

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>55A007</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>05/10/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDYWINE LIVING AT THE SYCAMORE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5 MERIDIAN WAY</b><br><b>SHREWSBURY, NJ 07702</b> |
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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:<br/>TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00163896</p> <p>CENSUS: 89</p> <p>SAMPLE SIZE: 5</p> <p>The facility is not 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. 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

07/24/23

New Jersey Department of Health

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| A 310 | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:<br/>NJ00163896</p> <p>Based on interview and record review, it was determined that the Executive Director (ED) failed to implement and enforce the facility's policies and procedures titled, "Resident Fall Interventions Policy" in regard to monitoring and documenting the condition a resident post [REDACTED] (a post [REDACTED] assessment is an assessment completed by a healthcare professional to assess the resident for [REDACTED] and [REDACTED]) for 5 out of 5 residents reviewed for [REDACTED], Resident #1, 2, 3, 4, and 5.</p> <p>On 5/10/2023 at 11:00 a.m., while conducting a complaint survey the surveyor reviewed Resident #1 Medical Record (MR) who had a move in date of [REDACTED] and diagnoses which included [REDACTED] and <b>NJ Ex Order 26.4b1</b>. According to the resident's MR, the resident had a [REDACTED] on [REDACTED]. The surveyor reviewed the "Observation Notes" for Resident #1 which revealed the following:</p> <p>On [REDACTED] at 7:30 p.m., the facility's Licensed Practical Nurse (LPN) #6 documented that Resident #1 [REDACTED]. The surveyor did not observe documented post [REDACTED] assessments for the following shift:</p> <p>[REDACTED] - 7 a.m. to 3 p.m.</p> <p>The surveyor reviewed Resident #2 Medical Record (MR) who had a move in date of [REDACTED] and diagnoses which included [REDACTED]</p> | A 310 |  |  |
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|--------------------|--|---------------|---|--------------------|
| A 310              | <p>Continued From page 2</p> <p><b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b>. According to the resident's MR, the resident had <b>NJ Ex Order 26.4b1</b>. The surveyor reviewed the "Observation Notes" for Resident #2 which revealed the following:</p> <p>On <b>NJ Ex Order 26.4b1</b> at 8:15 p.m., the facility's LPN #2 documented that Resident #2 <b>NJ Ex Order 26.4b1</b>. The surveyor did not observe documented post <b>NJ Ex O</b> assessments for the following shifts:</p> <p><b>NJ Ex Order 26.4b1</b> - 11 p.m. to 7 a.m.<br/><b>NJ Ex Order 26.4b1</b> - 7 a.m. to 3 p.m.<br/><b>NJ Ex Order 26.4b1</b> - 3 p.m. to 11 p.m.</p> <p>On <b>NJ Ex Order 26.4b1</b> at 9:45 p.m., the facility's LPN #3 documented that Resident #2 <b>NJ Ex Order 26.4b1</b>. The surveyor did not observe documented post <b>NJ Ex O</b> assessments for the following three shifts:</p> <p><b>NJ Ex Order 26.4b1</b> - 11 p.m. to 7 a.m.<br/><b>NJ Ex Order 26.4b1</b> - 7 a.m. to 3 p.m.<br/><b>NJ Ex Order 26.4b1</b> - 3 p.m. to 11 p.m.</p> <p>The surveyor reviewed Resident #3 Medical Record (MR) who had a move in date of <b>NJ Ex Order 26.4b1</b> and diagnoses which included <b>NJ Ex Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b>. According to the resident's MR, the resident had multiple <b>NJ Ex O</b>. The surveyor reviewed the "Observation Notes" for Resident #3 which revealed:</p> <p>On <b>NJ Ex Order 26.4b1</b> at 3:30 p.m., the facility's LPN #3 documented that Resident #3 <b>NJ Ex Order 26.4b1</b>. The surveyor did not observe documented post <b>NJ Ex O</b> assessments for the following three shifts:</p> <p><b>NJ Ex Order 26.4b1</b> - 11 p.m. to 7 a.m.<br/><b>NJ Ex Order 26.4b1</b> - 7 a.m. to 3 p.m.<br/><b>NJ Ex Order 26.4b1</b> - 3 p.m. to 11 p.m.</p> | A 310         |   |                    |

