

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRANDYWINE LIVING AT WALL

2021 HIGHWAY 35

WALL, NJ 07719

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2024
NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT WALL		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 HIGHWAY 35 WALL, NJ 07719		
(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
A1271	<p>Continued From page 1</p> <p>affect all residents and staff of the facility and was based on the following:</p> <p>The surveyor visited the facility on 1/29/2024 during the <small>NJ Exec Order 26.46</small> outbreak that started on 1/21/2024 and continued through the survey visit.</p> <p>At 10:48 a.m., during tour of the facility's kitchen, Surveyor #1 observed a dining assistant wearing her surgical mask under her nose in the dining area while conversing with residents.</p> <p>At 12:37 p.m., during tour of the memory unit, Surveyor's #1 and #2 observed the Assistant Director of Nursing on the unit in the hallway without a mask.</p> <p>Surveyor #2 reviewed the facilities policies and procedures titled, "Use of source control in Communities related to COVID-19" which revealed, "When SARS-CoV-2 Community Transmission levels are high, source control (covering your nose and mouth with a mask to keep your respiratory droplets out of the air) is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients."</p>	A1271		