

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 06/30/2020
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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: CENSUS: 94</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 6/30/2020. 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 observation, interview, and review of pertinent facility documentation on June 30 2020, it was determined that the Facility Executive Director (ED), failed to ensure that the facility</p>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>policies were implemented to manage and properly screen Residents to control the spread of Covid-19 in accordance with the April 4, 2020 directive issued by the Commissioner of the New Jersey Department of Health (NJDOH).</p> <p>This deficient practice was further evidenced by the following:</p> <p>On 6/30/2020 at 1:00 p.m., during an interview with the facility's Wellness Director, it was noted that the facility was providing daily screenings of Residents, temperature and Pulse Oxygenation (Pulse Ox) assessments once daily. The surveyor reviewed with the Wellness Director the April 4, 2020 directives from the Commissioner of the NJDOH which stated "The Facility shall actively screen its residents minimally, at each shift change for COVID-19 symptoms, which includes a cough, or shortness of breath, fever (evidenced by a temperature check of the resident taken at the facility), sore throat, or GI (Gastrointestinal) symptoms, and take each resident's vital signs, including heart rate, blood pressure, pain and pulse oximetry."</p> <p>During the interview the Wellness Director stated that "we were never told about the pain management and pulse, not sure we got this information, not aware of the blood pressure and pain level, we have been doing temp (Temperature) checks and O2 (Oxygen saturation) on all residents once a shift."</p> <p>Review of a facility policy titled "COVID 19 Outbreak Response Plan" revision date 6/16/2020, revealed the following: 6. "All residents and staff will have 'eyes on' by a nurse or department head daily to ensure any signs of communicable illnesses are identified promptly. All residents will have vital signs taken every shift</p>	A 310		
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A 310	Continued From page 2 including pulse Ox. (New Jersey only)."	A 310		

Brandywine Living @ Toms River 65A112 Plan of Correction ID prefix tag A310

1. The corrective action has been delegated to staff effective 06/30/2020. The Wellness Director in-serviced the staff with expectations of taking complete vital signs to include blood pressure, pulse ox, pulse, respirations, temperature. It was also communicated that complete vital signs will be taken on every resident every day and recorded.
2. The nursing staff and RN will continue to monitor vital signs as required and assessing additional concerns should they arise. For example GI issues, headache, loss of appetite.
3. The nursing staff will continue to take daily vitals on every resident every day and keep record. We will continue to report to nursing staff if any additional concerns arise.
4. Nursing staff will continue taking vitals every day on every resident. We have delegated 2 shifts to split residents to assure that everyone is being captured.