STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90a001	A. BUILDING: _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT SUMMIT	41 SPRINGFIELD AVENUE SUMMIT, NJ 07901

(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 #: NJ00172111 CENSUS: 45 SAMPLE SIZE: 3 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) Administration (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		

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint#: NJ00172111 Based on interview, record review, and review of pertinent facility documentation, it was determined that the facility's Executive Director (ED) failed to implement and enforce the policies and procedures titled, "Resident Assessment-New Jersey," and "Nursing Documentation/Service notes/Registered nurse role" regarding a resident's change in [redacted] status for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 3/18/24 at 10:33 a.m., the surveyor reviewed the closed medical record (MR) of Resident #2, who moved into the facility on [redacted] with medical diagnoses that included dementia and high blood pressure and was found deceased as a result of [redacted] on [redacted]. At 10:33 a.m. the surveyor reviewed a document titled, "Observations For [Resident #2] NJ EX Order. 264b1," a progress note (PN) written by a Licensed Practical Nurse (LPN) on [redacted] which noted Resident #2 expressed [redacted] by stating, " ..., [redacted]." The LPN wrote that she notified the resident's [redacted] of the NJ EX Order. 264b1, the PN did not reflect the Registered Nurse (RN) or the resident's Physician was notified of the resident's statement. At 12:30 p.m. the surveyor interviewed the	A 310		

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A 310	Continued From page 2 Wellness Director (WD), who is a Registered Nurse (RN), regarding the documented PN on [redacted] written by the LPN. The WD stated that she could not recall being notified of Resident #2's [redacted] statement on [redacted] The WD also stated that she, the RN, should have been notified of the resident's change in condition, which would have initiated an assessment. During continued interview with the WD she stated she had not re-assessed Resident #2, prior to [redacted], upon return to the facility on [redacted] from the hospital followed by [redacted] [redacted], as she normally waits about [redacted] days for the resident to reacclimate to the community. At 2:11 p.m. the surveyor interviewed the LPN who documented the PN on [redacted]. The LPN stated she could not remember if she notified anyone else besides the [redacted]. The LPN confirmed the PN did not reflect the RN or the Physician being notified of the resident's change in condition. The LPN continued to state both the RN and the resident's Physician should have been notified of the resident's change in [redacted] status. Surveyor review of the following facility policies and procedures revealed for policy titled, 1. "Nursing Documentation/Service notes/Registered nurse role" with a revision date of 3/2012, which indicated, "Policy: To obtain and document meaningful information during the interview process and proved a baseline in the event there are changes in the resident's functional and/or cognitive status that would require additional services. Information is kept as a record of the resident's response to treatment/intervention and or incidents." Under, "Procedure: ...The professional nurse will be	A 310		

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A 310	Continued From page 3 notified if there is a significant change in the resident's condition...The resident's physician of the physician's designee, that is another physician or an advanced practice nurse or physician's assistant shall be notified by the licensed nurse of any significant change in the resident's physicals or cognitive/mental condition and any intervention by the physician shall be documented. ..." 2. Policy titled, "Resident Assessment-New Jersey" with a revision date of June 2014, indicated, under, "I. Purpose: "To assess each Resident and determine the physical and medical needs for each resident." Under, "II. Policy and Responsibilities: ...C. All residents shall have a re-assessment if there is a significant change in status. D. All residents shall have an assessment of their general service plan and note written upon readmission from the hospital by the RN [Registered Nurse]..." The facility failed to follow its own policies and procedures. On 3/20/24 at 5:19 p.m., the surveyor requested a removal plan from the ED for failing to implement facility's policies and procedures, including resident assessment which placed placed residents at risk for NJ EX Order 20/60. The ED provided the survey team with an acceptable removal plan on 4/2/24. The surveyor completed a follow-up survey on 4/3/24 and confirmed that the facility implemented the removal plan.	A 310		

