

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 10/14/2020
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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: TYPE OF SURVEY: Inspection Survey of a Conversion of a Skilled Nursing Wing on the second floor of the facility. This Renovation Project, which includes the renovation and reconfiguration of the second floor to create Thirteen (13) Residential Units additional amenity spaces, including the Jazz Lounge, Training Conference room, Butlers Pantry and Public Bathrooms.</p> <p>This Inspection does not change the current 125 Licensed beds.</p> <p>CENSUS: 0</p> <p>The facility is in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</p>	A 000		

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

TITLE

(X6) DATE