O bag was an overflow of infectious materials including used Personal Protective Equipment (PPE) such as disposable gowns from a resident's apartment who was NJ Ex Order 26.4b1. <p>The infectious materials, including disposable PPE, was overflowing preventing the lid of the bin from closing securely leaving residents, visitors</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>and staff at risk of exposure to the contaminated material. The surveyor interviewed the LPN and inquired as to who was responsible to ensure that the [redacted] bin was monitored and emptied when full. The LPN informed the surveyor that Housekeeping was responsible to ensure that the [redacted] bin was emptied when full.</p> <p>At 12:40 p.m., the surveyor interviewed the Director of Maintenance/Housekeeping in presence of the LPN regarding the overflowing [redacted]. He stated that he was not aware that the [redacted] bin containing infectious materials was full.</p> <p>At 2:15 p.m., during interview with the ED, she confirmed that the Director of Maintenance/Housekeeping was responsible to ensure the bin containing infectious materials was emptied.</p> <p>Refer to 8:36-18.6(a)</p>	A 310		
A 517	<p>8:36-5.6(b)(1-7) General Requirements</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <ol style="list-style-type: none"> 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 	A 517		

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A 517	<p>Continued From page 3</p> <ol style="list-style-type: none"> 2. Emergency plans and procedures; 3. The infection prevention and control program; 4. Resident rights; 5. Abuse and neglect; 6. Pain management; 7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19. <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to provide documented evidence that the minimum required in service education and training was provided to dietary staff upon hire for infection control and prevention during the NJ Ex Order 26.4b1 for 3 of 4 dietary employees as evidenced by the following:</p>	A 517		

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A 517	<p>Continued From page 4</p> <p>1. On 5/13/22 at 10:15 a.m., during tour of the facility's kitchen, the surveyor observed a Chef come out from a food storage room carrying a metal pan of food in his hands with his surgical mask pulled down below his chin not covering his mouth and nose. At 10:42 a.m., the surveyor observed a Server at the entrance of the kitchen food holding area whose surgical mask was pulled down on her chin. At 12:15 p.m., during meal observation, the surveyor observed the same Server in the dining area with her surgical mask again pulled down on her chin. No documented evidence was provided that these employees received infection control and prevention education on the proper donning of a face mask to decrease the risk of the spread of infection.</p> <p>2. Post survey on 5/20/22 at 11:45 a.m., via telephone, the surveyor interviewed the Director of Nursing (DON) and requested the infection control prevention training provided to: the Director of Hospitality who was hired on [redacted], a dietary Chef who was hired on [redacted], a dietary Server who was hired on [redacted], and a Housekeeper who was hired on [redacted]. The DON stated that she was certain that the four staff members did not receive training on infection control prevention including adequate hand washing and the proper donning of face masks upon hire during the [redacted].</p> <p>On 5/27/22, the Executive Director (ED) provided the surveyor infection control prevention training for the Server but was not able to provide the surveyor documented evidence of infection control prevention training for the Director of</p>	A 517		

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A 517	Continued From page 5 Hospitality, Dietary Chef, and the Housekeeper. Refer to 8:36-18.2(a)(1) and 8:36-18.1(a)	A 517		
A1271	8:36-18.1(a) Infection Prevention and Control Services (a) The facility shall develop and implement an infection prevention and control program. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to implement its infection control prevention program in accordance with the Communicable Disease Control (CDC) and Prevention guidelines and the facility's "Standard: Preventing the Spread of COVID-19 Respiratory Illness" by failing to ensure two dietary staff members wore face masks appropriately while at the facility. This deficient practice had the potential to affect all residents and staff of the facility especially during the NJ Ex Order 26.4b1 that started on NJ Ex Order 26.4b1 and through the survey visit. Reference: CDC's Recommendation "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," last updated 2/2/2022, retrieved 3/9/22, revealed, " ... Wear a mask - Everyone ages 2 years and older should	A1271		

