

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/29/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRANDYWINE LIVING AT THE SYCAMORE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 MERIDIAN WAY</b> <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: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00167692, NJ00173247</p> <p>CENSUS: 98</p> <p>SAMPLE SIZE: 3</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

05/21/24

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00167692, NJ00173247</p> <p>Based on interview, and review of pertinent facility documents, it was determined that the facility's administrator failed to implement and enforce the facility's policy and procedure titled, "Workplace Violence Policy" for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 4/20/2024, The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The report included a state form titled, "Reportable Event Record/Report" which indicated that on [redacted] NJ ex order 26.4b1, at 5:57 p.m. [redacted] NJ ex order 26.4b1, Resident #2 [redacted] NJ ex order 26.4b1. The server stated [redacted] NJ ex order 26.4b1. [redacted] NJ ex order 26.4b1. This statement [redacted] NJ ex order 26.4b1 and the [redacted] NJ ex order 26.4b1. The [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1, while the incident was [redacted] NJ ex order 26.4b1 by the facility, and was [redacted] NJ ex order 26.4b1.</p> <p>On 4/29/2024 at 1:15 p.m., the surveyor conducted a telephone interview with the server, [redacted] NJ ex order 26.4b1 to Resident #2.</p> <p>The surveyor reviewed a facility policy titled, "Workplace Violence Policy", which identified</p>	A 310		

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A 310	Continued From page 2  violence behavior as: "Physically harming or threatening to harm an individual ... Loud, angry, disruptive behavior that is not a part of the typical work environment."  The facility's administrator failed to ensure that the server <b>NJ ex order 26.4b1</b> Resident #2.	A 310		
A 389	8:36-4.1(a)(16) Resident Rights  (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:  16. The right to be free from physical and mental abuse and/or neglect;  This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00167692, NJ00173247  Based on interview and record review it was determined that the facility failed to ensure that all resident's rights were enforced, including the <b>NJ ex order</b> <b>NJ ex order 26.4b1</b> for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:  On <b>NJ ex order 26.4b1</b> , The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The	A 389		

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A 389	<p>Continued From page 3</p> <p>report included a state form titled, "Reportable Event Record/Report" which indicated that on [redacted] NJ ex order 26.4b1, at 5:57 p.m. during dinner service, Resident #2 [redacted] NJ ex order 26.4b1. The server stated [redacted] NJ ex order 26.4b1. This statement [redacted] NJ ex order 26.4b1 and the [redacted] NJ ex order 26.4b1. The [redacted] NJ ex order 26.4b1 on [redacted] NJ ex order 26.4b1, while the [redacted] NJ ex order 26.4b1.</p> <p>On 4/29/2024 at 9:49 a.m., the surveyor interviewed the chef [redacted] NJ ex order 26.4b1. The chef indicated that [redacted] NJ ex order 26.4b1 it was reported to him by a staff member. The chef also stated that the server stayed in the kitchen, without contact with residents for the remainder of her shift, which was approximately one hour.</p> <p>Resident #2 moved into the facility on [redacted] NJ ex order 26.4b1 with diagnoses [redacted] NJ ex order 26.4b1. On [redacted] NJ ex order 26.4b1 at 10:49 a.m., the surveyor interviewed Resident #2, who indicated that he/she did not have issues with the staff members. Resident #2 [redacted] NJ ex order 26.4b1 with a server however he/she does remember when he/she got upset when the food was colder than he/she would have liked.</p> <p>At 1:15 p.m., the surveyor conducted a telephone interview with the server and she acknowledged that [redacted] NJ ex order 26.4b1 while serving Resident #2.</p> <p>At 2:00 p.m., the surveyor interviewed the ED who stated that the [redacted] NJ ex order 26.4b1 the</p>	A 389		

