New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90112		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		B. WING		C 04/01/2021		
IAME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
PRING H	ILLS PRINCETON		NDROW DRIVE TON, NJ 08540			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
A 000	Initial Comments		A 000			
	Initial Comments: Type of Survey: Complaint					
	Complaint #NJ 1439	909				
	Census: 43					
	Sample: 3					
	all of the standards i Administrative Code Licensure of Assister Comprehensive Pers Assisted Living Prog submit a plan of corr completion date for e that the plan is imple deficiencies may res accordance with pro	8:36, Standards for d Living Residences, sonal Care Homes and rams. The facility must ection, including a each deficiency and ensure emented. Failure to correct ult in enforcement action in visions of New Jersey Title 8, Chapter 43E,				
A1249	The building and gro maintained at all time of the building shall I ensure an attractive pleasant atmosphere deterioration. The bu	es. The interior and exterior be kept in good condition to appearance, provide a e, and safeguard against iilding and grounds shall be azards and other hazards to	A1249			
	This REQUIREMEN	T is not met as evidenced				

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

TITLE

(X6) DATE

New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90112		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED C 04/01/2021	
		B. WING		04			
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
SPRING H	ILLS PRINCETON						
			TON, NJ 08540				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
A1249	Continued From page 1		A1249				
	by: Complaint: # NJ 143909						
	Based on observations and interview, it was						
	determined that the facility failed to provide a safe environment for its residents. The facility failed						
	ensure open sewer lines in renovation areas were properly capped and smoke detector sensing						
		smoke detector sensing covered with painter's tape.					
	The evidence includes the following:						
	On 4/1/21 at 8:35 a.m., the surveyor conducted a						
		requested the facility ED) to provide a copy of the					
		dentifies the various rooms in					
		resence of the facility ental Services (DES), the					
	surveyor performed a	an inspection of the first-floor					
		ring this inspection, the ne following safety hazards:					
	surveyor observed in	le following safety flazarus.					
		1108: At 8:49 a.m., inside					
		om, the surveyor observed en removed, leaving an open					
	toilet floor flange, em	itting sewer gases into the					
		n and the kitchen sinks were 1½-inch open sewer lines.					
	This would allow sew	ver gas and its by-product,					
	Methane gas, which building.	is flammable, to enter the					
	2. Resident Room	At 8:54 a.m., inside					
		om, the surveyor observed					
		en removed leaving an open itting sewer gases into the					
	facility. In addition, the	he surveyor noted that the					
		chen sinks were removed -inch open sewer lines.					

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New Jers	ey Department of Hea	alth			FORM APPROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	90112		B. WING		C 04/01/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	• • • • • • • • • • • •	
			NDROW DRIVE	,		
SPRING P		PRINCE	TON, NJ 08540			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
A1249	Continued From pag	e 2	A1249			
	that the toilet had als an open toilet floor fla into the facility. The sinks were also remo- open sewer lines. 4. Resident Room surveyor observed in that the toilet had als left an open toilet floo gases into the facility kitchen sinks were al 1/2-inch open sewer li In addition, inside the surveyor observed a smoke detector, cove sensing chamber. Th detector to function p 5. Resident Room surveyor also observ bathroom, the toilet h an open toilet floor fla into the facility. The sinks were also remo- open sewer lines. 6. Stairwell next to F 9:22 a.m., the survey detector inside the st apartment, had blue smoke detector sens allow the detector to of a fire 7. Resident Room	 iside the resident's bathroom to been removed, which also or flange, emitting sewer The bathroom and the so removed, leaving two 1 nes. e resident's bedroom, the blue painter's tape over tape o				

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New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90112		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING:		C 04/01/2021	
		B. WING				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
SPRING H	ILLS PRINCETON		NDROW DRIVE TON, NJ 08540			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
A1249	 Continued From page 3 that the toilet had also been removed, which left an open toilet floor flange, emitting sewer gases into the facility. The bathroom and the kitchen sinks were also removed, leaving two (2) 1½-inch open sewer lines. 8. Resident Room At 9:26 a.m., inside the resident's bathroom, the surveyor also observed that the toilet had been removed leaving an open toilet floor flange, emitting sewer gas into the building. The surveyor also noted that bathroom and the kitchen sinks were also removed which left two (2) 1½-inch open sewer lines. 9. Resident Room #1100: At 9:31 a.m., the surveyor observed inside the resident's room that the bathroom and kitchen sinks were removed which left a 1½-inch open sewer lines, emitting sewer gas into the building. 		A1249			
	when the facility plac smoke detector sens	l residents safety at risk ed painter's tape over the ing chambers which would ctors to not function during a				
	sewer lines which wo by-product, Methane	toilet floor flange and open ould allow sewer gas and its gas, a flammable gas, to g, This was a fire safety				