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A1271	<p>Continued From page 6</p> <p>properly wear a well-fitting mask indoors in public in areas where the COVID-19 Community Level is high, regardless of vaccination status ...</p> <p>- If you are in an area with a high COVID-19 Community Level and are ages 2 or older, wear a mask indoors in public ...</p> <p>- If you are at increased risk for ... or live with or spend time with someone at higher risk, speak to your healthcare provider about wearing a mask"</p> <p>1. On 5/13/22 at 10:15 a.m., during tour of the facility's kitchen, the surveyor observed a Chef come out from a food storage room carrying a metal pan of food in his hands with his surgical mask pulled down below his chin not covering his mouth and nose. The Chef later pulled up the surgical mask to cover his mouth and nose when he became aware of the presence of the surveyor. During interview, he acknowledged and stated that the face mask should be worn properly and covering the mouth and nose.</p> <p>2. At 10:42 a.m., the surveyor observed a Server at the entrance of the kitchen food holding area. The Server's surgical mask was pulled down on her chin. When the surveyor inquired about the placement of the mask, the Server stated that she needed to breath and then pulled the surgical mask up covering her mouth and nose. The surveyor informed the Server that a mask needed to be worn covering the mouth and nose at all times especially in the food preparatory area. The Server told the surveyor that she understood.</p> <p>At 12:15 p.m., during meal observation in the presence of a Licensed Practical Nurse (LPN), the surveyor observed the same Server in the dinning area with her surgical mask again pulled down on her chin. The surveyor approached the</p>	A1271		

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A1271	<p>Continued From page 7</p> <p>Server and asked why she again failed to apply her surgical mask properly especially while serving lunch to the residents. The Server told the surveyor that she was, "Sorry." During interview with the LPN, she informed the surveyor that the Server should have her mask on at all times.</p> <p>At 2:15 p.m., the surveyor made the Executive Director (ED) aware of the above concerns. The ED reported to the surveyor that she was in the kitchen last week and observed that a few staff had their mask pulled down under their chin and reminded them that they needed to wear their mask properly. The surveyor then asked the ED who was responsible in making sure that the facility staff were receiving the proper training on infection control. The ED stated that the facility currently did not have an Infection Control Preventionist (ICP) and was awaiting a start date.</p> <p>Surveyor review of the facility's policies and procedures titled: "Standard: Preventing the Spread of COVID-19 Respiratory Illness, subtitled, "Personal Protective Equipment" which revealed, "... will provide and supervisors will ensure associates wear facemasks or a higher level of respiratory protection. Facemasks must be worn by all associates over nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Standards and procedures for facemasks will be implemented, along with the other provisions required by ..."</p>	A1271		
A1275	<p>8:36-18.2(a)(1) Infection Prevention and Control Services</p> <p>(a) The facility shall develop, implement, and</p>	A1275		

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A1275	<p>Continued From page 8</p> <p>review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p> <p>1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review it was determined that the facility failed to perform handwashing technique in accordance with the Centers for Disease Control (CDC) guidelines and facility's policy for 4 of 4 Staff Members observed for handwashing: one Housekeeper and three dietary staff. The deficient practice was evidenced by the following:</p> <p>Reference: CDC guidance when and how to wash your hands: cdc.gov/handwashing, June 20, 2021 Follow these five steps every time. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. Rinse your hands well under clean, running</p>	A1275		

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A1275	<p>Continued From page 9</p> <p>water. Dry your hands using a clean towel or air dry them.</p> <p>Reference: Hand hygiene in a Health Care Setting: cdc.gov October 17, 2002 When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet (IB) (90-92,94,411). Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis (IB) (254,255).</p> <p>On 5/13/22, at 10:15 a.m., during the tour of the kitchen with the Director of Hospitality (DOH), the surveyor observed four dietary staff members each performing hand hygiene and observed the following:</p> <p>1. At 10:20 a.m., the surveyor asked the DOH to perform handwashing in the sink located in the kitchen. At the sink, the DOH proceeded to quickly rinse his hands under running water for 8 seconds without soap and dried his hands with a dry paper towel. The surveyor did not observe the DOH apply soap during the hand washing process. The surveyor inquired of the DOH if he had used soap and he responded that he used soap from the soap dispenser mounted on the wall by the sink. The surveyor then reached for soap from the same soap dispenser but there was no soap released from that soap dispenser.</p> <p>During continued interview, the DOH told the surveyor that he used the last soap from the soap</p>	A1275		

