STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90112	A. BUILDING: _____ B. WING _____	C 08/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIUM SENIOR LIVING OF PRINCETON	1000 WINDROW DRIVE PRINCETON, NJ 08540

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00106583 CENSUS: 61 SAMPLE SIZE: 5 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.	A 000		
A 745	8:36-7.2(f) Resident Assessments and Care Plans (f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that assessments were completed by a Licensed Practical Nurse (LPN)	A 745		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/24/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 745	Continued From page 1 rather than by a Registered Nurse (RN) for 2 of 5 residents reviewed, Resident #4 and Resident #5. This deficient practice was evidenced by the following: 1. On 8/19/19 the surveyor reviewed the closed Medical Record (MR) of Resident #4 who moved into the facility on 7/17/13 with diagnoses which included high blood pressure and asthma. The surveyor observed that the Nursing Admission Assessment (NAA) dated 6/11/17 was signed by a LPN. 2. On 8/19/19 the surveyor reviewed the closed MR of Resident #5 who moved into the facility on 4/2/11 with diagnoses which included dementia, high blood pressure and depression. The surveyor observed that the NAA dated 3/22/17 was signed by a LPN. Later that day at 2:00 p.m., the surveyor interviewed the LPN that signed Resident #4's assessment and the LPN stated that at that time she was told by the RN to do the assessment. The LPN further stated that she knew that an assessment was the RN's responsibility and that she reported this to the Executive Director (ED). The LPN also stated that the assessments are now done by the RN. Later that day at 2:20 p.m. the surveyor interviewed the ED and the RN who both agreed that the assessments should have been done by the RN and not the LPN.	A 745		
A 779	8:36-7.5(c) Resident Assessments and Care Plans (c) The registered professional nurse shall be	A 779		

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A 779	Continued From page 2 called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00106583 Based on observation, interview and record review it was determined that the facility failed to notify the Registered Nurse (RN) when a resident experienced severe leg pain to determine the nursing and medical needs for 1 of 5 residents reviewed, Resident #5. This deficient practice was evidenced by the following: On 8/19/19 the surveyor reviewed Resident #5's medical record and observed that the resident moved into the facility in April 2011 with diagnoses which included Alzheimer's Disease and high blood pressure. According to the Progress Notes (PNs) dated 8/2/17 timed at 11:05 p.m., Resident #5 complained of severe leg pain, and was transferred to the hospital for evaluation. Further review of the PN's revealed there was no documentation that the RN was notified. On 8/19/19 at 2:45 p.m., the surveyor interviewed the RN who confirmed that there was no documentation that the RN was notified and stated that the RN should have been notified.	A 779		

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A 779	Continued From page 3 The surveyor reviewed the admit and discharge register which documented that Resident #5 was transferred to a skilled nursing facility dated 9/19/17. During exit conference the Executive Director agreed that the RN should have been notified. The facility failed to ensure that the RN was informed when Resident #5 experienced severe leg pain so that the RN could arrange for an assessment of the residents' medical needs and nursing care interventions.	A 779		