

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2021
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING @ MOORESTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 N. CHURCH STREET MOORESTOWN, NJ 08057
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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: The census was 82</p> <p>Sample Size: 5</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 12/14/2021. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</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		
A1207	<p>8:36-17.3(a)(11) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(a) The housekeeping and sanitation conditions in paragraphs 1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration residents' personal preferences for style of living:</p> <p>11. When facility housekeeping services are provided, items such as bedpans, toilets and sinks shall be disinfected, using a process for disinfection established</p>	A1207		

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

TITLE

(X6) DATE

06/02/22

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A1207	<p>Continued From page 1</p> <p>by the facility; and</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and Centers for Disease Control and Prevention (CDC) guidelines, it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed to ensure one of two housekeeping staff adhered to cleaning from clean to dirty and failed to use a disinfectant during the cleaning process.</p> <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: According to the CDC's General environmental cleaning techniques last reviewed on 04/21/2020 and retrieved on 12/15/2021 from http://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html, it reads: "For all environmental cleaning procedures, always use the following general strategies: Wipe surfaces using the general strategies as above (e.g., clean to dirty, high to low, systematic manner), making sure to use mechanical action (for cleaning steps) and making sure to that the surface is thoroughly wetted to allow required</p>	A1207		

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A1207	<p>Continued From page 3</p> <p>Refresher. Neither of the two cleaning solutions HSK #1 used in cleaning the residents' rooms was a disinfectant. A further inspection of HSK #1's cleaning cart revealed that he had a sanitizing solution on the cart but failed to use the solution when he cleaned the residents' rooms. By failing to clean from clean to dirty area and by failing to use a disinfectant during the room cleaning process, HSK #1 failed to ensure that residents' rooms were free of harmful bacteria that might build up in the residents' living area.</p> <p>On 12/14/2021 at 12:13 PM, HSK #1 reported to the surveyor that he was assigned to clean throughout the facility. HSK #1 acknowledged that he had no hand sanitizer on his cart. HSK #1 acknowledged that he did not use a disinfectant throughout the cleaning process in the identified residents' rooms. Per HSK #1, he forgot that he had the disinfectant on the cart.</p> <p>On 12/14/2021 at 1:29 PM, the Wellness Director (WD) stated that housekeeping staff were last trained on cleaning procedures a couple of weeks ago. The WD stated that housekeepers should clean from the clean areas to dirty areas and use different rags to clean the different living areas of residents and the entire room. She stated, "Not following the proper cleaning procedures and not using the appropriate cleaning products can increase the spread of infections."</p> <p>On 12/14/2021 at 1:35 PM, the Executive Director stated that housekeeping staff's failure to disinfect residents' living areas during the cleaning process had the potential to encourage bacteria and other infectious organism to build-up. He added that such a situation placed residents at risk of contracting infections.</p>	A1207		
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A1271	Continued From page 4	A1271		
A1271	<p>8:36-18.1(a) Infection Prevention and Control Services</p> <p>(a) The facility shall develop and implement an infection prevention and control program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, Centers for Disease Control and Prevention (CDC) guidelines, and review of the New Jersey Department of Health Executive Directive 20-026(1), dated 01/06/2021, it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed to:</p> <ul style="list-style-type: none"> - Ensure staff wore masks over their nose during staff-to-staff interaction, - Ensure staff wore masks over their nose during staff-to-resident interaction, - Ensure staff did not wear cloth masks when the facility was in a community with high COVID-19 transmission rate; and - Ensure social distancing between vaccinated and unvaccinated residents in one of three units at the facility. <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p>	A1271		

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A1271	<p>Continued From page 5</p> <p>Findings included: Reference: A review of the CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination, updated 04/27/2021 and retrieved 12/17/2021 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html, revealed, "Group activities: If all patients/residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity. If unvaccinated patients/residents are present, then all participants in the group activity should wear source control and unvaccinated patients/residents should physically distance from others ...Communal dining: Fully vaccinated patients/residents can participate in communal dining without use of source control or physical distancing. If unvaccinated patients/residents are dining in a communal area (e.g., dining room) all patients/residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others."</p> <p>Reference: NJDOH issued Executive Directive No. 20-026-1, dated 01/06/2021, indicated the following: Cohorting, PPE [personal protective equipment] and Training Requirements in Every Phase: "Facilities shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE, if applicable. All staff must wear all appropriate PPE when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g., breakroom)."</p>	A1271		
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A1271	<p>Continued From page 6</p> <p>1. On 12/14/2021 at 9:13 AM, Server #1 wore her mask below her nose while serving breakfast to a group of residents in the facility's dining room.</p> <p>On 12/14/2021 at 9:15 AM, Dining Assistant (DA) #1 wore his mask below his nose in the facility's kitchen.</p> <p>On 12/14/2021 at 9:18 AM, DA #1 stated that, although he had been educated on the need to ensure his mask was always worn over his nose while at the facility, he had a hard time keeping the mask over his nose. According to DA #1, the mask slipped off his nose multiple times.</p> <p>On 12/14/2021 at 9:57 AM, Butler #1 was observed in the [redacted] unit with a cloth mask.</p> <p>On 12/14/2021 at 10:01 AM, Butler #1 stated that the cloth mask was more comfortable for her than the surgical mask. Butler #1 verified that the facility provided new surgical masks every day.</p> <p>On 12/14/2021 at 10:08 AM, Care Manager #1 was observed in the [redacted] unit with a cloth mask.</p> <p>On 12/14/2021 at 10:09 AM, Care Manager #1 verified the facility provided surgical and N95 masks. Per Care Manager #1, both masks were adequate in supply and readily available to staff. Care Manager #1 stated that she wore the cloth mask because it was easier to breathe through. Care Manager #1 stated that she had been educated on the importance of using a surgical mask over a cloth mask.</p> <p>On 12/14/2021 at 10:07 AM, a group of 10 residents were congregated in the common area of the [redacted] unit during an activity program.</p>	A1271		

