

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>90112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/01/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM SENIOR LIVING OF PRINCETON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 WINDROW DRIVE PRINCETON, NJ 08540</b>
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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: TYPE OF SURVEY: Complaint survey</p> <p>COMPLAINT #: NJ00115610, NJ00123028</p> <p>CENSUS: 69</p> <p>SAMPLE SIZE: 4</p> <p>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.</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>	A 310		

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

TITLE

(X6) DATE

06/07/19

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00115610</p> <p>Based on interview and record review it was determined that the facility failed to follow its policy and procedure titled, "Meal Acceptance Policy." This deficient practice was evidenced by the following:</p> <p>On 5/1/2019, during the entrance conference with the Executive Director (ED), the surveyor requested to review the facility's policy and procedure binder. At that time the ED stated that the facility was in the process of undergoing new management and provided the surveyor with a policy and procedure binder. Upon review of the binder, the surveyor observed that the binder had another facility's name on it, and all the policy's were for the other facility. The ED stated that the binder, which had the name of a different facility, was what they (the facility) were using as their policy's and procedures.</p> <p>At 10:30 a.m., the surveyor interviewed the Food Service Director (FSD), who stated that he did not have a system to track when residents were served meals so he had no way of knowing if a resident missed a meal. The FSD also stated that when a resident does not wish to come to the main dining room, the resident is to call the Concierge and request a room tray. The FSD further stated that the Dietary Aide is responsible for picking up the meal requests from the Concierge and for delivering the meals to the residents' room. The FSD stated that he did not keep a list to document and track when residents request room trays.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>The surveyor reviewed the policy titled, "Meal Acceptance Policy" which documented, "Record all resident who attend meals and all residents who miss meals on the meal acceptance sheet."</p> <p>At 12:15 p.m., the surveyor interviewed the ED who stated that the facility did not currently have a practice of tracking which residents attended meals and which residents missed meals.</p> <p>The facility failed to follow its own policy by not recording all residents who received or missed a meal in order to ensure that all residents receive meals.</p>	A 310		
A1057	<p>8:36-15.4 Resident Records</p> <p>All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00123028</p> <p>Based on interview and closed record review, it was determined that the facility failed to maintain and/or retain complete medical records when residents are discharged from the facility for 1 of 4 residents reviewed, Resident #4. This deficient practice was evidenced by the following:</p> <p>On 5/1/2019 at 10:00 a.m., the surveyor reviewed the Admit and Discharge Register and requested</p>	A1057		

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A1057	<p>Continued From page 3</p> <p>the closed medical record of Resident #4. Surveyor review of Resident #4's closed medical record revealed that the resident was admitted to the facility May 2008 with diagnoses which included high blood pressure, depression and dementia.</p> <p>During surveyor review of Resident #4's closed medical record, the surveyor observed that the medical record was incomplete and at 10:45 a.m., the surveyor informed the Registered Nurse (RN) the same. At 11:40 a.m., the surveyor requested that the Executive Director (ED) provide Resident #4's Administrative File</p> <p>At 2:00 p.m., both ED and the RN informed the surveyor that they were not able to provide Resident #4's complete closed medical record for review, and the ED stated that the facility was in the process of new ownership and that some items may have been removed.</p> <p>The surveyor was unable to complete the investigation due to the missing medical records for Resident #4.</p>	A1057		