New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A007	A. BUILDING: _____ B. WING _____	C 10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT THE SYCAMORE	5 MERIDIAN WAY SHREWSBURY, NJ 07702

(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 #: NJ 18466, 18693, 18836 Census: 69 Sample Size: 4 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 11/07/25

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #186933 Based on interview, record review and document review it was determined that the facility failed to ensure the Administrator followed the Fall and Mobility Management Policy to ensure all resident [NJ Exec O] were investigated and the Service Plan was adjusted based on the outcome of the [NJ Exec] investigation. The deficient practice occurred for 1 of 1 resident (Resident #1) reviewed for [NJ Exec Or] and was evidenced by the following: A review of Resident #1's [NJ Exec Order 2] medical record revealed the following: A New Jersey Universal Transfer Form (NJUTF-a form used to provided information on a reason for a transfer to the hospital), dated [NJ Exec Order 26.] revealed the resident was transferred to the Emergency Room (ER) after a [NJ Exec] sustained a NJ Exec Order 26.4b1 , and another [NJ Exec] above that [NJ Exec] [NJ Exec Or] was checked off for NJ Exec Order 26.4b1 . The Emergency Department After Visit Summary included a NJ Exec Order 26.4b1 of the [NJ Exec Or] dated [NJ Exec Order 26.] , due to [NJ Exec Order 26.4b1] . Another NJUTF was dated [NJ Exec Order] and revealed Resident #1 '[NJ Exec] and [NJ Exec Order 26.4b]' and was transferred to the ER after the [NJ Exec] and a [NJ Exec] of the [NJ Exec Or] and NJ Exec Order 26.4b1 was completed. On 10/20/25 at 12:25 PM, the the surveyor requested, from the Health and Wellness Director (HWD), a list of resident [NJ Exec O] that occurred over the past 6 months. The HWD was unable to	A 310		

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A 310	Continued From page 2 provide the information, and the surveyor requested all incident reports/any investigations for Resident #1. On 10/20/25 at 1:07 PM, the surveyor interviewed the Regional Health and Wellness Director (RHWD) and asked if a resident NJ Exec Order 26.4b1, what should occur? The RHWD stated, the Registered Nurse and Physisian should be notified, and the Health Service Plan should be updated with new NJ Exec interventions based on the NJ Exec investigation. On 10/20/25 at 1:32 PM the HWD provided a General Service Plan for Reident #1, dated NJ Exec Order 26.4b and identified Resident #1 as being at NJ Exec Order 26.4b1s. The HWD stated there was no specific Health Service Plan for Resident #1 for NJ Exec Orc The HWD provided an Incident Report dated NJ Exec Order 26., for an NJ Exec Order 26.4b1 that was observed at 8:15 PM, and a NJ Exec Order 26. Indicent Report dated NJ Exec Order 26., for another NJ Exec Order 26.4b1 that occurred at 12:45 PM. The HWD confirmed there was no investigation completed for either NJ Exec and there was no investigation provided for the NJ Exec Order 26.4b1 The Fall & Mobility Management Policy, Dated 2/17/25 revealed under Procedures: 3. Falls with or without injury are investigated and documented on and Incident Report and the Resident Record. 4. All falls are analyzed using root cause analysis and tracked for quality assurance, and benchmarking.	A 310		
A 925	8:36-11.2 Provisions of Pharmaceutical Services The assisted living residence, comprehensive personal care home, or assisted living program	A 925		

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A 925	Continued From page 3 shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with the prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter and all applicable State and Federal laws and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ55A007 Based on interview, record review and review of other pertinent facility's documentation, the facility failed to ensure that medications were administered in accordance with the physician's order for 1 of 4 residents reviewed. (Resident #2). The deficient practice was evidenced by the following: On 10/20/25, at 10:00 AM, the surveyor reviewed the medical record for Resident #2. According to the Admission Face Sheet, Resident #2 had diagnoses which included, but were not limited to; NJ Exec Order 26.4b1 . The resident Care Plan Report initiated NJ Exec Order 26.4, revealed the following need and goal: Resident will NJ Exec Order 26.4b and/or NJ Exec Order 26.4b1 with medication. The action was: Ordering assistance with preferred pharmacy. Resident required NJ Exec Order 26.4b1 with ordering	A 925		

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A 925	Continued From page 4 and uses the community's preferred pharmacy. On 10/20/25 the surveyor reviewed two prescriptions, both dated [redacted], and that were located in the medical record. The prescriptions revealed: [redacted] (used to treat [redacted]) [redacted] milligrams (mg) give daily and [redacted] (used to [redacted] from the body) [redacted] mg give twice daily. On 10/20/25, the surveyor reviewed the electronic Medication administration record (e-MAR- signed off by the nurse when medications administered) and observed an entry for a physician order with a start date of [redacted] (This was [redacted] days after the physician's prescription dated [redacted]) to administer [redacted] mg twice daily at 9:00 AM and 5:00 PM, and [redacted] mg with an entry for the physician's order with a start date of [redacted] ([redacted] days after the date on the physician's prescription) to be administered daily at 9:00 AM. The surveyor then reviewed another prescription with a physician order dated [redacted], to [redacted] mg from twice daily to once daily. The e-MAR also contained an entry for the physician's order with a start date of [redacted] (This was [redacted] days after the date on the physician's prescription), to administer [redacted] mg daily. On 10/20/25 at 12:10 PM, the surveyor interviewed License Practical Nurse (LPN) regarding Resident #2's delay in a receiving physician ordered medication. LPN #1 stated that when the resident returned to the facility with a new prescription from the doctor's office, the prescription should be faxed to the pharmacy, and then a call should then be placed to the	A 925		

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A 925	Continued From page 5 pharmacy to confirm that the fax was received. In addition, LPN #1 stated that the new medication should be received that same day or, by the next day depending on the time the prescription was faxed to the pharmacy. The surveyor then asked LPN #2 if she was aware of any incidents regarding Resident #2's new medications and the LPN stated that she has NJ Exec Order 26.4b1 [redacted] and she was not aware. On 10/20/25 at 1:00 PM, the surveyor interviewed the Health Wellness Director (HWD) regarding the process in place for ordering new medications. The HWD stated a new medication should be received that same day or by the next day depending on the time the prescription was faxed to the pharmacy. When the surveyor asked the HWD how the delay for the new medication orders occurred, the HWD stated "I'm not going to lie we dropped the ball." When the surveyor inquired about the NJ Exec Order 26.4b1 mg with a prescription date of NJ Exec Order 26.4b1 and a start date of NJ Exec Order 26.4. The HWD stated that he was only made aware of this incident during a complaint visit from the Ombudsman on NJ Exec Order 26.4b1 A review of the facility's policy titled, "Medication Orders" last revised January 1, 2021, revealed the following: Procedure: Orders for medications and treatments must be transcribed to the eMar.	A 925		

POC #2 received 11/19/25
Accepted 11/19/25

BRANDYWINE

THE SYCAMORE

November 17, 2025

A310

1) **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice:**
   - Resident #1 is no longer a resident of the facility, resident [NJ Exec Order 2] out of the facility or [NJ Exec Order 26.4b1]

2) **How the facility will identify other residents having the potential to be affected by the same deficient practice:**
   - All residents, at any given time, have the potential to be affected by the same deficient practice as referenced.

3) **What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:**
   - Health and Wellness Director initiated a comprehensive review of all resident records and fall events within the past six months to ensure compliance of the fall mobility management policy. To be completed on December 15, 2025.
   - Facility's Fall and Mobility Management Policy has been reviewed in detail by the Executive Director, and Health and Wellness Director. Completed 10/21/2025
   - Wellness staff reeducated on the Fall Management Policy. Completed 11/8/2025
   - Fall incidents will be reviewed within 72 hours by the Executive Director or designee to confirm compliance initiated on 10/21/25.

4) **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:**
   - Effective 10/31/2025, the Director of Health and Wellness will be updating the Service Plans. And effective 10/31/2025, the Director of Health and Wellness, Assistant Director of Health and Wellness or RN designee will conduct weekly audits of all fall incident reports and associated Service Plans to verify completion and accuracy.
   - Starting 10/31/2025, The Executive Director will complete weekly audits for three months and ongoing quarterly during Quality Assurance/ Quality Improvement meetings for three quarters to evaluate effectiveness of the above plan of correction.

   This deficiency will be completed by 12/15/2025. [NJ Exec Order 26] Approved 11/19/25

A925

1) **How the corrective action will be accomplished for those residents found to have been affected by the deficient practice:**
   - On 10/04/2025 Resident #2's medication records were reviewed and the identified discrepancies regarding the missed doses were immediately corrected. The prescribing physician and pharmacy was notified, and all medication orders were verified to ensure accuracy and compliance with physician orders by facility RN.
2) **How the facility will identify other residents having the potential to be affected by the same deficient practice:**
   - All residents, at any given time, have the potential to be affected by the same deficient practice as referenced.
3) **What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:**
   - The Health and Wellness Director, Assistant Wellness Director, or RN designee will monitor all resident prescriptions submitted to the facility daily by verifying the medication order received matches the eMAR. This deficient practice was completed on 10/17/2025.
   - All wellness nurses re-educated on the "Medication Orders" policy. Completed on 10/14/20256
   - Disciplinary actions taken for failure to follow the medication orders policy completed on 10/24/2025
   - Wellness nurses/ Certified Medications Aides are educated to notify the RN on call if medications orders are not received within expected timeframe or not available. Completed on 10/14/2025

4) **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:**
   - Effective 10/17/2025, the Health and Wellness Director daily monitoring of new medication orders and pharmacy confirmations to verify accuracy and timeliness of medication administration.
   - Starting 10/31/2025, The Executive Director will complete weekly audits for three months and ongoing quarterly during the Quality Assurance/ Quality Improvement meetings for three quarters to evaluate effectiveness of the above plan of correction.
   - This deficiency was completed on 10/24/2025.

NJ Exec Order 26 [redacted]

Approved 11/19/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
55A007		11/19/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 12/15/2025	ID Prefix A0925 Reg. # 8:36-11.2 LSC	Correction Completed 10/24/2025	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	
10/20/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO