

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2024
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT GOVERNOR'S CROS	STREET ADDRESS, CITY, STATE, ZIP CODE 49 LASATTA AVENUE ENGLISHTOWN, NJ 07726
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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: Standard with Complaint</p> <p>COMPLAINT #: NJ 00156977, NJ 00170578, NJ 00173012</p> <p>CENSUS: 50</p> <p>SAMPLE SIZE: 13</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. 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		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

12/26/24

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00173012</p> <p>Based on interview and record review it was determined that the facility failed to implement its policy and procedure titled, "Incident Reporting" for 1 of 13 residents, Resident #2 as evidenced by the following:</p> <p>On 11/6/24, the Department of Health (DOH) surveyed the facility regarding a Facility Reportable Event (FRE) that occurred on 4/14/24, concerning an NJ Ex Order 26. 4B1.</p> <p>At 9:45 a.m., the surveyor interviewed the Executive Director (ED) regarding the FRE that occurred on 4/14/24 and requested the investigative report for review. The ED stated that he was unable to locate the incident/accident report for the 4/14/24 incident where the alleged staff member NJ Ex Order 26. 4B1 Resident #2's NJ Ex Order following a NJ Ex Order 26. 4B1.</p> <p>At 12:00 p.m., the Director of Care Services (DCS), who was also a Registered Nurse (RN), stated that he was unable to locate documentation in Resident #2's MR regarding the 4/14/24 incident of NJ Ex Order 26. 4B1 nor resident evaluation on 4/15/24.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Incident Reporting" which revealed, "... A confidential report of the incident shall be completed ... A nursing progress note</p>	A 310		

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A 310	Continued From page 2 that describes the incident, assessment, and any injury, subsequent actions taken, ... should be documented in the medical record ... Reportable incidents may include but not limited to: ... Complaint of improper treatment/abuse ..."	A 310		
A 511	8:36-5.5(a) General Requirements (a) The facility or program shall develop and implement written job descriptions to ensure that all personnel are assigned duties based upon their education, training, and competencies and in accordance with their job descriptions. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that a written job description was developed and implemented to ensure an employee was informed of his/her assigned job duties for 1 out of 10 employees whose personnel files were reviewed, Employee #10. This deficient practice was evidenced by the following: On 11/4/2024 at 11:50 a.m., while conducting a standard with complaint survey, the surveyor reviewed 10 facility personnel files which revealed the following: Employee #10 had a NJ Ex Order 26. 4B1 and a title of Caregiver. Surveyor review of employee #10 personnel file revealed that the personnel file did not contain a signed job description. At 1:48 p.m., the surveyor interviewed the facility's Business Office Manager (BOM), who	A 511		

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A 511	Continued From page 3 stated she would have to look for the requested signed job description for Employee #10. On 11/6/2024, the BOM provided the survey team with some requested personnel documents which included a signed job description for Employee #10. The signed job description was dated for NJ Ex Order 26, 4B1 , after requested by the surveyor.	A 511		
A 517	8:36-5.6(b)(1-7) General Requirements (b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following: 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 2. Emergency plans and procedures; 3. The infection prevention and control program; 4. Resident rights; 5. Abuse and neglect; 6. Pain management; 7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.	A 517		

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A 517	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of employee files, it was determined the facility failed to ensure that 8 of 10 employees personnel files reviewed, received the mandatory annual staff educations, Employees #s: 1, 2, 3, 4, 5, 6, 7, and 10.</p> <p>On 11/4/2024 at 11:50 a.m., while conducting a standard with complaint survey, the surveyor reviewed 10 facility personnel files which revealed the following:</p> <ol style="list-style-type: none"> Employee #1 had a NJ Ex Order 26. 4B1 and a title of Licensed Practical Nurse. Surveyor review of employee #1 personnel file revealed that the personnel file did not contain documentation of the annual emergency training. Employee #2 had a NJ Ex Order 26. 4B1 and a title of Licensed Practical Nurse. Surveyor review of employee #2 personnel file revealed that the personnel file did not contain documentation of the annual emergency training. 	A 517		
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A 517	<p>Continued From page 5</p> <p>3. Employee #3 had a NJ Ex Order 26. 4B1 and a title of Life Enrichment Assistant. Surveyor review of employee #3 personnel file revealed that the personnel file did not contain documentation of the annual emergency training.</p> <p>4. Employee #4 had a NJ Ex Order 26. 4B1 and a title of Housekeeper. Surveyor review of employee #4 personnel file revealed that the personnel file did not contain documentation of the annual emergency training.</p> <p>5. Employee #5 had a NJ Ex Order 26. 4B1 and a title of Caregiver. Surveyor review of employee #5 personnel file revealed that the personnel file did not contain documentation of the annual emergency training.</p> <p>6. Employee #6 had a NJ Ex Order 26. 4B1 and a title of Caregiver. Surveyor review of employee #6 personnel file revealed that the personnel file did not contain documentation of the annual emergency training.</p> <p>7. Employee #7 had a NJ Ex Order 26. 4B1 and a title of Licensed Practical Nurse. Surveyor review of employee #7 personnel file revealed that the personnel file did not contain documentation of the annual emergency training.</p> <p>8. Employee #10 had a NJ Ex Order 26. 4B1 and a title of Caregiver. Surveyor review of employee #10 personnel file revealed that the personnel file did not contain documentation of the annual emergency training.</p> <p>At 1:48 p.m., the surveyor interviewed the facility's Business Office Manager (BOM), who stated she would have to look for the annual</p>	A 517		

