

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65A112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/28/2024
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1587 OLD FREEHOLD ROAD TOMS RIVER, NJ 08755
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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: Complaint</p> <p>COMPLAINT # NJ00171772</p> <p>CENSUS: 93</p> <p>SAMPLE SIZE: 3</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

07/02/24

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Intake NJ00171772</p> <p>Based on observation, interview and review of medial records and other pertinent facility documents, it was determined that the facility failed to ensure the development, implementation and enforcement of a policy, specifically related to the building security and resident safety for which an Imminent Danger (ID) was identified. This ID was reported to the Licensed Assisted Living Administrator on 5/28/2024 at 1:00 p.m. The Administrator was presented with the ID template that included information about the above issue. The deficient practice was evidenced by the following:</p> <p>1. On 2/28/24 at 8:41 a.m., 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, that indicated a date of [redacted], and a "Time of Event" of 10:20 a.m. The FRE revealed that Resident #2 moved into the facility with his/her spouse, Resident #3, on [redacted], and on the morning of [redacted] the Director of Wellness (DOW) went to check on Resident #2, and [redacted]. The FRE further indicated that Resident #2 was found [redacted], with his/her coat on and stated that he/she [redacted]. The FRE also indicated that Resident #2 never told the facility that he/she [redacted]. The surveyor conducted a survey at the facility on 5/28/24 to investigate the FRE.</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>On 5/28/24, the surveyor reviewed the medical record (MR) that indicated Resident #2 moved into the facility on [redacted], and had a [redacted]. The surveyor reviewed a pre-admission History and Physical (H&P) dated [redacted], that indicated Resident #2 [redacted] and [redacted]. The H&P further indicated that Resident #2 had [redacted], abnormal Clock Drawing Test results and was oriented [redacted]. Surveyor review of the plan of care that was also documented on the H&P, included [redacted].</p> <p>2. On 5/28/24, the surveyor reviewed the MR that indicated Resident #3 moved into the facility with his/her spouse, Resident #2 on [redacted], and had a [redacted]. The surveyor reviewed the pre-admission H&P dated [redacted], that indicated Resident #3 [redacted] to person only, and [redacted]. Further surveyor review of the H&P indicated that Resident #3 [redacted].</p> <p>On 5/28/24 at 9:25 a.m., the surveyor interviewed the facility Director of Wellness (DOW) in the presence of the facility Executive Director (ED), who stated that Resident #2 and Resident #3 [redacted] and that Resident #3 had [redacted] but the facility was not concerned about Resident #2's [redacted]. The DOW further explained that Resident #3 [redacted] with [redacted], and would [redacted] Resident #2 of [redacted] Resident #3 and this [redacted].</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>NJ ex order 26.4b1 Resident #2.</p> <p>During continued surveyor interview with the DOW, she stated that on the morning of NJ ex order 26.4b1, Resident #2 was upset with Resident #3 NJ ex order 26.4b1, referring to Resident #3's NJ ex order 26.4b1 him/her. The DOW stated that she spent time with Resident #2, provided support, discussed helpful suggestions, and then escorted Resident #2 to breakfast. The DOW stated that after breakfast Resident #2 NJ ex order 26.4b1 and he/she was NJ ex order 26.4b1 regarding Resident #3, at which time the DOW told the activity staff to engage Resident #2 in activity/ exercise which was scheduled for 10:00 a.m. The DOW further explained that after about 20 minutes she went to check on Resident #2, however, she NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1; and, immediately NJ ex order 26.4b1</p> <p>The DOW stated that Resident #2 NJ ex order 26.4b1, and NJ ex order 26.4b1 by the Assistant Wellness Director (ADOW). During continued surveyor interview with the DOW she stated that NJ ex order 26.4b1 NJ ex order 26.4b1 for both Resident #2 and Resident #3 that day, on NJ ex order 26.4b1</p> <p>On 5/28/24 at 12:40 p.m., the surveyor interviewed the facility concierge, who stated that when a resident wanted to leave the facility property, the protocol was that the resident, or the family member, signed out at the front desk, and also hung the resident's pendant on a hook located to the left of the concierge desk wall. The surveyor observed the hook board that was mounted to the concierge desk wall and there</p>	A 310		
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A 310	<p>Continued From page 4</p> <p>were several resident pendants hung which indicated those residents were out of the facility. The concierge stated that if a resident was just going to sit outside, they did not need to sign out and that the concierge monitored and checked on them. The concierge further stated that there was a "Must Watch" list posted behind the concierge desk; however, Resident #2 and Resident #3 NJ ex order 26.4b1</p> <p>On 5/28/24 at 1:30 p.m. the surveyor interviewed the facility Executive Director (ED), in the presence of the DOW, who stated that there was no policy that she was aware of that addressed the building and front door security. The DOW indicated that Resident #2 and Resident #3 were not placed on the NJ ex order 26.4b1 list upon admission because NJ ex order 26.4b1 however, they NJ ex order 26.4b1 after Resident #2 eloped. The ED further stated that the facility utilized a "code alert system" that indicated who was out of the building, which included that residents signed out at the front desk and hung their NJ ex order 26.4b1 next to the concierge desk. Both the ED and DOW agreed that they had a long standing protocol in place, however not necessarily a policy.</p> <p>On 6/6/24, the removal plan was reviewed and accepted.</p>	A 310		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>assisted living programs. Each resident is entitled to the following rights:</p> <p style="padding-left: 40px;">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;</p> <p>This REQUIREMENT is not met as evidenced by: Intake NJ00171772</p> <p>Based on observation, interview, and review of medial records and pertinent facility documents, it was determined that the facility failed to ensure the safety of a resident NJ ex order 26.4b1, Resident #2 NJ ex order 26.4b1. This ID was reported to the Licensed Assisted Living Administrator on NJ ex order 26.4b1 at 1:00 p.m. The Administrator was presented with the ID template that included information about the above issue. The deficient practice was evidenced by the following:</p> <p>1. On 2/28/24 at 8:41 a.m., 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 that indicated a date of NJ ex order 26.4b1 and a "Time of Event" of 10:20 a.m. The FRE revealed that Resident #2 NJ ex order 26.4b1, Resident #3, on NJ ex order 26.4b1, and on the morning of NJ ex order 26.4b1 the Director of Wellness (DOW) went to check on Resident #2, and NJ ex order 26.4b1. The FRE further indicated that Resident #2 was NJ ex order 26.4b1</p>	A 401		
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A 401	<p>Continued From page 6</p> <p>NJ ex order 26.4b1 with his/her coat on and stated that NJ ex order 26.4b1. The FRE also indicated that Resident #2 NJ ex order 26.4b1. The surveyor conducted a survey at the facility on NJ ex order 26.4b1 to investigate the FRE.</p> <p>On 5/28/24, the surveyor reviewed the medical record (MR) which indicated Resident #2 moved into the facility on NJ ex order 26.4b1, and had a history of NJ ex order 26.4b1. The surveyor reviewed a pre- admission History and Physical (H&P) dated NJ ex order 26.4b1, that indicated Resident #2 NJ ex order 26.4b1 and NJ ex order 26.4b1. The H&P further indicated that Resident #2 NJ ex order 26.4b1 and NJ ex order 26.4b1. Surveyor review of the plan of care that was also documented on the H&P, included NJ Ex Order 26.4b1.</p> <p>2. On 5/28/24, the surveyor reviewed the MR that indicated Resident #3 NJ ex order 26.4b1. Resident #2 on NJ ex order 26.4b1, and had a NJ ex order 26.4b1. The surveyor reviewed the pre-admission H&P dated NJ ex order 26.4b1, that indicated Resident #3 NJ ex order 26.4b1 and was NJ ex order 26.4b1. Further surveyor review of the H&P indicated that Resident #3 required a NJ ex order 26.4b1.</p> <p>On 5/28/24 at 9:25 a.m., the surveyor interviewed the facility Director of Wellness (DOW) in the presence of the facility Executive Director (ED), who stated that Resident #2 and Resident #3 NJ ex order 26.4b1.</p>	A 401		
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A 401	<p>Continued From page 7</p> <p>NJ ex order 26.4b1 and that Resident #3 had NJ ex order 26.4b1 but the facility was not concerned about Resident #2's NJ ex order 26.4b1. The DOW further explained that Resident #3 NJ ex order 26.4b1 and would NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1 Resident #3 and NJ ex order 26.4b1 Resident #2.</p> <p>During continued surveyor interview with the DOW, she stated that on the morning of NJ ex order 26.4b1, Resident #2 was upset with Resident #3 and stated that NJ ex order 26.4b1, referring to Resident #3's NJ ex order 26.4b1. The DOW stated that she spent time with Resident #2, NJ ex order 26.4b1 and then escorted Resident #2 to breakfast. The DOW stated that after breakfast Resident #2 NJ ex order 26.4b1 Resident #3, at which time the DOW told the activity staff to engage Resident #2 in activity/ exercise which was scheduled for 10:00 a.m. The DOW further explained that after about 20 minutes she went to check on Resident #2 but NJ ex order 26.4b1 Resident #2 in the facility; and, immediately started a staff building wide search that included the outside of the facility. The DOW stated that Resident #2 NJ ex order 26.4b1, and NJ ex order 26.4b1 by the Assistant Wellness Director (ADOW). During continued surveyor interview with the DOW she stated NJ ex order 26.4b1 that NJ ex order 26.4b1 for both Resident #2 and Resident #3 that day, on NJ ex order 26.4b1.</p> <p>On 5/28/24 at 12:40 p.m., the surveyor interviewed the facility concierge, who stated that when a resident NJ ex order 26.4b1</p>	A 401		
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A 401	<p>Continued From page 8</p> <p>NJ ex order 26.4b1 the protocol was that the resident, or the family member, signed out at the front desk, and also hung the resident's NJ ex order 26.4b1 located to the left of the concierge desk wall. The surveyor observed the hook board that was mounted to the concierge desk wall and there were several resident NJ ex order 26.4b1 hung which indicated those residents were out of the facility. The concierge stated that if a resident was just going to sit outside, that the concierge monitored and checked on them. The concierge further stated that there was a "NJ ex order 26.4b1" list posted behind the concierge desk; however, Resident #2 and Resident #3 NJ ex order 26.4b1 as per the concierge.</p> <p>On 5/28/24 during interview with the DOW, the surveyor asked if she felt that Resident #3 NJ ex order 26.4b1 and documentation that he/she NJ ex order 26.4b1 out of 30, and she stated that not every resident can be placed in a secured memory care unit.</p> <p>On NJ ex order 26.4b1, the NJ ex order 26.4b1 was reviewed and accepted.</p>	A 401		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65A112 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/16/2024 Y3
NAME OF FACILITY BRANDYWINE LIVING AT TOMS RIVER	STREET ADDRESS, CITY, STATE, ZIP CODE 1587 OLD FREEHOLD ROAD TOMS RIVER, NJ 08755	

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 A0401	Correction	ID Prefix _____	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # _____	Completed
LSC _____	07/16/2024	LSC _____	07/16/2024	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 _____	_____
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
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/28/2024		<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 		