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| A 310              | <p>Continued From page 3</p> <p>On <sup>NJ Ex Order 26.4b1</sup> at 1:15 p.m., the facility's LPN #4 documented that Resident #3 <sup>NJ Ex Order 26.4b1</sup>. The surveyor did not observe documented post <sup>NJ Ex O</sup> assessments for the following shift:</p> <p><sup>NJ Ex Order 26.4b1</sup> - 7 a.m. to 3 p.m.</p> <p>On <sup>NJ Ex Order 26.4b1</sup> at 3:19 p.m., the facility's Director of Nursing (DON) documented that Resident #3 <sup>NJ Ex Order 26.4b1</sup>. The surveyor did not observe documented post <sup>NJ Ex</sup> assessments for the following shift:</p> <p><sup>NJ Ex Order 26.4b1</sup> - 7 a.m. to 3 p.m.</p> <p>The surveyor reviewed Resident #4 Medical Record (MR) who had a move in date of <sup>NJ Ex Order 26.4b1</sup> and diagnoses which included <sup>NJ Ex Order 26.4b1</sup>. According to the resident's MR, the resident had a <sup>NJ Ex</sup> on <sup>NJ Ex Order 26.4b1</sup>. The surveyor reviewed the "Observation Notes" for Resident #4 which revealed:</p> <p>On <sup>NJ Ex Order 26.4b1</sup> at 6:30 p.m., the facility's LPN #3 documented that Resident #4 <sup>NJ Ex Order 26.4b1</sup>. The surveyor did not observe documented post <sup>NJ Ex</sup> assessments for the following shift:</p> <p><sup>NJ Ex Order 26.4b1</sup> - 11 p.m. to 7 a.m.</p> <p>The surveyor reviewed Resident #5 Medical Record (MR) who had a move in date of <sup>NJ Ex Order 26.4b1</sup> diagnoses which included <sup>NJ Ex Order 26.4b1</sup> and <sup>NJ Ex Order 26.4b1</sup>. According to the resident's MR, the resident had <sup>NJ Ex Order 26.4b1</sup>. The surveyor reviewed the "Observation Notes" for Resident #5 which revealed:</p> <p>On <sup>NJ Ex Order 26.4b1</sup> at 10:45 p.m., the facility's LPN #6 documented that Resident #5 <sup>NJ Ex Order 26.4b1</sup>. The</p> | A 310         |   |                    |

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|--------------------|--|---------------|---|--------------------|
| A 310              | <p>Continued From page 4</p> <p>surveyor did not observe documented post <sup>NJ Ex O</sup> assessments for the following shifts:</p> <p><sup>NJ Ex Order 26.4b1</sup> - 11 p.m. to 7 a.m.<br/> <sup>NJ Ex Order 26.4b1</sup> - 7 a.m. to 3 p.m.<br/> <sup>NJ Ex Order 26.4b1</sup> - 3 p.m. to 11 p.m.</p> <p>On <sup>NJ Ex Order 26.4b1</sup> at 2:00 p.m., the facility's former Memory Care Coordinator documented that Resident #5 <sup>NJ Ex Order 26.4b1</sup> while out of the facility but returned to the facility hours later. The surveyor did not observe documented post <sup>NJ Ex O</sup> assessments for all three of the following shifts:</p> <p><sup>NJ Ex Order 26.4b1</sup> - 3 p.m. to 11 p.m.<br/> <sup>NJ Ex Order 26.4b1</sup> - 11 p.m. to 7 a.m.<br/> <sup>NJ Ex Order 26.4b1</sup> - 7 a.m. to 3 p.m.</p> <p>On 5/10/2023 at 1:30 p.m., the surveyor interviewed the facility's LPN #11 who stated the nursing staff was to document post <sup>NJ Ex O</sup> assessments for 3 days post <sup>NJ Ex O</sup>; on all 3 shifts.</p> <p>At 1:45 p.m., the surveyor interviewed the facility's LPN #12 who stated nursing staff was to document post <sup>NJ Ex O</sup> assessments for 3 shifts post <sup>NJ Ex O</sup>.</p> <p>At 1:58 p.m., the surveyor interviewed the facility's Director of Nursing who stated nursing staff was to document post <sup>NJ Ex O</sup> assessments for 3 days post <sup>NJ Ex O</sup> not 3 shifts post <sup>NJ Ex O</sup>.</p> <p>Surveyor review of the facility's policy and procedure titled, " Resident Fall Interventions Policy" revealed, " ...B post Fall Assessment and Treatment ... The wellness nurse/licensed nurse should carefully monitor and document the condition of the resident on the next three shifts post fall in the service notes and on the 24-hour</p> | A 310         |   |                    |