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A 389	Continued From page 4	A 389		
A 389	8:36-4.1(a)(16) Resident Rights (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 assisted living programs. Each resident is entitled to the following rights: 16. The right to be free from physical and mental abuse and/or neglect; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00172111 Based on interview, record review, and pertinent facility documentation review, it was determined that the facility failed to ensure safety of a resident who was supposed to be monitored with a history of NJ EX Order 2640 including, NJ EX Order 2640 and NJ EX Order 2640 starting around 4 p.m. daily, and who had a history of stating NJ EX Order 26401 was enforced for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 3/13/24 at 4:40 p.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 NJ DOH. The report included a document titled, "Incident NJ EX Order 26401" which revealed a timeline of events that showed staff were not aware of Resident #2's whereabouts from 3:20 p.m. to 4:40 p.m. Resident #2 was last seen in	A 389		

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A 389	Continued From page 5 his/her apartment asleep in bed and at 4:40 p.m., the Resident was found in Resident #1's apartment in the [redacted] with the [redacted] around his/her [redacted]. Resident #1 was not in the room. A review of Resident #2's closed Medical Record (MR) revealed a document titled, "Resident Information" with a move in date of [redacted] with diagnoses which included [redacted]." A review of a document titled, "Observations For [Resident #2] [redacted]," revealed the following Progress Notes (PNs): On [redacted] at 10:30 AM, the following documented note was observed in Resident #2's medical record written by LPN #1 and stated the following: "Resident was attending exercise program with other residents .... suddenly [redacted] and went forward, ... saying '[redacted]'." At 1:15 PM, the observation revealed the Resident was very [redacted] constantly getting up from the chair, walking without assistance, unable to [redacted] observation maintained for safety. On [redacted] at 10:30 AM, the following documented note was observed in Resident #2's medical record written by LPN #1 and stated the following: "8 AM ... Resident .... repeatedly saying "[redacted]" One on one provided and the Resident	A 389		

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A 389	Continued From page 6	A 389		

was sent to the hospital for evaluation then returned from Crisis the same day with an NJ EX Order. 264b1) with no follow up." The following additional observations were also documented and reviewed:

On NJ EX Order. 264b1 at 4:15 PM, NJ EX Order. 264b1 observation to maintain safety was noted.
On NJ EX Order. 264b1 at 1:00 PM & 8:30 PM, NJ EX Order. 264b1 done to prevent NJ EX Order. 264b1 and for safety.
On NJ EX Order. 264b1 3 at 9:45 PM, NJ EX Order. 264b1 observation to maintain safety
On NJ EX Order. 264b1 at 2:15 PM written by LPN #2 revealed the Resident needed constant supervision, NJ EX Order. 264b1 and noted with NJ EX Order. 264b1 and NJ EX Order. 264b1
On NJ EX Order. 264b1 at 12:00 PM, NJ EX Order. 264b1 maintained for safety.
On NJ EX Order. 264b1 at 10:45 AM revealed the Resident had acute changes in NJ EX Order. 264b1 status was sent to the hospital for evaluation.
On NJ EX Order. 264b1 at 3:30 PM, the Resident was transferred to a NJ EX Order. 264b1 facility.
On NJ EX Order. 264b1 at 11:15 AM revealed Resident #2 was readmitted to the facility from NJ EX Order. 264b1.

Continued review of Observations for Resident #2 dated NJ EX Order. 264b1 written by LPN #2 revealed the Resident was noted with NJ EX Order. 264b1 throughout the shift, NJ EX Order. 264b1 and hard to be NJ EX Order. 264b1 required close supervision and NJ EX Order. 264b1

On 3/12/24 at 10:00 PM, observation noted, "Around 4;[:]45 PM care manager paged writer to room NJ EX Order. 264b1 [Resident #1's room, unoccupied], upon arrival resident was found in NJ EX Order. 264b1 in the NJ EX Order. 264b1

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A 389	Continued From page 7	A 389		

NJ EX Order. 264b1. Upon attempting to rouse the resident by calling [his/her] name and asking is [he/she] is ok there was NJ EX Order. 264b1, indicating [he/she] was NJ EX Order. 264b1. Immediate action was taking by calling NJ EX Order. 264b1 initiated. ... NJ EX Order. 264b1 by emergency responders. Law enforcement ... initiated investigation ... Wellness Director, Executive Director placed call to family and made them aware. Writer spoke to resident's physician ..."

On NJ EX Order. 264b1 at 12:00 PM, addendum noted, "... resident was found in the NJ EX Order. 264b1 NJ EX Order. 264b1."

A review of documents titled, "NJ EX Order. 264b1 c NJ EX Order. 264b1" NJ EX Order. 264b1 consultations, for Resident #2 dated NJ EX Order. 264b1 and NJ EX Order. 264b1 all revealed under Diagnosis and Plan: " .... 4. Continue to monitor NJ EX Order. 264b1 and report any changes or concerns NJ EX Order. 264b1

During an interview on NJ EX Order. 264b1 at 9:57 a.m., when the surveyor asked what close supervision means, LPN #2 stated when the Resident walked in the hallway a care manager was always with him/her to NJ EX Order. 264b1, make sure needs are met and offer diversional activities so he/she does not get up or walk alone. In the same interview, when the surveyor asked what NJ EX Order. 264b1 supervision means, LPN #2 continued to say it means the Resident was kept in the dayroom, there was always a staff member there to check on the Resident.

In continued survey interview, when the surveyor asked for documentation to show a staff member is always present in the dayroom, LPN #2 stated it's not on the assignment. It is a verbal rotation agreement and it is not documented.

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A 389	Continued From page 8 During an interview at 10:43 a.m., when asked about [redacted] for the Resident, LPN #1 stated there are no [redacted] checks, most of the time they [the residents] are in the dayroom during the day. When the surveyor asked her about [redacted] supervision for Resident #2, she replied there was one care manager for him/her for [redacted], the care managers and nurses took turns to watch him/her. There was no log, it was only a verbal report and no documentation was done. During an interview at 12:38 p.m. when the surveyor asked about the monitoring for Resident #2, the Wellness Director, who is also the Director of Nursing (DON) stated the staff closely monitored by [redacted] supervision by keeping an eye on the Resident within [redacted] on him/her, staff would watch resident in the living room area also seen by the Wellness Office or activity staff and/or walk with him/her. For Resident #2, depending on the [redacted], staff would direct the Resident to take a walk, take a nap, take to the bathroom or to an activity. The DON/WD continued to confirm all communication with staff was verbal, we do a stand up, stand down verbal report each shift, there was no documentation. In the same interview when the surveyor asked during sundowning and safety for Resident #2, the DON/WD stated he/she was [redacted], so she said staff would always have eyes on the Resident and walk with him/her. She continued to say that [redacted] checks are not documented, if the care manager and nurse did not see him/her, staff would look for the Resident to make sure he/she was safe and OK and bring the Resident to the public area, within eyesight.	A 389		

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A 389	Continued From page 9 During continued interview when the surveyor asked how the NJ EX Order 264b1 was being monitored for Resident #2 as noted on the NJ EX Order 264b1 consultation dated NJ EX Order 264b1, the DON/WD repeated it was the same process by keeping eyes on him/her. During an interview at 3:10 p.m., when verifying if there was no documentation of Resident #2's behaviors how do you know it was done, the DON/WD stated staff would know it was done by talking to each other. She continued to say "I do know if not documented, it's not done is Nursing 101, but no way to prove it." At the time of survey, there were no policies on Behaviors. The facility neglected Resident #2 by not providing NJ EX Order 264b1 of his/her behavior, who had a NJ EX Order 264b1 or was kept safe when Resident #2 NJ EX Order 264b1 NJ EX Order 264b1. Also, staff were unaware of his/her whereabouts from approximately 2:00 p.m. until the Resident was found at 4:20 p.m. based on the FRE. On 3/20/24 at 5:19 p.m., the surveyor requested a removal plan from the ED for failing to implement facility's policies and procedures, including resident assessment which placed placed residents at risk NJ EX Order 264b1. The Administrator provided the survey team with an acceptable removal plan on 4/2/24. The surveyor completed a follow-up survey on 4/3/24 and confirmed the facility implemented the removal plan.	A 389		

