

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47a003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2019
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE SERENADE AT PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 775 MT. LUCAS ROAD PRINCETON, NJ 08540
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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 #: NJ 117545</p> <p>CENSUS: 58</p> <p>SAMPLE SIZE: 0</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 561	<p>8:36-5.10(a)(1) General Requirements</p> <p>(a) The facility shall notify the Department immediately by telephone at 609-633-9034 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following:</p> <p>1. Interruption for three or more hours of basic physical plant services, such as heat, light, power, water, food, or staff;</p>	A 561		

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

TITLE

(X6) DATE

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A 561	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to immediately notify the Department of Health (DOH) of an interruption in elevator service. This deficient practice was evidenced by the following:</p> <p>On 9/11/2019 at 9:35 a.m. the surveyor conducted the entrance conference with the Administrator and asked the Administrator how many elevators were in the building. The Administrator stated that there was one elevator in the building. The surveyor inquired if on November 14, 2018 the facility loss service to that elevator. The Administrator confirmed that the elevator was out of service on that date and added that while doing an annual pressure test, the elevator did break down.</p> <p>The surveyor continued the interview and inquired if the interruption in service was reported to the DOH. The Administrator stated that it was reported to the DOH. At that time the surveyor requested to see documented evidence that the interruption was reported to the DOH, and all documentation related to the elevator break down and repair.</p> <p>At 10:31 a.m. the surveyor, in the presence of maintenance staff, toured the building and the surveyor observed that there was one elevator in the building to service the 3 levels of the building.</p> <p>Later at 10:48 a.m. the Administrator provided the surveyor with the following documentation:</p> <p>1. Contracted Elevator Vendor (CEV) proposal dated November 16, 2018 which documented:</p>	A 561		
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A 561	<p>Continued From page 2</p> <p>"Proposal Mo. 2018-732 CEV proposes to provide all labor and material necessary to perform the following: Remove the existing cylinder assembly from the ground. Clear sand from hole. Install a new cylinder and plunger assembly. Cylinder will have a manufacturer-applied rubber protective coating as required by code."</p> <p>The surveyor observed that the proposal was accepted by the facility on 11/19/2018.</p> <p>2. The surveyor observed the Facility Reportable Event Record which documented that the interruption was reported on 11-27-18, however the date of the interruption was 11-14-18, (13) days prior. The facility documented the description of the interruption as follows: At "9:15 a.m. Annual pressure Test performed on elevator, the hydraulic jack failed. State Inspector was on location with CEV. Elevator was shut down, needed repairs. Parts for the elevator needed are the jack and liner, they are currently on order. Approximate time estimated for the elevator to be restored is 4 to 6 weeks."</p> <p>The facility failed to notify the DOH of an interruption of basic physical plant services until 13 days after the incident occurred.</p>	A 561		