STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01A000	A. BUILDING: _____ B. WING _____	C 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT BRANDALL ESTATES	432 CENTRAL AVENUE LINWOOD, NJ 08221

(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 Complaint #: NJ00190582, NJ00190583, NJ00190209 Census: 77 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 773	8:36-7.4(c)(5) Health Care Services (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 5. Maintenance of records as required. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was	A 773		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/10/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01A000	A. BUILDING: _____ B. WING _____	C 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT BRANDALL ESTATE!	432 CENTRAL AVENUE LINWOOD, NJ 08221

(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 773	Continued From page 1 determined that the facility failed to notify the physician of a resident discharge for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On 5/11/26 at 9:25 a.m., the surveyor interviewed the Executive Director (ED) and inquired about Resident #1's status. The ED stated that Resident #1 was no longer a resident at the facility. The surveyor asked the ED about Resident #1's last day of occupancy at the facility. The ED confirmed that Resident #1 was discharged to his/her [redacted] on [redacted] At 10:38 a.m., the surveyor reviewed Resident #1's Medical Record (MR), which revealed that Resident #1 was admitted to the facility in [redacted] with diagnoses of [redacted]. The surveyor reviewed Resident #1's Progress Notes (PN), dated [redacted] written by the Licensed Practical Nurse (LPN), which revealed that "Resident #1 left the building with [redacted] However, the PN did not reveal documented evidence that Resident #1's physician was notified about the scheduled discharge that occurred on [redacted] At 1:13 p.m. the surveyor interviewed the Director of Nursing (DON) and inquired about physician notification of Resident #1's discharge. The DON stated that she was at a conference on the day of Resident #1's discharge. The DON confirmed that Resident #1's physician was not notified.	A 773		
A1073	8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered	A1073		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01A000	A. BUILDING: _____ B. WING _____	C 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT BRANDALL ESTATE	432 CENTRAL AVENUE LINWOOD, NJ 08221

(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
A1073	Continued From page 2 according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to document resident's discharge in the medical records for 1 of 3 residents reviewed, Resident #1. This deficient practice was evidenced by the following: On 5/11/26 at 9:25 a.m., during the entrance conference with the Executive Director (ED), the surveyor inquired about Resident #1's status. The ED stated that Resident #1 was no longer a resident at the facility. The surveyor asked the ED about Resident #1's last day of occupancy at the facility and requested pertinent documents for Resident #1's discharge. The ED confirmed that "Resident #1 was picked up by [redacted] on [redacted] The surveyor reviewed Resident #1's Medical Record (MR), which revealed that Resident #1 was admitted to the facility in [redacted], with diagnoses of [redacted]. At 10:38 a.m., the ED provided the surveyor with printed copies of Resident #1's requested	A1073		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01A000	A. BUILDING: _____ B. WING _____	C 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT BRANDALL ESTATE	432 CENTRAL AVENUE LINWOOD, NJ 08221

(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
A1073	Continued From page 3 documents. The surveyor reviewed Resident #1's Progress Notes (PN), dated [NJ Exec Order] written by the Licensed Practical Nurse (LPN), which revealed that "Resident #1 left the building with [NJ Exec Ord] -The surveyor noted that there was no documented evidence on PN that showed Resident #1 was discharged from the facility on [NJ Exec Order 2] -The PN did not reveal Resident #1's time of discharge. -The PN did not reveal Resident #1's location of discharge on [NJ Exec Order 2] -The PN did not reveal that Resident #1's medication was administered before he/she left with [NJ Exec O] nor list of medications were given. -The PN did not reveal that Resident #1's vital signs were checked, nor was assessed by a nurse before discharged. -The PN did not reveal that Resident #1 had meals before discharged. -The PN did not reveal that Resident #1 left with he/she belongings at the time of discharge. -The PN did not reveal that Resident #1 was seen by physician before discharge. -The PN did not reveal that Resident #1's physician was notified after discharge. At 11:16 a.m. the surveyor interviewed the Director of Nursing (DON) and inquired about the facility's process when residents were discharged. The DON stated that she was away at a conference. The DON explained that she had assessed Resident #1 a month ago during routine assessment. The surveyor asked the DON if Resident #1 was seen by the physician prior to being discharged. The DON stated "no". The surveyor asked the DON if the physician was notified about Resident #1's discharge. The DON	A1073		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01A000	A. BUILDING: _____ B. WING _____	C 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT BRANDALL ESTATES	432 CENTRAL AVENUE LINWOOD, NJ 08221

(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
A1073	Continued From page 4 confirmed that the physician was not notified. At 2:39 p.m. the surveyor interviewed the LPN and inquired about the facility's process when residents were discharged. The LPN stated that she could not remember. The surveyor was not provided with the facility's discharge process regarding residents who are discharged to home.	A1073		

BRANDYWINE

BRANDALL ESTATES

PLAN OF CORRECTION

Deficiency A773
N.J.A.C. 8:36-7.4(c)(5) – Health Care Services: Maintenance of Records as Required

Element #1 – Corrective Action for Resident #1:

On 5/12/2026, the Director of Nursing (DON) reviewed Resident #1's medical record and confirmed that documentation of physician notification at the time of discharge was not present. Resident #1 had been discharged from the facility and was no longer residing in the community at the time of the survey. On 5/12/2026, the DON notified the attending physician regarding the resident's discharge and documented the physician notification in the medical record on 5/12/2026.

