STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A002	A. BUILDING: _____ B. WING _____	C 11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT GOVERNOR'S CROS	49 LASATTA AVENUE ENGLISHTOWN, NJ 07726

(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 #: NJ00189323 Census: 45 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) Administrator's Responsibilities (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 01/14/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A002	A. BUILDING: _____ B. WING _____	C 11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT GOVERNOR'S CROS	49 LASATTA AVENUE ENGLISHTOWN, NJ 07726

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, it was determined that the facility failed to implement and enforce the policy and procedure titled, "Elopement/Missing Resident" for 1 of 3 residents reviewed, Resident #1 who [NJ Exec Order 2] from the facility. This deficient practice was evidenced by the following:

On 11/18/25, 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 revealed that Resident #1 [NJ Exec Order 2] from the secured NJ Exec Order 26.4b1 and then [NJ Exec Order 26.4b1]. The NJ Exec Order 26.4b1 when Resident #1 [NJ Exec Order 2] from the facility. The NJ Ex Order 26.4(b)(1)) was notified, Resident #1 was [NJ Ex Order 2] by the [NJ Ex O] at 4:00 a.m., and [NJ Exec Order 26.4] .

On 11/24/25 at 10:50 a.m., the surveyor reviewed the Medical Record (MR) of Resident #1, which revealed a move in date of [NJ Exec Order 26.4b1] with a diagnosis of [NJ Exec Order 26.4b1].

At 2:30 p.m., the surveyor interviewed the Maintenance Director (MD) and inquired about the [NJ Ex Order 26.4(b)(1)] alarm. The MD stated that he did not know why the [NJ Ex Order 26.4(b)(1)] was not activated when the NJ Ex Order 26.4(b)(1). The MD continued to explain that service call was placed, and that a tech was sent out to fix the [NJ Ex Order 26.4(b)(1)] . The surveyor requested a copy of the

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	55A002	A. BUILDING: _____ B. WING _____	C 11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT GOVERNOR'S CROS	49 LASATTA AVENUE ENGLISHTOWN, NJ 07726

(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	A 310		

service completed on the day of the incident. The surveyor asked the MD how often were exit door alarms checked. The MD stated that he checked the NJ Ex Order 26.4(b)(1) monthly. Surveyor requested a copy of the monthly check log; however, the MD stated that he did not have a documented log for the NJ Ex Order 26.4(b)(1)

At 2:37 p.m., the surveyor interviewed a Certified Nursing Assistant (CNA) in the NJ Exec Ord and inquired about how staff would respond when the NJ Ex O was activated. The CNA stated that she would check the doors as soon as the alarm would go off. Surveyor asked the CNA when her last NJ Ex Order 26.4(b)(1) drill training was. She stated that it was earlier in the year.

At 2:45 p.m., the surveyor had a telephone interview with the RN, who was on duty the night of the incident when Resident #1 NJ Exec Order 26 The RN stated that Resident #1 NJ Exec Order 26.4b1 , before 1:00 a.m., and both her and the Home Health Aide (HHA) had reset the alarm. The RN explained that it was around 1:56 a.m., that she and the HHA realized that Resident #1 was NJ Exec Order 26.4b1 . The RN continued to explain that they both NJ Exec Order 26.4b1 for Resident #1 when they realized that Resident #1 NJ Exec Order 26.4b1 .

During continued surveyor interview, the RN stated that they did not hear another NJ Ex Order 26.4(b)(1) alarm since the previous alarm went off, RN stated that she contacted management staff including the NJ Exec Order 26.4b1. The surveyor asked the RN if she had completed NJ Exec Order 26.4b1 training since the incident. The RN confirmed that she did not NJ Ex Order 26.4(b)(1) through the NJ Ex Order 26 , neither conducted NJ Ex Order 26.4(b)(1) on residents. The RN further stated that she

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	55A002	A. BUILDING: _____ B. WING _____	C 11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT GOVERNOR'S CROS	49 LASATTA AVENUE ENGLISHTOWN, NJ 07726

(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 3	A 310		

immediately went to Resident #1's room and realized he/she was not there. The RN confirmed that she was not educated on NJ Exec Order 26.4b1 drill after Resident #1's NJ Exec Order 26.4b1 incident.

At 3:04 p.m., the surveyor had a telephone interview with the HHA, who was on duty the night of the incident when Resident #1 NJ Exec Order 26 The HHA stated that Resident #1 had previously NJ Exec Order 26.4b1 . She stated that she and the RN went towards the door to check NJ Exec Order 26.4b1, and to reset the exit door alarm. The HHA stated that they did not see NJ Exec Order 26.4b1 . The HHA explained that soon after they reset the alarm, they both went to Resident #1's NJ Exec Order 26.4b1 They immediately NJ Exec Order 26.4b1 for Resident #1. The HHA continued to explain that both her and the RN NJ Exec Order 26.4b1 when Resident #1 NJ Exec Order 26.4b1. When asked if she was educated on the NJ Exec Order 26.4b1 drill, she replied no, she was not educated on the NJ Exec Order 26.4b1 drill after the incident.

At 3:50 p.m., during the exit conference with the Wellness Director (WD), the Regional Director of Operations (RDO) and the Regional Clinical Nurse, the surveyor asked when the last NJ Ex Order 26.4(b)(1) drills for staff were conducted. The RDO and the RCN stated that the last NJ Exec Order 26.4b1 drill was in NJ Exec Order 26.4b1. The surveyor inquired how often according to the facility policy and procedure were NJ Exec Order 26.4b1 drills conducted. Per the facility policy, they both stated every three months. However, the surveyor observed a sign in sheet dated NJ Exec Order 26. which revealed only 10 staff participated on the NJ Exec Order 26.4b1 drill. The surveyor asked if all staff should have participated in the NJ Exec Order 26.4b1 drills, after Resident #1's NJ Exec Order 26.4b1 incident, they stated "yes."

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A 310	Continued From page 4 The facility failed to follow it's policy on "Elopement Drills". The surveyor reviewed last NJ Ex Order 26.4(b)(1) drill was conducted in May 2025. The facility failed to conduct quarterly NJ Ex Order 26.4(b)(1) drills with staff in August 2025 and November 2025 which resulted in Resident #1's NJ Ex Order 26.4(b)(1) the facility on NJ Ex Order 26.4(b)(1) The facility failed to conduct staff education on NJ Exec Order 26.4b1 after Resident #1's NJ Exec Order 26.4b1 incident on NJ Exec Order 26.4b1. The surveyor reviewed the facility policy titled, "Elopement Procedures ...16. All shifts will participate in an elopement drill at least once quarterly lead by the Maintenance Director utilizing the Elopement/Missing Resident form ..." The surveyor reviewed the 10/6/25 facility policy and procedure titled, "Elopement/Missing Resident (HW503)" revealed "Policy: To ensure residents who are at risk for elopement are identified and that proper interventions are implemented to minimize elopement opportunities... Procedure: 2. All residents will be assessed for elopement risk by a licensed healthcare professional prior to or upon admission (as required by regulation), upon significant change in condition, and at regularly scheduled assessment intervals to identify risks factors that could lead to elopement... 7. All team members are required to promptly respond to door alarms and to thoroughly check the grounds surrounding the community after an alarm sounds ... "	A 310		
A 401	8:36-4.1(a)(22) Resident Rights	A 401		

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A 401	Continued From page 5 (a) Each assisted living provider shall 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: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure a safe environment for 1 of 3 residents reviewed who NJ Exec Order 2 from the facility, Residents #1. This deficient practice was evidenced by the following: On 11/18/25, 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 revealed that Resident #1 NJ Exec Order 2 from the secured NJ Exec Order 26.4b1) and then NJ Exec Order 26.4b1. TheNJ Exec Order 26.4b1 when Resident #1 NJ Exec Order 2 from the facility. The NJ Exec Order 26.4b1 was notified, Resident #1 was found by the NJ Exec at 4:00 a.m., and NJ Exec Order 26.4 On 11/24/25 at 10:05 a.m., the surveyor toured the NJ Exec Order 26.4b1 with the Wellness	A 401		

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A 401	Continued From page 6	A 401		

Director (WD) and observed two exit doors with keypads on the wall at the end of each hallway, and one main exit door that led to the main lobby, which also had keypad. The surveyor walked towards the north side hallway and observed that there was a chair in front of the exit door. The surveyor inquired with the WD about the chair in front of the exit door. The WD stated that she did not know why the chair was left in front of the exit door, and continued to say that the chair should not block the exit door. The WD stated that the staff NJ Exec Order 26.4b Resident #1 after 1:00 a.m., when NJ Exec Order 26.4b1 . The WD continued to explain that until they reviewed the camera footage, that was when they knew the time that Resident #1 NJ Exec Order 26.4b1

During the tour of the NJ Exec Order the surveyor pushed and tested the NJ Ex Order 26.4(b)(1) and observed that the alarm did not activate. The surveyor asked the WD about why the alarm did not activate when the NJ Exec Order 26.4b1 . The WD stated that this was the NJ Exec Or that Resident #1 NJ Exec Order 26.4b1 . The surveyor observed that there was a NJ Exec Order 26.4b above the NJ Exec Order 26.4b1 . The WD explained that she believed Resident #1 NJ Exec Order through this NJ Exec Ord however the NJ Exec Order 26.4b1 to notify the staff. The surveyor asked the WD how Resident #1 was NJ Exec Order 26.4b1 . The WD stated that Resident #1 was placed on an NJ Exec Order 26.4b1 by staff, and all alarms were replaced by an outside company.

At 10:50 a.m., the surveyor reviewed the Medical Record (MR) of Resident #1, which revealed a move in date of NJ Exec Order 26.4b with a diagnosis of NJ Exec Order 26.4b1

At 12:30 p.m., the surveyor reviewed the camera footage of the NJ Exec Order 26.4b1 in the NJ Exec Ord

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A 401	Continued From page 7	A 401		

with the Regional Director of Operations (RDO). The footage revealed that Resident #1 NJ Exec Order the facility at 1:48 a.m. NJ Exec Order 26.4b1 The surveyor also reviewed the camera footage which revealed when Resident #1 was NJ Exec Order 26.4b1 at 4:25 a.m., accompanied by the NJ Exec and Resident #1's RP. The surveyor asked the RDO how Resident #1 would be NJ Exec Order 26.4b1. The RDO stated that all NJ Exec Order 2 and NJ Exec Order 26.4b1 were replaced by an outside company immediately after the incident. The surveyor requested a copy of the work order statement from the RDO.

At 2:45 p.m., the surveyor had a telephone interview with the RN, who was on duty the night of the incident when Resident #1 NJ Exec Order 26 The RN stated that Resident #1 NJ Exec Order 26.4b1 , before 1:00 a.m., and both her and the Home Health Aide (HHA) had NJ Exec Order 26.4b1. The RN explained that it was around 1:56 a.m., that she and the HHA realized that Resident #1 was not in his/her room after they both NJ Exec Order 26.4b1 The RN continued to explain that they both NJ Exec Order 26.4b1 for Resident #1 immediately. During continued interview, the RN stated that they did not NJ Exec Order 26.4b1 since previous NJ Exec Orde went off, RN stated that she contacted management staff including the NJ Exec Order NJ Exec Order 26.4b1 The surveyor asked the RN if she had completed NJ Exec Order 26.4b1 training since the incident. The RN confirmed that she did not go outside to NJ Exec Order 26.4b1 , neither NJ Exec Order 26.4b1 on residents. The RN further stated that she immediately went to Resident #1's NJ Exec Order 26.4b1 The RN confirmed that she was not educated on NJ Exec Order 26.4b1 drill after Resident #1's NJ Exec Order 26.4b1 incident.

The facility failed to follow it's policy on

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	55A002	A. BUILDING: _____ B. WING _____	C 11/24/2025

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A 401	Continued From page 8 "Elopement and Missing Resident", when staff did NJ Exec Order 26.4b1 immediately for Resident #1's NJ Exec Order 26.4b1 At 3:04 p.m., the surveyor had a telephone interview with the HHA, who was on duty the night of the incident when Resident #1 NJ Exec Order 26 The HHA stated that Resident #1 had previously activated the NJ Exec Order 26.4b1. She stated that she and the RN went towards the door to NJ Exec Order 26.4b1, and to reset the NJ Exec Order 26.4b1 The HHA stated that they did not see NJ Exec Order 26.4b1. The HHA explained that soon after they NJ Exec Order 26.4b1, they both went to Resident #1's NJ Exec Order 26.4b1 They immediately NJ Exec Order 26.4b1 for Resident #1. The HHA continued to explain that both her and the RN did NJ Exec Order 26.4b1 when Resident #1 NJ Exec Order 26.4b1. When asked if she was educated on the NJ Exec Order 26.4b1 drill, she replied no, she was not educated on the NJ Exec Order 26.4b1 drill after the incident. At 3:50 p.m., during the exit conference with the WD, RDO and the Regional Clinical Nurse, the surveyor asked when the last NJ Exec Order 26.4b1 drills for staff were conducted. The RDO and the RCN stated that the last NJ Exec Order 26.4b1 drill was in NJ Exec O. The surveyor inquired how often according to the facility policy and procedure were NJ Ex Order 26.4(b)(1) drills conducted. Per the facility policy, they both stated every three months. However, the surveyor observed a sign in sheet dated NJ Exec Order 26.4 which revealed only 10 staff participated on the NJ Exec Order 26.4b1. The surveyor asked if all staff should have participated in the NJ Exec Order 26.4b1 drills, after Resident #1's NJ Exec Order 26.4b1 incident, they stated yes. The facility failed to follow it's policy on	A 401		

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A 401	Continued From page 9 "Elopement Drills", when staff did not conduct quarterly elopement drills in August 2025 and November 2025 for missing resident. Which led to the elopement incident for Resident #1. The surveyor reviewed the 10/6/25 facility policy and procedure titled, "Elopement and Missing Resident (HW503)" revealed "Policy: To ensure residents who are at risk for elopement are identified and that proper interventions are implemented to minimize elopement opportunities... Procedure: 2. All residents will be assessed for elopement risk by a licensed healthcare professional prior to or upon admission (as required by regulation), upon significant change in condition, and at regularly scheduled assessment intervals to identify risks factors that could lead to elopement... 7. All team members are required to promptly respond to door alarms and to thoroughly check the grounds surrounding the community after an alarm sounds ... "	A 401		

BRANDYWINE
GOVERNOR'S CROSSING
ASSISTED LIVING AND MEMORY CARE
BRANDYWINE by MONARCH COMMUNITIES

Acceptable #2 1/23/26

A-310 N.J.A.C. 8:36-3.4(a)(1) – Administrator's Responsibilities (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.

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice:

- Resident one no longer resides at the facility.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

- All memory care residents in the facility have the potential to be affected by this deficient practice.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

- All exit door alarms were immediately inspected and tested by Maintenance Director on 11.18.25, vendor called on 11.18.25 for repair. During survey on 11.24.25, facility called vendor for immediate repair of door alarm and lock. Replacement installed and tested successfully.
- A process was implemented for weekly door checks by Maintenance Director on 11.18.25.
- The facility's Elopement/Missing Resident policy was reviewed with overnight team members and completed on 11.18.25 by the Regional Director of Operations. The facility initiated elopement drills conducted by the Maintenance Director on 11.24.25 across various shifts.
- The Executive Director or designee educated all team members on the company policy regarding elopement / missing residents starting on 1.5.26. The Executive Director, Human Resources Director or designee will then continue to educate on the policy upon hire (orientation) and annually thereafter . Additionally quarterly elopement drills were added to the safety calendar to test response readiness and reinforce staff competency (ongoing).

4. How the facility will monitor its corrective actions to ensure that the deficient practice is

being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- To ensure ongoing compliance , the Executive Director or designee will review exit door alarm testing logs on a weekly basis for the first 30 days starting on 11.24.25, followed by monthly audits for the subsequent three months. Quarterly elopement drills will be conducted and documented by the Maintenance Director or designee, with all team members participating in an elopement drill annually. All findings will be reviewed during the facility's QAPI meetings where identified concerns will be addressed promptly through corrective actions.

Completion Date : 2.1.2026

A-401 N.J.A.C. 8:36-4.1(a)(22) – Resident Rights (a) Each assisted living provider shall 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: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care.

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice:

- Resident number one no longer resides at the facility.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

    - All memory care residents in the facility have the potential to be affected by this deficient practice.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.
    - Resident one was assessed immediately upon return by RN on 11.18.25.
    - Resident's service plan was revised on 11.18.25 by Wellness Director to reflect enhanced safety interventions consistent with resident rights and individual needs.
    - The Executive Director or designee educated all team members on the State Regulation of Assisted Living Resident Rights starting on 1.5.26. The Executive Director or designee will then continue to educate on the policy upon hire (orientation) and annually thereafter.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

- To ensure ongoing compliance , the Executive Director or designee will review exit door alarm testing logs on a weekly basis for the first 30 days starting on 11.24.25, followed by monthly audits conducted by Maintenance Director or designee for the subsequent three months. All findings will be reviewed during the facility's QAPI meetings, where identified concerns will be addressed promptly through corrective actions.

Completion Date: 2.1.26

All findings will be reviewed during the facility's QAPI meetings, where identified concerns will be addressed promptly through corrective actions.

Completion Date : 2.1.2026

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
55A002 Y1	A. Building B. Wing Y2	1/23/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT GOVERNOR'S CROSSING	49 LASATTA AVENUE ENGLISHTOWN, NJ 07726

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 01/23/2026	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 01/23/2026	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
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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	
11/24/2025	☐ 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
55A002 (Y1)	A. Building B. Wing (Y2)	1/23/2026 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT GOVERNOR'S CROSSING	49 LASATTA AVENUE ENGLISHTOWN, NJ 07726

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 01/23/2026	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 01/23/2026	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
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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 11/24/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			