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A 709	8:36-7.2(d)(1-18) Resident Assessments and Care Plans (d) Each health care assessment by the registered professional nurse shall include, at a minimum, evaluation of the following: 1. Need for assistance with "activities of daily living"; 2. Cognitive patterns; 3. Communication/hearing patterns; 4. Vision patterns; 5. Physical functioning and structural problems; 6. Continence; 7. Psychosocial well-being; 8. Mood and behavior problems; 9. Activity pursuit patterns; 10. Disease diagnoses; 11. Health conditions and preventive health measures, including, but not limited to, pain, falls, and lifestyle; 12. Oral/nutritional status; 13. Oral/dental status; 14. Skin conditions; 15. Medication use;	A 709		

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A 709	Continued From page 11 16. Special treatment and procedures; 17. Restraint use; 18. Outside service utilization. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00172111 Based on interview, record review, and pertinent facility documentation review on 3/20/24, it was determined that the facility failed to have an assessment done by a Registered Nurse (RN) for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following: On 03/20/24, the surveyor reviewed the Medical Record (MR) of Resident #2 which revealed a document titled, "Resident Information" with a move in date of [redacted] with diagnoses which included [redacted]. A review of a document titled, "Observations For [Resident #2] [redacted]", revealed a Progress Note (PN) dated [redacted] at 11:15 AM that the Resident was readmitted from a [redacted] facility. The surveyor reviewed Resident #2's "NJ Assessment 60 Day Assessment dated [redacted],	A 709		

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A 709	Continued From page 12 with a next due date: [redacted] under "General Services" included, "[redacted] ... Resident's Needs/Preferences: resident is [redacted], and [redacted] under "Resident's Desired Goals & Outcomes: resident will remain safe in a [redacted] unit ..." Further review of the document revealed the following information: Under [redacted]" included, [redacted] ... Resident's Needs/Preferences: Requires supervision and redirection from staff to help prevent [redacted] .. Resident's Desired Goals & Outcomes: To have proper supervision and redirection techniques in place [redacted] ..." Questions were included to assess if the Resident had the following: Under "Mood/Behaviors", The box was checked "No." Under [redacted]", the box was checked "No." Under "[redacted]", the box was checked "No." Under "[redacted]," Resident's Needs and Preferences: Resident has a hx [history] of dementia, he/she [redacted], is [redacted] ...Resident's Desired Goals & Outcomes: resident will remain [redacted] unit ..." Under [redacted]" the box was checked "No." Under "[redacted]," "Resident's Needs/Preferences: resident is [redacted] Resident's Desired Goals & Outcomes: resident will remain safe ..." Under [redacted]" "Resident's Needs/Preferences: resident exhibits [redacted] in the afternoon, Resident's Desired	A 709		

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A 709	Continued From page 13 Goals & Outcomes: resident will be safely and effectively redirected ..." Under "Current signs & symptoms," the box is checked "No." At the time of survey, there was no documented evidence of interventions listed to accomplish these goals and outcomes for Resident #2 on the 60 day Assessment/General Service Plan (GSP). During an interview on 3/20/24 at 12:38 p.m., when the surveyor asked about the GSP, the box for "[redacted]" was checked as "No" for Resident #2, the Director of Nursing/Wellness Director (DON/WD) stated I completed it per the [redacted] questionnaire, which is part of the assessment. In the same interview, when the surveyor showed her the 60 day Assessment, under GSP having no interventions for Resident #2, the DON/WD confirmed, she agreed there are no interventions on the GSP, there are usually interventions and she was not sure why. A review of the facility policy titled, "Resident Assessment-New Jersey" with a revised date June 2014, revealed the following: under, "I. Purpose: "To assess each Resident and determine the physical and medical needs for each resident. ... II. Policy and Responsibilities: ...B. The Wellness Director or designee will complete a full assessment prior to admission, on admission or within the state required time frame to determine the resident's needs. ... III. Procedure: ...B. Based upon the assessment the service plan will be initiated as applicable ..."	A 709		
A 735	8:36-7.2(e)(1-5) Resident Assessments and Care Plans	A 735		