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A 389	Continued From page 4  next day, and was [redacted] on [redacted] for [redacted]. The server [redacted].  The facility failed to ensure Resident #2's the resident right to be [redacted].	A 389		
A 437	8:36-4.1(a)(40) Resident Rights  (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:  40. The right to voice complaints without being threatened or punished. Each resident is entitled to complain and present his or her grievances to the administrator and staff, to government agencies, and to anyone else without fear of interference, discharge, or reprisal. The facility shall provide each resident and his or her legally appointed guardian, if applicable, and the resident's family member with the names, addresses, and telephone numbers of the government agencies to which a resident can complain and ask questions, including the Department and the Office of the Ombudsman for the Institutionalized Elderly. These names, addresses, and telephone numbers shall also be posted in a conspicuous place in the facility;  This REQUIREMENT is not met as evidenced	A 437		

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A 437	<p>Continued From page 5</p> <p>by: COMPLAINT #: NJ00167692, NJ00173247</p> <p>Based on interview, and review of other pertinent facility documents it was revealed that the facility failed to ensure that 1 of 3 residents reviewed, Resident #2 had <b>NJ ex order 26.4b1</b> [REDACTED].</p> <p>This deficient practice was evidenced by the following:</p> <p>On 4/20/2024, The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The report included a state form titled, "Reportable Event Record/ Report" which indicated that on <b>NJ ex order 26.4b1</b> at approximately 5:57 p.m. during dinner service, Resident #2 <b>NJ ex order 26.4b1</b> [REDACTED]. The server stated <b>NJ ex order 26.4b1</b> [REDACTED]. This statement was heard by a fellow staff member heard who reported it to the chef, who reported it to the Dining Services Director (DSD). The server was suspended on <b>NJ ex order 26.4b1</b> while the incident <b>NJ ex order 26.4b1</b> [REDACTED].</p> <p>Resident #2 moved into the facility on <b>NJ ex order 26.4b1</b> with diagnoses which included <b>NJ ex order 26.4b1</b> [REDACTED]. On <b>NJ ex order 26.4b1</b> at 10:49 a.m., the surveyor interviewed Resident #2 <b>NJ ex order 26.4b1</b> [REDACTED].</p> <p>At 1:15 p.m., the surveyor conducted a telephone interview with the server who acknowledge that she used profanity in the workplace while serving</p>	A 437		

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A 437	Continued From page 6  Resident #2.	A 437		
A 735	<p>8:36-7.2(e)(1-5) Resident Assessments and Care Plans</p> <p>(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Orders for treatment or services, medications, and diet, if needed;</li> <li>2. The resident's needs and preferences for himself or herself;</li> <li>3. The specific goals of treatment or services, if appropriate;</li> <li>4. The time intervals at which the resident's response to treatment will be reviewed; and</li> <li>5. The measures to be used to assess the effects of treatment.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00167692, NJ00173247</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to develop and implement a written health service plan (HSP) for 1 of 3 residents reviewed, Resident #2 was noted to</p>	A 735		

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A 735	<p>Continued From page 7</p> <p><b>NJ ex order 26.4b1</b>. There was no HSP developed to ensure goals, interventions and effects of treatments were evaluated and reassessed for efficacy. This deficient practice was evidenced by the following:</p> <p>On 4/29/2024, the surveyor reviewed Resident #2's medical record (MR) which revealed that the resident moved into the facility on <b>NJ ex order 26.4b1</b> with diagnoses which <b>NJ ex order 26.4b1</b>. Resident #2's MR revealed that he/she <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor reviewed a facility document titled, "Observations" for Resident #2 which revealed on <b>NJ ex order 26.4b1</b> the resident had <b>NJ ex order 26.4b1</b> in the dining room where he/she started <b>NJ ex order 26.4b1</b>.</p> <p>At 2:15 p.m., the surveyor conducted an interview with the Assistant Director of Nursing who stated that the resident had no previous behaviors prior to <b>NJ ex order 26.4b1</b>. The ADON confirmed that a HSP was not developed for Resident #2 <b>NJ ex order 26.4b1</b>.</p>	A 735		



**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A007	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/28/2024
NAME OF FACILITY BRANDYWINE LIVING AT THE SYCAMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 5 MERIDIAN WAY 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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0389	Correction	ID Prefix A0437	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-4.1(a)(40)	Completed
LSC	05/02/2024	LSC	05/02/2024	LSC	05/02/2024
ID Prefix A0735	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/02/2024	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 4/29/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO