

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7EKKEK	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2023
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT REFLECTIONS AT COLTS N	STREET ADDRESS, CITY, STATE, ZIP CODE 3 MERIDIAN CIRCLE COLTS NECK, NJ 07722
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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</p> <p>COMPLAINT #: NJ00164281</p> <p>CENSUS: 50</p> <p>SAMPLE SIZE: 7</p> <p>The facility is not in substantial compliance with N.J.A.C. Title 8 Chapter 36- Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs for this Complaint Investigation: C#NJ00164281</p> <p>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

New Jersey Department of Health

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A 310	<p>Continued From page 2</p> <p>weight was [REDACTED] lbs. in NJ EX Order. 264b1 lbs. in NJ EX Order. 264b1 lbs. in NJ EX Order. 264b1 [REDACTED] lbs. in NJ EX Order. 264b1 lbs. in NJ EX Order. 264b1 [REDACTED] lbs. in NJ EX Order. 264b1 lbs. in NJ EX Order. 264b1 re-weight, [REDACTED] lbs. in NJ EX Order. 264b1. This was a total of [REDACTED] lbs. lost over six months; and over 10% of [REDACTED] months. The "Observations" failed to contain documentation that a Dietician was consulted regarding Resident #7's [REDACTED] [REDACTED]</p> <p>The facility policy titled "Significant weight change" included but not limited to: Policy: Residents are weighed monthly as a measurement of nutritional status as part of the monthly wellness check. When there is a significant weight change that is unplanned, unscheduled and/or unwanted, the Center nursing staff will respond appropriately. A significant weight change will be defined as 5% in one month or 10% over [REDACTED] months. Procedure: 1. Validation of significant weight changes and initial steps. a. Residents with significant weight changes will be reweighed under the supervision of a licensed nurse within five days b. Nurse will contact attending physician to inform and to obtain additional information as to potential cause. c. Nurse will contact responsible party/family member for input. d. Nurse will schedule consulting dietician to visit and assess. 2. The Consulting Dietician will be notified of residents with significant weight change by the wellness director. - The Consulting Dietician will visit the resident to review food preferences, offer snacks, and question need for change in diet.</p>	A 310		

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A 310	Continued From page 3 - will review all related information and documentation; - may make written recommendations to the Wellness Director for communication to the physician. - All visits and outcomes will be documented on Resident service notes in the resident's chart. 3. Licensed nurse will notify the attending physician of the significant weight change and dietician recommendations, if available; ... 4. If it is determined that the weight loss/gain is medically unavoidable based on discussion from physician, dietician, nurse, family and resident, a note containing supportive documentation should be written. 5. Resident and/or responsible party/family member will be contacted by licensed nurse to discuss significant weight change and what plan has been recommended by the attending physician and/or dietician 6. A significant change may be completed as well as revisions to the service plan to address interventions in place ..."	A 310		
A 887	8:36-10.4(a)(1) Dining Services (a) If indicated, according to residents' needs, a dietitian shall be responsible for providing resident care, including, but not limited to, the following: 1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of the health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan, reassessing the resident,	A 887		

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A 887	<p>Continued From page 5</p> <p>weight was [REDACTED] lbs. in [REDACTED] NJ EX Order. 264b1 lbs. in [REDACTED] NJ EX Order. 264b1 lbs. in [REDACTED] NJ EX Order. 264b1, [REDACTED] lbs. in [REDACTED] NJ EX Order. 264b1 lbs. in [REDACTED] NJ EX Order. 264b1, [REDACTED] lbs. in [REDACTED] NJ EX Order. 264b1 lbs. in [REDACTED] NJ EX Order. 264b1 re-weight [REDACTED] lbs. [REDACTED] NJ EX Order. 264b1. This was a total of [REDACTED] lbs. lost over [REDACTED] months; and over 10% of [REDACTED] over [REDACTED] months. The "Observations" failed to contain documentation that a Dietician was consulted regarding Resident #7's [REDACTED] [REDACTED]</p> <p>On 6/9/2023 at 2:43 p.m., the surveyor conducted an interview with the Director of Nursing (DON) and Executive Director (ED). The DON stated that the Licensed Practical Nurse (LPN) took the resident's weight within the first five days of the month, then weights were reviewed by the DON. The DON reported that there was not documentation that she reviews the weights.</p> <p>The facility was unable to provide dietary/nutritional documentation that the Registered Dietician had seen any of the residents in the facility since [REDACTED] NJ EX Order. 264b1</p> <p>Review of the policy and procedure titled "Dietician Coverage" revealed that: "Responsibility of the Dietician: If indicated, according to the resident's need, a dietician shall be responsible for providing resident care, including, but not limited to, the following: 1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of the health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan. Each of these activities shall be documented in the resident's record. 2. Providing nutritional counseling and education</p>	A 887		
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A 887	<p>Continued From page 6</p> <p>to residents and staff ..."</p> <p>Review of the dietician's contract titled "Agreement to Provide Consultant Services" revealed that:</p> <p>"Responsibilities of the Consultant ... 5. Counsels the patient, staff and family with regard to the patient's nutritional needs ... 7. Makes appropriated referrals for continuing nutritional care ..."</p> <p>The dietician failed to revise care plans for Resident #1 and Resident #7 and failed to ensure that charted notes were informative and descriptive to the services provided and the resident's response to the service.</p>	A 887		