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A 517	Continued From page 6 emergency trainings for the above-mentioned employees and provide it to the survey team. On 11/6/2024, the BOM provided the survey team with some requested personnel documents which did not include documentation for the annual emergency training for the above-mentioned employees.	A 517		
A1041	8:36-14.3(a) Emergency Services and Procedures (a) The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to maintain and provide documentation to the New Jersey Department of Health surveyors of employee participation in attending one emergency drill	A1041		

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A1041	<p>Continued From page 7</p> <p>annually for 10 out of 10 employee personnel files reviewed, Employees #s: 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. This deficient practice was evidenced by the following:</p> <p>On 11/4/2024 at 11:50 a.m., while conducting a standard with complaint survey, the surveyor reviewed 10 facility personnel files which revealed the following:</p> <ol style="list-style-type: none"> Employee #1 had a NJ Ex Order 26. 4B1 and a title of Licensed Practical Nurse. Surveyor review of employee #1 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill. Employee #2 had a NJ Ex Order 26. 4B1 and a title of Licensed Practical Nurse. Surveyor review of employee #2 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill. Employee #3 had a NJ Ex Order 26. 4B1 and a title of Life Enrichment Assistant. Surveyor review of employee #3 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill. Employee #4 had a NJ Ex Order 26. 4B1 and a title of Housekeeper. Surveyor review of employee #4 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill. Employee #5 had a NJ Ex Order 26. 4B1 and a title of Caregiver. Surveyor review of employee #5 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill. 	A1041		

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A1041	<p>Continued From page 8</p> <p>6. Employee #6 had a NJ Ex Order 26. 4B1 and a title of Caregiver. Surveyor review of employee #6 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill.</p> <p>7. Employee #7 had a NJ Ex Order 26. 4B1 and a title of Licensed Practical Nurse. Surveyor review of employee #7 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill.</p> <p>8. Employee #8 had a NJ Ex Order 26. 4B1 and a title of Caregiver. Surveyor review of employee #8 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill.</p> <p>9. Employee #9 had a NJ Ex Order 26. 4B1 and a title of Director of Clinical Services. Surveyor review of employee #9 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill.</p> <p>10. Employee #10 had a NJ Ex Order 26. 4B1 and a title of Caregiver. Surveyor review of employee #10 personnel file revealed that the personnel file did not contain documentation of an annual emergency drill.</p> <p>At 1:48 p.m., the surveyor interviewed the facility's Business Office Manager (BOM), who stated that she would have to look for the documentation that reflected participation in the facility's annual emergency drill for the above-mentioned employees and provide it to the survey team.</p> <p>On 11/6/2024, the BOM provided the survey team with some requested personnel documents which</p>	A1041		

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A1041	Continued From page 9 did not include documentation of the participation of the above-mentioned employees' participation in the facility's annual emergency drill.	A1041		
A1073	8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered 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: Complaint #: NJ 00173012 Based on interview and record review it was determined that the facility failed to implement and ensure documentation of an alleged incident of staff to resident abuse was documented in the resident medical record (MR) for 1 of 13 residents, Resident #2 as evidenced by the following: On 11/6/24 the Department of Health (DOH) surveyed the facility regarding a Facility Reportable Event (FRE) that occurred on 4/14/24 concerning an <u>NJ Ex Order 26. 4B1</u> . The surveyor reviewed the FRE that revealed on 4/15/24 Resident #2 notified the Executive Director (ED) and the Director of Care Services (DCS) that an <u>NJ Ex Order 26. 4B1</u> after a <u>NJ Ex Order 26. 4B1</u> with a care staff member	A1073		

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A1073	<p>Continued From page 10</p> <p>on the evening shift at 11:00 p.m.</p> <p>At 9:45 a.m., the surveyor interviewed the Executive Director (ED) regarding the incident that occurred on 4/14/24 and if the facility had an incident report. The ED stated that he was unable to locate an incident/accident report for the 4/14/24 incident where the alleged staff member NJ Ex Order 26. 4B1 at Resident #2's NJ Ex Order following a NJ Ex Order 26. 4B1.</p> <p>At 10:45 a.m., the surveyor reviewed the medical record (MR) of Resident #2 that revealed the resident moved in to the facility in September, NJ Ex Order 26. 4B1. In addition, the surveyor reviewed the resident "Observation" notes (ON) dated from 4/1/24 through 4/30/24 and observed that there was no documentation regarding the NJ Ex Order 26. 4B1 on 4/14/24 nor a resident assessment documented in the resident MR.</p> <p>At 11:15 a.m., the surveyor interviewed the DCS who was the Registered Nurse (RN) regarding nursing documentation. The DCS/RN stated that the staff documented resident care in the "Observation" notes. In addition, the DCS/RN stated that he was NJ Ex Order 26.4b1 and that he was not familiar with the incident that occurred on 4/14/24.</p> <p>During review of the FRE, the surveyor observed that the facility investigation summary report revealed that on 4/15/24 the resident's NJ Ex Order 26.4b1 by the DCS/RN with NJ Ex Order 26.4b1. However, the surveyor did not observe the assessment finding documented in the resident MR.</p>	A1073		

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A1073	<p>Continued From page 11</p> <p>At 12:00 p.m., the DCS stated that he was unable to locate documentation in Resident #2's MR regarding the 4/14/24 incident of NJ Ex Order 26. 4B1 nor resident evaluation on 4/15/24.</p> <p>At 1:10 p.m., the ED confirmed that there was no incident/accident report found nor documentation located in the MR for the 4/14/24 incident of NJ Ex Ord reported by the resident on 4/15/24.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Incident Reporting" that revealed "...A confidential report of the incident shall be completed ...A nursing progress note that describes the incident, assessment, and any injury, subsequent actions taken, ...should be documented in the medical record. ...Reportable incidents may include but not limited to: ...Complaint of improper treatment/abuse ..."</p>	A1073		
A1315	<p>8:36-18.4(b) Infection Prevention and Control Services</p> <p>(b) The facility shall have written policies and procedures establishing timeframes, requiring annual Mantoux tuberculin skin tests for all employees except those exempted under (a) above.</p> <p>This REQUIREMENT is not met as evidenced by: On 11/4/2024 at 11:50 a.m., while conducting a standard with complaint survey, the surveyor reviewed 10 facility personnel files which revealed the following:</p> <p>1. Employee #2 had a NJ Ex Order 26. 4B1 and a</p>	A1315		

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A1315	<p>Continued From page 12</p> <p>title of Licensed Practical Nurse. Surveyor review of employee #2 personnel file revealed that the personnel file did not contain documentation of an annual NJ Ex Order 26. 4B1.</p> <p>2. Employee #3 had a NJ Ex Order 26. 4B1 and a title of Life Enrichment Assistant. Surveyor review of employee #3 personnel file revealed that the personnel file did not contain documentation of an annual NJ Ex Order 26. 4B1.</p> <p>At 1:48 p.m., the surveyor interviewed the facility's Business Office Manager (BOM), who stated she would look for Employee #2 and #3's NJ Ex Order 26. 4B1 Risk Assessment Forms.</p> <p>On 11/6/2024, the BOM provided the survey team with some requested personnel documents which included Employee #2 and #3's 2024 NJ Ex Order 26. 4B1 Risk Assessment Forms, both forms were dated for 11/5/2024, after the forms were requested by the surveyor.</p>	A1315		

B
BRANDYWINE
GOVERNOR'S CROSSING
ASSISTED LIVING AND MEMORY CARE

A 310

1. Unfortunately this incident occurred six months ago and resident #2's record was impacted by the lack of documentation. The resident NJ Ex Order 26.4b1 at the community.
2. All residents have the potential to be impacted by the deficient practice.
3. The RN or designee will be responsible for making sure that the documentation of incidents are in the residents' record.
4. The ED or designee reviewed proper incident report documentation during our quarterly QAPI meeting. The Wellness Director and LPNs were in serviced on proper incident report documentation.