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| A 310              | Continued From page 5<br>nursing communication report."  | A 310         |   |                    |

**Brandywine Senior Living at The Sycamore Plan of Correction 07/24/2023**

| ID<br>PREFIX<br>TAG | HOW THE CORRECTIVE<br>ACTION WILL BE<br>ACCOMPLISHED FOR<br>THOSE RESIDENTS<br>AFFECTED BY THE<br>DEFICIENT PRACTICE  | HOW THE FACILITY WILL<br>IDENTIFY OTHER<br>RESIDENTS HAVING THE<br>POTENTIAL TO BE<br>AFFECTED BY THE SAME<br>DEFICIENT PRACTICE.  | WHAT MEASURES WILL BE<br>PUT INTO PLACE OR<br>SYSTEMIC CHANGES MADE<br>TO ENSURE THAT THE<br>DEFICIENT PRACTICE WILL<br>NOT RECUR.  | HOW THE FACILITY WILL<br>MONITOR ITS CORRECTIVE<br>ACTIONS TO ENSURE THAT THE<br>DEFICIENT PRACTICE WILL NOT<br>RECUR, I.E., WHAT PROGRAM<br>WILL BE PUT INTO PRACTICE TO<br>MONITOR THE CONTINUED<br>EFFECTIVENESS OF THE<br>SYSTEMIC CHANGES.   | TIME<br>FRAME                    |
|---------------------|---|--|---|---|----------------------------------|
| A310                | <p><b>8:36-3.4(a)(1)-Administration</b></p> <p>To ensure the Wellness Nurse on each shift, for three shifts post fall documents the residents condition the following actions were implemented:</p> <ol style="list-style-type: none"> <li>1. The Wellness Director programmed a directive into the EMAR system (ECP) which creates a pop up demand for the three shifts post fall to complete the follow up fall assessment tool.</li> <li>2. A Post Fall form will be completed and documented in the resident's medical record by the Wellness Director or designee within 24 hours.</li> <li>3. An in-service training to reeducate Wellness Nurses on protocol for above actions was provided by the Wellness Director.</li> </ol> | <p>All residents who fall have the potential to be affected. Resident falls are tracked on a monthly basis by the Wellness Director and are reported to the Corporate Office on a Matrix. Falls are also reported on the Trend Tracker which is sent to the NCAL portal.</p> | <ol style="list-style-type: none"> <li>1. The Wellness Director programmed a directive into the EMAR system (ECP) which creates a pop up demand for the three shifts post fall to complete the follow up fall assessment tool.</li> <li>2. A Post Fall form will be completed and documented in the resident's medical record by the Wellness Director or designee within 24 hours.</li> <li>3. An in-service training to reeducate Wellness Nurses on protocol for above actions was provided by the Wellness Director.</li> </ol> | <ol style="list-style-type: none"> <li>1. The Wellness Director will complete the post fall form and review the post fall notes entered into the EMAR to ensure compliance is being met.</li> <li>2. The actual prompt that will come up on the EMAR will ensure the follow up fall form comes up and is completed. This prompt will come up for the three shifts post fall.</li> </ol> | <p>07/24/2023</p> <p>Ongoing</p> |

**STATE FORM: REVISIT REPORT**

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| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>55A007 <span style="float:right">Y1</span> | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | DATE OF REVISIT<br>8/7/2023 <span style="float:right">Y3</span> |
| NAME OF FACILITY<br>BRANDYWINE LIVING AT THE SYCAMORE  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5 MERIDIAN WAY<br>SHREWSBURY, NJ 07702 |   |

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<br>Y4            | DATE<br>Y5 | ITEM<br>Y4      | DATE<br>Y5 | ITEM<br>Y4      | DATE<br>Y5 |
|-----------------------|------------|-----------------|------------|-----------------|------------|
| ID Prefix A0310       | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # 8:36-3.4(a)(1) | Completed  | Reg. # _____    | Completed  | Reg. # _____    | Completed  |
| LSC _____             | 07/24/2023 | 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 _____       |            |
| 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<br>5/10/2023      |                        | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right"> <input type="checkbox"/> YES <input type="checkbox"/> NO                 </span> |                       |      |