Element #2 – Identification of Other Residents:

Residents discharged from the facility had the potential to be affected by this deficient practice. On 5/12/2026, the DON conducted an audit of all resident discharges that occurred during the thirty **(30)** days preceding the survey to determine whether physician notification of discharge was documented in the medical record. DON found no previous discharges within the 30 days preceding needing correction. Completion of this occurred 5/12/2026.

Element #3 – Systemic Changes:

On 5/12/2026, the Director of Nursing (DON) and Executive Director (ED) revised the facility discharge process to ensure physician notification is completed and documented for all resident discharges.

On 5/12/2026, the DON provided education to staff regarding the revised discharge process and discharge documentation requirements including physician notification and completion of the discharge checklist. Ongoing education and reinforcement of the revised process will continue as needed.

Element #4 – Monitoring:

Beginning 5/12/2026, the DON will audit all resident discharges following discharge to verify physician notification has been completed and documented. Any audit findings

will be reviewed through the facility's Quality Assurance and Performance Improvement (QAPI) process. Any identified deficiencies will result in immediate corrective action, staff re-education as indicated, and continued monitoring until sustained compliance is achieved.

Completion Date: 5/20/2026

Deficiency A1073
N.J.A.C. 8:36-15.6(b) – Resident Records

Element #1 – Corrective Action for Resident #1:

On 5/12/2026, the Director of Nursing (DON) reviewed Resident #1's medical record and determined that discharge documentation was incomplete. Resident #1 had been discharged from the facility and was no longer residing in the community at the time of the survey. On 5/12/2026, the DON notified the attending physician regarding the resident's discharge and documented the notification in the medical record. On 5/12/2026, the DON and Executive Director (ED) completed a discharge summary note utilizing available documentation to reflect discharge disposition and pertinent clinical information known at the time of discharge. The medical record was updated to the extent possible based on available information.

Element #2 – Identification of Other Residents:

Residents discharged from the facility had the potential to be affected by this deficient practice. On 5/12/2026, the DON conducted an audit of all resident discharges that occurred during the thirty **(30)** days preceding the survey to determine whether discharge records contained the required documentation, including discharge disposition, discharge summary information, physician notification, and other pertinent discharge information. No other discharges were found in this audit needing corrective action in the 30 days preceding.

Element #3 – Systemic Changes:

On 5/12/2026, the Director of Nursing (DON) and Executive Director (ED) implemented a standardized discharge documentation form and discharge checklist to ensure complete and consistent discharge record documentation. The checklist includes verification of the date and time of discharge, discharge destination, responsible party

receiving the resident, nursing assessment when applicable, vital signs when indicated, medication reconciliation, disposition of medications, transfer of personal belongings, physician notification, and other pertinent discharge information.

On 5/12/2026, the DON provided education to nursing staff regarding discharge documentation requirements, use of the discharge checklist, discharge procedures, and expectations for complete and timely medical record documentation.

Element #4 – Monitoring:

Beginning 5/12/2026, the DON or designee will review all resident discharge records following discharge to ensure compliance with discharge documentation requirements. Audit results will be reviewed through the facility's Quality Assurance and Performance Improvement (QAPI) process. Any trends, deficiencies, or opportunities for improvement will be addressed through corrective action, staff counseling, and additional education as necessary. Monitoring will continue until sustained compliance is demonstrated. Monitoring will be ongoing.

Completion Date: 5/20/2026

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
01A000 Y1	A. Building B. Wing Y2	6/18/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT BRANDALL ESTATES	432 CENTRAL AVENUE LINWOOD, NJ 08221

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 A0773 Reg. # 8:36-7.4(c)(5) LSC	Correction Completed 06/18/2026	ID Prefix A1073 Reg. # 8:36-15.6(b) LSC	Correction Completed 06/18/2026	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 5/11/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
01A000 Y1	A. Building B. Wing Y2	6/18/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT BRANDALL ESTATES	432 CENTRAL AVENUE LINWOOD, NJ 08221

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 A0773 Reg. # 8:36-7.4(c)(5) LSC	Correction Completed 06/18/2026	ID Prefix A1073 Reg. # 8:36-15.6(b) LSC	Correction Completed 06/18/2026	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 5/11/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			