

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/28/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRANDYWINE LIVING AT WALL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2021 HIGHWAY 35 WALL, NJ 07719</b>
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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: Census: 75</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 10/28/21. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</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> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent documents it was determined that the Executive Director (ED) failed to ensure that the facility's</p>	A 310		

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

TITLE

(X6) DATE

11/17/21

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>policy titled, "COVID 19 Outbreak Response Plan" was implemented when an employee who was not fully vaccinated for Covid 19 worked without being tested for Covid 19. This deficient practice was evidenced by the following:</p> <p>On 10/28/21 at 10:30 a.m., the surveyor interviewed the ED who stated that the facility was at Phase 0 because of the recent outbreak of Covid 19. The ED further stated that an employee worked on [redacted] and was not tested at the facility. The ED stated that on [redacted] 1 the employee notified that facility that he/she had tested positive for [redacted]. The ED stated that the facility's policy was to test all unvaccinated employees prior to the start of their shift.</p> <p>The surveyor reviewed the facility policy titled, "Covid 19 Outbreak Response Plan" which required, "...Any employee who is not fully vaccinated will be rapid tested every day upon entry to work and results documented ..."</p> <p>On 10/28/21 at 12:30 p.m., the surveyor interviewed the ED who stated that the employee received the first dose of the [redacted] vaccination on [redacted] and had not received the second dose of the two vaccine protocol. The ED confirmed that the employee was not fully vaccinated and should have been tested for Covid 19 on [redacted] upon entering the facility.</p>	A 310		