Completion date 12/6/24.

A 511

1. Job descriptions will be completed as part of new hire paperwork.
2. Audit of all job descriptions was completed on 12/3/24.
3. A new hire checklist will be completed for all new hires.
4. ED or designee will quarterly audit files for compliance.

Complete date 12/3/24.

Accepted
12/13/24



A 517

1. Employee #1, LPN, completed a course entitled Natural Disasters and Workplace Emergencies: An Overview on 4/13/24.
2. Employee #2, LPN, completed a course entitled Natural Disasters and Workplace Emergencies: An Overview on 4/16/24.
3. Employee #3, Activities Assistant, completed a course entitled Natural Disasters and Workplace Emergencies: An Overview on 4/25/24.
4. Employee #4, housekeeper, completed a course entitled Natural Disasters and Workplace Emergencies: An Overview on 4/17/24.
5. Employee #5, Care Manager, completed a course entitled Natural Disasters and Workplace Emergencies: An Overview on 4/22/24.
6. Employee #6, Care Manager, completed a course entitled Natural Disasters and Workplace Emergencies: An Overview on 4/17/24.
7. Employee #7, LPN, completed a course entitled Natural Disasters and Workplace Emergencies: An Overview on 5/26/24.
8. Employee #8, Care Manager, completed a course entitled Natural Disasters and Workplace Emergencies: An Overview on 4/22/24.

ED or designee will ensure all training is completed and provided to the DOH upon arrival on the day of survey. Completion date 12/6.

No residents were affected by this deficient practice.

A1041

1. Employee #1, LPN, attended a drill on 4/12/24.
2. Employee #2, LPN, attended a drill on 2/15/24.
3. Employee #3, Life Enrichment Assistant, attended a drill on 1/11/24.
4. Employee #4, Housekeeper, attended a drill on 10/15/24.
5. Employee #5, Care Manager, attended a drill on 5/15/24 and 8/13/24.
6. Employee #6, Care Manager, attended a drill on 5/15/24.
7. Employee #7, LPN, attended a drill on 11/1/24.
8. Employee #8, Care Manager, attended a drill on 2/15/24 and 7/5/24.
9. Employee #9, Director of Clinical Services, attended a drill on 8/13/24 and 10/15/24.
10. Employee #10, Care Manager, attended a drill on 10/3/24.

ED or designee will ensure all training is completed and provided to the DOH upon arrival on the day of survey. Completion date 12/6.

No residents were affected by this deficient practice.

Accepted
12/13/24

B
BRANDYWINE
GOVERNOR'S CROSSING
ASSISTED LIVING AND MEMORY CARE

A1073

1. Unfortunately this incident occurred six months ago and resident #2's record was impacted by the lack of documentation. Resident no longer resides at the facility.
2. All residents have the potential to be impacted by this deficient practice.
3. The RN or designee will be responsible for making sure that the documentation of incidents are in the residents' record.
4. The Wellness Director and LPNs were in serviced on proper incident report documentation.

Completion date 12/6/24.

A1315

1. Audit was completed of all ^{NJREG} documentation on 12/6/24.
2. All residents have the potential to be affected by this deficient practice.
3. All team members will complete and annual ^{NJREG} Questionnaire every January.
4. HR or designee set up an annual tickler for team members to ensure team members have their annual ^{NJREG} screen.

Completion date 12/6/24.

Accepted
12/13/24

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/12/2024
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NAME OF FACILITY BRANDYWINE LIVING AT GOVERNOR'S CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 49 LASATTA AVENUE ENGLISHTOWN, NJ 07726
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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	Correction	ID Prefix A0511	Correction	ID Prefix A0517	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-5.5(a)	Completed	Reg. # 8:36-5.6(b)(1-7)	Completed
LSC	12/26/2024	LSC	12/03/2024	LSC	12/06/2024
ID Prefix A1041	Correction	ID Prefix A1073	Correction	ID Prefix A1315	Correction
Reg. # 8:36-14.3(a)	Completed	Reg. # 8:36-15.6(b)	Completed	Reg. # 8:36-18.4(b)	Completed
LSC	12/06/2024	LSC	12/06/2024	LSC	12/06/2024
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
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 11/6/2024	<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
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 55A002	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/12/2024
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NAME OF FACILITY BRANDYWINE LIVING AT GOVERNOR'S CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 49 LASATTA AVENUE ENGLISHTOWN, NJ 07726
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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
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 11/6/2024	<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
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