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A1271	<p>Continued From page 7</p> <p>The residents were not wearing masks [redacted] of the residents sat shoulder to shoulder while the other [redacted] residents sat less than two feet apart. The group of residents who sat shoulder-to-shoulder included Resident [redacted]. During the observation, the Wellness Director (WD) went through the list of vaccinated residents and identified Resident [redacted] as [redacted] Executive Order 26, 4.b.</p> <p>On 12/14/2021 at 10:55 AM, the WD stated that staff should not be wearing cloth masks in the facility. She acknowledged that the facility was in a community with a high CALI score (a score which indicated the transmission rate of COVID-19 in the community). Per the WD, staff should wear masks over the nose to be effective. The WD added that staff should encourage mask use among residents as well as social distancing during gatherings that had both vaccinated and unvaccinated residents.</p> <p>On 12/14/2021 at 1:17 PM, the Executive Director (ED) stated that it was important for staff to adhere to the correct mask use in the facility. The ED stated that staff had been educated, and they knew to wear masks over their nose and to not wear a cloth mask in the facility. The ED stated that staff should encourage social distancing between vaccinated and unvaccinated residents to curb the potential for cross-contamination and reintroduction of COVID-19 in the building.</p>	A1271		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 10A002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/2/2022
NAME OF FACILITY BRANDYWINE LIVING @ MOORESTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 N. CHURCH STREET MOORESTOWN, NJ 08057

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 A1207	Correction	ID Prefix A1271	Correction	ID Prefix	Correction
Reg. # 8:36-17.3(a)(11)	Completed	Reg. # 8:36-18.1(a)	Completed	Reg. #	Completed
LSC	06/01/2022	LSC	06/01/2022	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 12/14/2021		<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		

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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
A1207	<p>Continued From page 3</p> <p>Refresher. Neither of the two cleaning solutions HSK #1 used in cleaning the residents' rooms was a disinfectant. A further inspection of HSK #1's cleaning cart revealed that he had a sanitizing solution on the cart but failed to use the solution when he cleaned the residents' rooms. By failing to clean from clean to dirty area and by failing to use a disinfectant during the room cleaning process, HSK #1 failed to ensure that residents' rooms were free of harmful bacteria that might build up in the residents' living area.</p> <p>On 12/14/2021 at 12:13 PM, HSK #1 reported to the surveyor that he was assigned to clean throughout the facility. HSK #1 acknowledged that he had no hand sanitizer on his cart. HSK #1 acknowledged that he did not use a disinfectant throughout the cleaning process in the identified residents' rooms. Per HSK #1, he forgot that he had the disinfectant on the cart.</p> <p>On 12/14/2021 at 1:29 PM, the Wellness Director (WD) stated that housekeeping staff were last trained on cleaning procedures a couple of weeks ago. The WD stated that housekeepers should clean from the clean areas to dirty areas and use different rags to clean the different living areas of residents and the entire room. She stated, "Not following the proper cleaning procedures and not using the appropriate cleaning products can increase the spread of infections."</p> <p>On 12/14/2021 at 1:35 PM, the Executive Director stated that housekeeping staff's failure to disinfect residents' living areas during the cleaning process had the potential to encourage bacteria and other infectious organism to build-up. He added that such a situation placed residents at risk of contracting infections.</p>	A1207		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2021
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A1271	Continued From page 4	A1271		
A1271	<p>8:36-18.1(a) Infection Prevention and Control Services</p> <p>(a) The facility shall develop and implement an infection prevention and control program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, Centers for Disease Control and Prevention (CDC) guidelines, and review of the New Jersey Department of Health Executive Directive 20-026(1), dated 01/06/2021, it was determined that the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of Coronavirus (COVID-19) as well as other communicable diseases and infections. Specifically, the facility failed to:</p> <ul style="list-style-type: none"> - Ensure staff wore masks over their nose during staff-to-staff interaction, - Ensure staff wore masks over their nose during staff-to-resident interaction, - Ensure staff did not wear cloth masks when the facility was in a community with high COVID-19 transmission rate; and - Ensure social distancing between vaccinated and unvaccinated residents in one of three units at the facility. <p>This deficient practice had the potential to affect all residents of the facility and occurred during the COVID-19 pandemic.</p>	A1271		

