

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C9LQB9	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/03/2025
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT HOWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 MERIDIAN PLACE HOWELL, NJ 07731
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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 #: 183381, 186662 and 187561</p> <p>DATE OF SURVEY: 10/3/2025</p> <p>CENSUS: 80</p> <p>SAMPLE SIZE: 4</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.</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		
A1611	<p>8:36-23.17(b)(1) Assisted Living Programs</p> <p>(b) The assisted living program shall notify the Department immediately by telephone at (609) 633-9034 or (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following:</p> <p>1. Any interruption of basic building services, as noted in (a) above;</p>	A1611		

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

TITLE

(X6) DATE

12/09/25

New Jersey Department of Health

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A1611	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: 187561</p> <p>Based on record review, observations and interviews on 10/3/2025 in the presence of the Administrator and Environmental Services Director (ESD), it was determined that the facility failed to ensure that notification of the interruption of building services such as, but not limited to; heat, light, power and/or water was given to the New Jersey Department of Health (NJDOH). This deficient practice had the ability to affect all residents and was evidenced by the following:</p> <p>An observation on 10/3/2025 at 11:00 AM revealed that the main dining room on the first floor contained 2 portable air conditioning (AC) units and 1 window AC unit.</p> <p>In an interview at the time, the surveyor asked the ESD why the dining room had 3 portable AC units installed. The ESD confirmed the observation and stated that they installed them to maintain temperatures because the rooftop unit (RTU) serving the northside went down. "We also rented 5 additional AC units for the hallways" and "We are in the process of getting the RTU repaired."</p> <p>A record review revealed that the 5 rented AC units were used from 7/3/2025 to 9/29/2025, approximately 3 months.</p> <p>In an interview at 1:30 PM, the surveyor asked the ESD if the RTU had been fixed and if notification was given to the NJDOH. The ESD</p>	A1611		

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A1611	<p>Continued From page 2</p> <p>confirmed the record review and stated that the RTU had not been fixed yet, but everything had been approved, and they were in the process of getting it replaced. The ESD stated that they would provide all pertinent paperwork regarding the replacement of the RTU to the surveyor and stated that he believed the Administrator notified the NJDOH.</p> <p>In an interview at 1:50 PM, the surveyor asked the Administrator if notification was given to the NJDOH that the northside RTU was not working, and if so, please provide the documentation. The Administrator stated, "Yes I did, I was on the phone with the NJDOH for hours" and "I will find the documentation and provide it to you."</p> <p>No further documentation regarding the RTU was provided by the facility.</p> <p>No further documentation regarding notification to the NJDOH of reportable events was provided by the facility.</p> <p>The facility's Administrator was informed of the deficient practice at the exit conference.</p>	A1611		

POC# 2 Received 12/15/25
Acceptable

BRANDYWINE

HOWELL

A1611

1. Administration will notify the NJDOH in the event of any interruption of services, specifically a change in temperature going above or below New Jersey State requirements. Backup equipment will be utilized to ensure safe temperatures are maintained throughout the building until the main issue is resolved.
2. All residents have the potential to be impacted by the interruption of service. Temperature checks will be conducted by either the Maintenance Director and/or Maintenance Assistant throughout the building until it is determined safe temperatures are being maintained. A maintenance log will also track any resident room complaints regarding temperature.
3. Correspondence records will be kept anytime the facility reports an interruption of service to the NJDOH. The Executive Director will be responsible for maintaining correspondence records. The Maintenance Director was also in-serviced (11/20/25) by the Executive Director so they are aware a timely and appropriate notification should go to the NJDOH for any interruption of services.
4. The Executive Director or designee will conduct quarterly audits for compliance. The quarterly audit will commence on the first business day of the last week of the quarter and the audit findings report will be completed within five business days of the commencement date.

Completion Date: 12/2/25

Accepted



STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER C9LQB9	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/17/2025
Y1		Y2
NAME OF FACILITY BRANDYWINE LIVING AT HOWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 100 MERIDIAN PLACE HOWELL, NJ 07731

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 A1611	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-23.17(b)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/02/2025	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 10/3/2025		<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		