New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		90112	B. WING		11/13/2020			
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE				
ATRIUM SENIOR LIVING OF PRINCETON 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE			
A 000	Initial Comments		A 000					
A1200	was conducted by the 11/12/2020 - 11/13/20 not to be in compliance Administrative Code a regulations standards Living Residences, C Care Homes and Ass Centers for Disease (CDC) recommended COVID-19. The facility must submincluding a completion and ensure that the pattern to correct deficiencies action in accordance Jersey Administrative Enforcement of Licentics.	D20. The facility was found the with the New Jersey 8:36 infection control is for Licensure of Assisted comprehensive Personal sisted Living Programs and Control and Prevention I practices to prepare for mit a plan of correction, in date for each deficiency clan is implemented. Failure is may result in enforcement with provisions of New 1:20 Code Title 8, Chapter 43E,	A1299					
A1299	Services (a) Written policies ar established and imple prevention and control to, policies and proce 5. Techniques to resident contact, incluand after caring for the contact of the con	and procedures shall be emented regarding infection ol, including, but not limited dures for the following: be used during each uding handwashing before or a resident;	AIZ99					
	by:	is not met as evidenced						

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

TITLE (X6) DATE

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		90112	B. WING		11/1	3/2020			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ATRIUM S	ATRIUM SENIOR LIVING OF PRINCETON PRINCETON, NJ 08540								
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A1299	Based on observation Jersey Department of Directive No. 20-026-determined that the fawore the appropriate working in a health caensure staff wear a mareas. This occurred pandemic and had thresidents in the facilit Findings included: Reference: NJDOH E 20-026-1, last revised following; Section III.3 appropriate PPE whe cloth face coverings is such as for administration-patient care area.	ns, interviews and New f Health (NJDOH) Executive 1, dated 10/20/2020, it was acility failed to ensure staff mask covering while are setting and failed to nask while in residents' living during the COVID-19 e potential to affect all y. Executive Directive No. I 10/20/2020, indicated the B.i, "All staff must wear all in indicated. Staff may wear if facemask is not indicated, active staff or while in	A1299						
	room. On 11/12/2020 at 12: interviewed the CHH/usually wore the surg better in the cloth ma On 11/12/2020 at 12: surveyor observed Horesidents' common ar sitting on the couch withe phone. On 11/12/2020 at 12:	vere observed in the dining 15 PM, the surveyor A #1, who indicated she ical mask but can breathe sk. 20 PM - 12:35 PM, the busekeeper #2 in the rea outside their apartments vithout a mask on, talking on							

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		90112	B. WING		11/1	3/2020			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ATRIUM SENIOR LIVING OF PRINCETON PRINCETON, NJ 08540									
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE				
A1299	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		A1299						