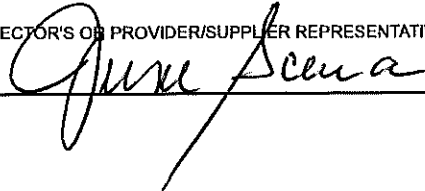
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A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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



TITLE

CALA

(X6) DATE

6/21/23



BRANDYWINE LIVING
at Colts Neck

Life is Beautiful

A887

8:36-10.4 (a)(1) Dining Services

- (a) If indicated, according to residents' needs, a dietician shall be responsible for providing resident care, including, but not limited to, the following:
1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan, reassessing the resident and revising the dietary portion of the health care plan. Each of these activities shall be documented in the residents record;

Plan of Correction:

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: **The resident (#1) will be seen and assessed by the Dietician. The resident (#7) will be assessed by the Dietician.**
2. How the facility will identify other residents having the potential to be affected by the same deficient practice: **All residents have the potential to be affected.**
3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur; **RN and Administrator will look at weights monthly and send change form monthly to the dietician. The Dietician will make recommendations and communicate to the RN.**
4. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur; i.e. What program will be put into place to monitor the continued effectiveness of changes: **Corporate conducts yearly QI and unannounced times to monitor policy and procedure adherence. The RN and Administrator will sign the change forms when emailing Dietician monthly. Administrator and RN will review the policy and procedure.**

The facility will be in compliance by 6/26/23.



BRANDYWINE LIVING
at Colts Neck

Life is Beautiful

The following plan of Correction correlates to the Statement of Deficiencies resulting from the New Jersey Department of Health Compliance Survey completed at this facility on 6/09/2023.

A310

8:36-3.4 (a)(1)Administration

- (a) The administrator or designee shall be responsible for, but not limited to, the following:1
Ensuring the development, implementation and enforcement of all policies and procedures, including residents rights;

Plan of Correction:

- 1.How the corrective action will be accomplished for those residents found to have been affected by the deficient practice:**The Dietician has been called for a consult on Resident (#1). Resident (#1) has been offered NJ EX Order: 264b1 3xdaily and has been placed on weekly weights x4. The Resident (#7) has been placed on NJ EX Order: 264b1 care and the Dietician was also called for a consult.**
- 2.How the facility will identify other residents having the potential to be affected by the same deficient practice: **All residents have the potential to be affected.**
3. What measures will be put into place or systemic changes made to ensure deficient practice will not occur: **The Administrator will read nursing notes and communication logs daily to ensure proper procedure and policies are being adhered to. All nurses will be in-serviced on the importance of obtaining accurate monthly weights and reporting NJ EX Order: 264b1 to the RN. A form has been designed to notify RN of NJ EX Order: 264b1. RN will email the dietician monthly with all NJ EX Order: 264b1**
- 4.How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur :i.e. What program will be put into place to monitor the continued effectiveness of changes: **Corporate conducts yearly and unannounced QI to monitor policy and procedure adherence. The Administrator will sign weight changes form monthly after the are emailed to the dietician.**

The facility will be in compliance by 6/26/23.

3 MERIDIAN CIRCLE COLT'S NECK *new jersey* 07722

phone 732.303.3100 *fax* 732.303.3170

WWW.BRANDYCARE.COM

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 7EKKEK Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/3/2023 Y3
NAME OF FACILITY BRANDYWINE LIVING AT REFLECTIONS AT COLTS NECK	STREET ADDRESS, CITY, STATE, ZIP CODE 3 MERIDIAN CIRCLE COLTS NECK, NJ 07722	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0887	Correction	ID Prefix _____	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-10.4(a)(1)	Completed	Reg. # _____	Completed
LSC _____	06/26/2023	LSC _____	06/26/2023	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/9/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		