STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE SENIOR LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint survey COMPLAINT #: NJ00099863 CENSUS: 53 SAMPLE SIZE: 3 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/27/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE SENIOR LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00099863 Based on interview, record review and review of facility policy and procedure it was determined that the facility failed to follow its policy titled, "Elopement: Prevention, Recognition and Management" for 1 out of 3 residents reviewed for elopement, Resident #1. This deficient practice was evidenced by the following: On 11/8/2018 the surveyor reviewed the medical records of Resident #1 who was admitted to the facility in 8/2016 with diagnoses which included dementia with behavioral disturbances and anxiety and was independently ambulatory. According to the Interdisciplinary Progress Notes (IPNs), on 5/1/2017, the resident eloped off of the secured memory care unit and was observed by the concierge in the front lobby of the facility. The IPN further revealed that the resident exited the facility, but a staff member followed the resident because the resident was unable to be redirected. According to surveyor review of the facility's investigative report, Resident #1 followed a visitor onto the elevator and exited the secured memory care unit, and was recognized by the concierge, who called for the assistance of staff. On 11/8/2018 at 10:30 a.m., the surveyor interviewed the Maintenance Director who stated that a code is needed in order to access the elevators in Reflections, the memory care unit, and the code was given to family members. The Maintenance Director further stated that an	A 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE SENIOR LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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 310	Continued From page 2 elopement drill in-service was presented to staff members on 5/4/2017, after Resident #1 eloped and 9/13/2018. On 11/8/2018 at 12:00 p.m., the surveyor reviewed the facility policy titled, "Elopement: Prevention, Recognition and Management" which documented that elopement drills will be done monthly and that there will be a drill once per shift per quarter. "Identified issues will be corrected to prevent further elopement events." The facility failed to follow its policy on elopements by not performing elopement drills monthly and once per shift per quarter.	A 310		
A1179	8:36-17.1(a) Housekeeping-Sanitation-Safety-Maintenance (a) The facility shall provide and maintain a sanitary and safe environment for residents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00099863 Based on observation and interview it was determined that the facility failed to ensure that a safe environment was maintained for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On 11/8/2018 the surveyor reviewed the medical records of Resident #1 who was admitted to the facility in 8/2016 with diagnoses which included dementia with behavioral disturbances and anxiety and was independently ambulatory.	A1179		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE SENIOR LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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
A1179	Continued From page 3 According to the Registered Nurse (RN) assessment dated 8/24/2016, Resident #1 was assessed to be an elopement risk. According to the Interdisciplinary Progress Notes (IPNs), on 5/1/2017, the resident eloped off of the secured memory care unit and was observed by the concierge in the front lobby of the facility. The IPN further revealed that the resident exited the facility, but a staff member followed the resident because the resident was unable to be redirected. The IPN revealed that the police and emergency services were called and the resident was transferred to the hospital for evaluation. According to surveyor review of the facility's investigative report, Resident #1 followed a visitor onto the elevator and exited the secured memory care unit, and was recognized by the concierge, who called for the assistance of staff. On 11/8/2018 at 10:30 a.m., the surveyor interviewed the Maintenance Director who stated that a code is needed in order to access the elevators in Reflections, the memory care unit, and the code was given to family members so that they can enter and exit the secured unit. The Maintenance Director also stated that after the resident eloped, the facility changed the code to the elevator, but the code was also given to family members. According to the Maintenance Director, an elopement drill in-service was presented to staff members on 5/4/2017, after Resident #1 eloped and 9/13/2018. The same day at 12:00 p.m., the surveyor was on the elevator and a guest, who identified herself as a visitor going to Reflections, gave the surveyor the code to the elevator to go up to the second floor secured unit.	A1179		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 11/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE SENIOR LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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
A1179	Continued From page 4 At 12:30 p.m. the surveyor interviewed the Director of Nursing (DON) and a Care Manager and both confirmed that the family members have the code to the elevator and can enter and exit the memory care unit freely. Surveyor review of the facility current practice of giving the code to family members revealed that it potentially puts Resident #1 at risk for future elopements. Review of Resident #1 medical record revealed that on 11/5/2018 the resident was very adamant about leaving the facility and the resident stated, "I do not belong here." The facility failed to ensure that the safety measures that were put in place were effective to keep Resident #1 from exiting the secured unit of the facility and the building.	A1179		