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A1271	<p>Continued From page 5</p> <p>Findings included: Reference: A review of the CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination, updated 04/27/2021 and retrieved 12/17/2021 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html, revealed, "Group activities: If all patients/residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity. If unvaccinated patients/residents are present, then all participants in the group activity should wear source control and unvaccinated patients/residents should physically distance from others ... Communal dining: Fully vaccinated patients/residents can participate in communal dining without use of source control or physical distancing. If unvaccinated patients/residents are dining in a communal area (e.g., dining room) all patients/residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others."</p> <p>Reference: NJDOH issued Executive Directive No. 20-026-1, dated 01/06/2021, indicated the following: Cohorting, PPE [personal protective equipment] and Training Requirements in Every Phase: "Facilities shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE, if applicable. All staff must wear all appropriate PPE when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g., breakroom)."</p>	A1271		

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A1271	<p>Continued From page 6</p> <p>1. On 12/14/2021 at 9:13 AM, Server #1 wore her mask below her nose while serving breakfast to a group of residents in the facility's dining room.</p> <p>On 12/14/2021 at 9:15 AM, Dining Assistant (DA) #1 wore his mask below his nose in the facility's kitchen.</p> <p>On 12/14/2021 at 9:18 AM, DA #1 stated that, although he had been educated on the need to ensure his mask was always worn over his nose while at the facility, he had a hard time keeping the mask over his nose. According to DA #1, the mask slipped off his nose multiple times.</p> <p>On 12/14/2021 at 9:57 AM, Butler #1 was observed in the dementia unit with a cloth mask.</p> <p>On 12/14/2021 at 10:01 AM, Butler #1 stated that the cloth mask was more comfortable for her than the surgical mask. Butler #1 verified that the facility provided new surgical masks every day.</p> <p>On 12/14/2021 at 10:08 AM, Care Manager #1 was observed in the dementia unit with a cloth mask.</p> <p>On 12/14/2021 at 10:09 AM, Care Manager #1 verified the facility provided surgical and N95 masks. Per Care Manager #1, both masks were adequate in supply and readily available to staff. Care Manager #1 stated that she wore the cloth mask because it was easier to breathe through. Care Manager #1 stated that she had been educated on the importance of using a surgical mask over a cloth mask.</p> <p>On 12/14/2021 at 10:07 AM, a group of 10 residents were congregated in the common area of the dementia unit during an activity program.</p>	A1271	<p>No residents were affected by the deficient practice</p> <p>All residents have the potential to affected by the deficient practice</p> <p>Staff were inserviced on the proper wearing of masks</p> <p>Signs will be posted in staff areas demonstrating proper mask wearing. Cloth masks are not acceptable</p> <p>Staff will be inserviced to monitor spacing between non vaccinated and vaccinated residents</p> <p>Nursing administration to monitor compliance with mask wearing and resident spacing on at least weekly basis. Results of that audit to be reported to the quality assurance committee</p>	6/1/22

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A1271	<p>Continued From page 7</p> <p>The residents were not wearing masks. Five of the residents sat shoulder to shoulder while the other five residents sat less than two feet apart. The group of residents who sat shoulder-to-shoulder included Resident [REDACTED]. During the observation, the Wellness Director (WD) went through the list of vaccinated residents and identified Resident [REDACTED] as [REDACTED] Executive Order 26, 4.b.</p> <p>On 12/14/2021 at 10:55 AM, the WD stated that staff should not be wearing cloth masks in the facility. She acknowledged that the facility was in a community with a high CALI score (a score which indicated the transmission rate of COVID-19 in the community). Per the WD, staff should wear masks over the nose to be effective. The WD added that staff should encourage mask use among residents as well as social distancing during gatherings that had both vaccinated and unvaccinated residents.</p> <p>On 12/14/2021 at 1:17 PM, the Executive Director (ED) stated that it was important for staff to adhere to the correct mask use in the facility. The ED stated that staff had been educated, and they knew to wear masks over their nose and to not wear a cloth mask in the facility. The ED stated that staff should encourage social distancing between vaccinated and unvaccinated residents to curb the potential for cross-contamination and reintroduction of COVID-19 in the building.</p>	A1271		