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A1275	<p>Continued From page 10</p> <p>dispenser. In addition, the DOH was not able to explain to the surveyor the handwashing process including how long hands should be washed. The DOH later told the surveyor that he did not receive training on handwashing and was new at the facility. The facility provided the surveyor in-service education on handwashing/doffing/donning dated May 4, 2022, and the DOH's name was in fact on the attendees list as having attended the handwashing in service training.</p> <p>2. At 10:25 a.m., the surveyor observed the facility's chef perform handwashing in the kitchen sink by rubbing his hands together with soap under running water for 10 seconds. The surveyor asked the chef the process of handwashing and he told the surveyor that hands should be washed for 10 to 15 seconds. The surveyor then asked the Chef if he washed his hands for at least the 15 seconds and he replied, "I thought I did."</p> <p>3. At 10:42 a.m., the surveyor observed a Server perform handwashing in the sink in the food holding area next to the kitchen entrance. The Server performed handwashing with soap and water for 10 seconds with friction rub. The surveyor inquired from the Server how many seconds hands should be washed and she responded as long as the song "Happy birthday." The Server was not able to tell the surveyor the length of the birthday song. During continued interview, the Server stated that she received handwashing training from her previous place of employment.</p> <p>4. At 10:55 a.m., the surveyor observed a Housekeeper perform handwashing in the bathroom on the first floor. The surveyor</p>	A1275		

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A1275	<p>Continued From page 11</p> <p>observed the Housekeeper dispense soap onto the palm of her hands and rub her hands together with friction under running water for 9 seconds. The Housekeeper turned off the faucet with her wet hands and then retrieved paper towels to dry her hands. During continued interview, the Housekeeper told the surveyor that she was new and had not received proper training on handwashing.</p> <p>The surveyor reviewed the hand washing/doffing/donning in-service attendance record dated 5/4/22. The surveyor did not observe the Housekeeper's name on the list. There was no documented evidence of infection control education provided to this employee. At 1:10 p.m., during interview with the Director of Nursing (DON), she confirmed that there was no infection control training in the employee's file.</p> <p>At 2:15 p.m., the surveyor informed the Executive Director (ED) of the above concerns. She acknowledged that hands should be washed with soap and water for 20 seconds. The ED stated that she started employment at the onset of the <small>N.J. Ex Order 26.4b</small> and was not sure what in-services were given to staff. She told the surveyor that the Infection Control Preventionist (ICP) resigned on 5/4/22 and has a contract with an outside source and was awaiting a start date.</p> <p>Surveyor review of the "Hand Washing" protocol revised 3/2/20 provided by the ED revealed: "All staff and residents are instructed on hand washing technique and asked to perform a return demonstration during the outbreak." "2. Use warm water, adjust flow so not to cause splashing. 3. Use dispenser soap, not bar soap. 4. Soap hands and wrists creating lather. Wash</p>	A1275		

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A1275	Continued From page 12 both sides, between fingers and under fingernails. Sing "The ABC song" "Yankee Doodle Dandy," or two rounds of "Happy Birthday" while washing (at least 30 seconds). When you are done with song, proceed to #5. 5. Rinse well with hands lowered. Be careful not to touch sides of the sink. 6. Dry hands thoroughly with paper towel. Dispose of used paper towel. 7. Turn off faucet with a fresh paper towel. 8. Throw paper towel into the trash."	A1275		
A1339	8:36-18.6(a) Infection Prevention and Control Services (a) The facility shall develop policies and procedures for the collection, storage, and handling of regulated medical waste. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to ensure appropriate collection, storage, and handling of infectious materials/regulated waste for 1 of 4 residents, Resident #4, reviewed for infection control. The deficient practice was evidenced by the following: On 5/13/22 at 12:30 p.m., during tour of the third floor Assisted Living unit with a Licensed Practical Nurse (LPN), the surveyor observed a [redacted] bin lined with a [redacted] bag next to Resident #4's apartment. In the [redacted] bag was overflow of infectious materials which included disposable gowns and other Personal Protective Equipment (PPE) from the resident's apartment who was [redacted]. The disposable gowns and other PPE were exposed to passers by since	A1339		

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NAME OF PROVIDER OR SUPPLIER CIEL SENIOR LIVING OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852
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(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
A1339	<p>Continued From page 13</p> <p>the lid of the bin was not properly closed due to overflow of the infectious materials. The surveyor interviewed the LPN and inquired as to who was responsible to monitor and ensure that the <small>NJ Ex Order 26.4b</small> bin was properly maintained. The LPN reported to the surveyor that Housekeeping was responsible to ensure that the <small>NJ Ex Order 26.4b</small> bin was emptied thereby preventing residents, staff and visitors from exposure to any infectious pathogens.</p> <p>At 12:40 p.m., the surveyor interviewed the Director of Maintenance/Housekeeping in presence of the LPN regarding the overflowing partially covered <small>NJ Ex Order 26.4b</small> bin. He reported to the surveyor that he was not aware that the <small>NJ Ex Order 26.4b</small> bin containing infectious materials including disposable PPE was overflowing preventing the lid from closing and possibly exposing passers by to <small>NJ Ex Order 26.4b1</small>.</p> <p>At 2:15 the surveyor informed the Executive Director (ED) of the above concern and she stated that she had been made aware and the issue was addressed.</p> <p>Surveyor review of the "Infectious disease outbreak" titled, "Housekeeping and Laundry Procedures for Handling Blood or Other Potentially Infectious Materials" provided by the Executive Director (ED) revealed: "Place red biohazard bag in biohazard waste container for proper disposal at an approved facility."</p> <p>However, the "Housekeeping and Laundry Procedures for Handling Blood or Other Potentially Infectious Materials" did not address the monitoring of the <small>NJ Ex Order 26.4b</small> bin to ensure that residents, staff, and visitors at the facility were not exposed to infectious waste materials which</p>	A1339		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12a001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2022
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NAME OF PROVIDER OR SUPPLIER CIEL SENIOR LIVING OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852
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(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
A1339	Continued From page 14 included disposable gowns and PPE.	A1339		



Re: Focused Infection Control Survey visit dated 5/13/2022

A310 Administration 8:36-3.4(a)

1. Outbreak Response plan has been posted to website as of 5/26/2022.
<https://www.harborchase.com/emergency-preparedness-plan-princeton/>
2. Refer 8:36-18.6(a) Infectious Waste materials were found overflowing .
 - a. The garbage receptacle was emptied by Maintenance/Housekeeping that day.
 - b. All residents had the potential to be affected.
 - c. A resident who is on TBP with an infectious waste receptacle present will be emptied 2 times per day, Maintenance/Housekeeping will ensure all garbage is emptied.
 - d. Executive Director or designee will be monitor daily to ensure compliance.

Completion date 6/30/2022

A517 8:36-5.6(b)(1-7)

1. Documentation of minimum required in service education and training was provided to dietary staff.
 - a. Associate files were audited immediately, associates were in serviced on infection control and donning and doffing of source control 5/13. 5/16, 5/19, 5/26/2022.
 - b. All residents had the potential to be affected.
 - c. Implementation of new hire orientation to include standardized training by 6/30/2022.
 - d. Executive Director/Business Office Manager implement tracking form to be reviewed quarterly to ensure compliance.

Completion Date 6/30/2022

A1271 8:36-18.1(a)

- a. Immediately in service staff regarding proper Mask wearing when in the community.
- b. All residents had the potential to be affected.
- c. Associates were in serviced on mask wearing protocols 5/13. 5/16, 5/19, 5/26/2022. Implementation of new hire orientation to include training regarding Mask wearing in the community.



- d. Daily Manager of Manager to walk community to ensure proper Mask wearing.

Completion date 6/30/2022

A1275 8:36-18.2(a)(1)

- a. Associates were immediately in serviced on proper handwashing
- b. All residents had the potential to be affected..
- c. Implementation of new hire orientation will include standardized training and return demonstration of handwashing by 6/30/2022. An audit of current staff files to ensure all training upon hire and thereafter annually.
- d. Weekly on the spot handwashing demonstration to be completed by Department Heads. .

Completion date 6/30/2022

A1339 8:36-18.6(a)

- a. The garbage receptacle was emptied by Maintenance/Housekeeping that day.
- b. All residents had the potential to be affected.
- c. A resident who is on TBP with an infectious waste receptable present will be emptied 2 times per day, Maintenance/Housekeeping will ensure all garbage is emptied.
- d. Executive Director or designee will be monitor daily to ensure compliance.

Completion date 6/30/2022

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 12a001	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/16/2022
NAME OF FACILITY CIEL SENIOR LIVING OF PRINCETON		STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S US ROUTE 1 MONMOUTH JUNCTION, NJ 08852

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 A0310	Correction	ID Prefix A0517	Correction	ID Prefix A1271	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.6(b)(1-7)	Completed	Reg. # 8:36-18.1(a)	Completed
LSC	06/30/2022	LSC	06/30/2022	LSC	06/30/2022
ID Prefix A1275	Correction	ID Prefix A1339	Correction	ID Prefix	Correction
Reg. # 8:36-18.2(a)(1)	Completed	Reg. # 8:36-18.6(a)	Completed	Reg. #	Completed
LSC	06/30/2022	LSC	06/30/2022	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/13/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO