

CARNEGIE POST ACUTE CARE AT PRINCETON LLC

Report ID: CCN 315370
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§ 1 Facility Identity

Facility	CARNEGIE POST ACUTE CARE AT PRINCETON LLC
CCN	315370
Location	5000 WINDROW DRIVE, PRINCETON, NJ, 08540
Ownership type	For profit - Limited Liability company
Certified beds	180

§ 2 CMS Federal Record

Civil money penalties on file	\$0
Deficiency citations — current cycle	10 (900% vs prior 24 months (1))
Deficiency citations — prior 24 months	1
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	\$0
NJ state average	\$36,527 (this facility is 0.0× the NJ average)
National average	\$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 10 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F881	Implement a program that monitors antibiotic use.	E	Standard survey
F882	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.	E	Standard survey
F686	Provide appropriate pressure ulcer care and prevent new ulcers from developing.	D	Complaint
F636	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.	D	Standard survey
F640	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.	D	Standard survey
F868	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly	D	Standard survey
F880	Provide and implement an infection prevention and control program.	D	Standard survey
F641	Ensure each resident receives an accurate assessment.	D	Complaint
F712	Ensure that the resident and his/her doctor meet face-to-face at all required visits.	D	Complaint
F758	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.	D	Complaint

§ 5 Ownership & Chain Context

Ownership record	Chain: MB HEALTHCARE (12 facilities); Owner on file: JOES BEACH LLC (organization)
Ownership chain	MB HEALTHCARE (12 facilities)
Penalties vs chain average	\$0 vs \$4,747 (0.0× the chain average)
Current deficiencies vs chain average	10 vs 7.5 (1.3× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	4 / 5 (state avg 3.4 · US avg 3)
Health inspection	3 / 5 (state avg 2.8 · US avg 2.8)
Staffing	3 / 5 (state avg 3.1 · US avg 2.9)
Quality measures (QM)	5 / 5 (state avg 4.5 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/315370
Snapshot SHA-256	4a7fa9feb23b534cec97c8dc50ac874aded0a278b5c09e26281639468258024a
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 315370.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 4a7fa9feb23b.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

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