

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/17/2025
NAME OF PROVIDER OR SUPPLIER  Carnegie Post Acute Care at Princeton LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  5000 Windrow Drive Princeton, NJ 08540	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Complaint # 2624594, 2593784, 2584559 Based on interviews, medical record review, and review of pertinent facility documents on 10/17/25, it was determined that the facility failed to initiate a wound care treatment as recommended for three days in accordance with professional standards of practice. This deficient practice was identified for 1 of 5 residents reviewed for wounds (Resident #5). The evidence was as follows: A review of the admission Record (AR) revealed that Resident #5 was admitted to facility with diagnoses that included but were not limited to, acute respiratory failure, hypertension, lack of coordination, and anxiety disorder. A review Resident #5's comprehensive Minimum Data Set (MDS) dated [DATE] revealed that the resident had a Brief Interview Mental Status (BIMS) score of 11 out of 15, indicating that the resident's cognition was moderately impaired. A review of Resident #5's Care Plan (CP) with a focus initiated on 7/1/25, revealed that the resident had a potential for skin breakdown. intervention, the care plan identified a Skin injury on 7/18/25, wound at sacrum extending to right buttock and left great toe the care plan further revealed wound care per physician orders A review of a document titled multi wound chart details dated 7/24/25 indicated the following physician's recommendations as follows: Wound#1 cleanse the PU area with acetic Acid 0.25%. periwound skin treatment: 1. zinc oxide cream, primary dressing: 1. honey (medical grade) gelSecondary dressing revealed recommendations as follows:1. calcium alginate included foam dressing, and that this treatment will be done daily and as needed until discontinued. Today's treatment will be performed by the wound care team and other care performed by the staff of the facility. A review of the Order Summary Report (ASR) titled Active Orders As Of 7/31/2025 included a physician order dated 7/27/25, for Resident #5's PU, to cleanse sacrum PU with acetic acid 0.25%. apply zinc oxide cream to periwound area, apply medihoney, calcium alginate dressing and cover with foam dressing daily and as needed. On 10/17/25 at 3:33PM, the surveyor interviewed the Director of Nursing (DON) who stated that the date on the Physician Recommendation Details report was written on the day the wound care team was in the facility to evaluate the wound. The DON stated that the facility waited until they received the official report on 7/27/25 before they added the newly recommended wound treatment orders. The DON stated that even though the treatment was recommended on 7/24/25, facility had to wait till the wound sent their new recommendation to change Resident # 5's PU treatment. The DON stated that the new wound treatment orders was implemented on 7/27/25, and that facility did not consider the 2 -day waiting period a delay in treatment. A review of the facility's policy titled Wound Care with a reviewed date of 12/2024 revealed under Procedure #10. Follow treatment as ordered. The facility did not follow the treatment as ordered from 7/24/25 to 7/27/25. NJAC 8:39-27.3(i)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 315370	If continuation sheet Page 1 of 1