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	90a001	A. BUILDING: _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT SUMMIT	41 SPRINGFIELD AVENUE SUMMIT, NJ 07901

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A 735	Continued From page 14 (e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following: 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to treatment will be reviewed; and 5. The measures to be used to assess the effects of treatment. This REQUIREMENT is not met as evidenced by: Complaint#: NJ000172111 Based on interview, and record review, it was determined that the facility failed to implement a Health Service Plan (HSP) for 1 of 3 residents (Resident #2) who had a history of [redacted] and [redacted] behaviors. This deficient practice was evidenced by the following: On 03/20/24, the surveyor reviewed the closed Medical Record (MR) of Resident #2 which	A 735		

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A 735	Continued From page 15 revealed a document titled, "Resident Information" with a move in date of [redacted], and diagnoses which included NJ EX Order. 264b1 [redacted]. A review of a document titled,"Observations For [Resident #2] NJ EX Order. 264b1," revealed a Progress Note (PN) dated [redacted] at 11:15 AM revealed the Resident was readmitted from a [redacted] facility. The surveyor reviewed Resident #2's "NJ Assessment 60 Day Assessment dated [redacted] with a next due date: [redacted] that revealed the following: Under, "NJ EX Order. 264b1" included "[redacted] NJ EX Order. 264b1 ... Resident's Needs/Preferences: Requires supervision and redirection from staff to help prevent [redacted] episodes ...Resident's Desired Goals & Outcomes: To have proper supervision and redirection techniques in place to [redacted] NJ EX Order. 264b1 Under, NJ EX Order. 264b1," the box was checked "No." Under, "[redacted]" the box was checked "No." Under, "[redacted]," the box was checked "No." Under, "[redacted]. Resident's Needs and Preferences: Resident has a [redacted], is [redacted] and has [redacted] ...Resident's Desired Goals & Outcomes: resident will remain safe in a [redacted] unit ..." Under "[redacted]", the box was checked "No".	A 735		

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A 735	Continued From page 16 Under "NJ EX Order. 264b1 ... Resident's Needs/Preferences: resident is NJ EX Order 264b1 Resident's Desired Goals & Outcomes: resident will remain safe ..." Under "NJ EX Order 264b1 ... Resident's Needs/Preferences: resident exhibits NJ EX Order 264b1 in the afternoon, Resident's Desired Goals & Outcomes: resident will be safely and effectively redirected ..." Under "Current signs & symptoms," the box is checked "No." During an interview on 3/20/24 at 12:38 p.m., when the surveyor asked if Resident #2 had a Health Service Plan (HSP) for NJ EX Order. 264b1 issues, the Director of Nursing/Wellness Director (DON/WD) stated no residents have NJ EX Order 264b1 HSPs. If any resident would warrant a HSP for NJ EX Order. 264b1] then this is not the place for them. She continued to say, when a resident has NJ EX Order 264b1, [they are] is on [the] assessment and General Service Plan (GSP) and then followed up with NJ EX Order 264b1 In the same interview, the DON/WD stated there was no need for Resident #2 to have a NJ EX Order 264b1 HSP for NJ EX Order 264b1 because she could handle his/her NJ EX Order. 264b1 were on the GSP. A review of the facility policy titled, "Nursing Practice New Jersey" with a revised date December 2008, revealed the following: Under, "I. Policy: All residents will have their service plan needs reassessed at least semiannually or more often if needed. Those residents with Health service plans shall have their health service plans reassessed at least quarterly. The condition of residents shall be monitored on a periodic basis but at least monitored during wellness checks ..."	A 735		

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A 735	Continued From page 17 A review of the facility policy titled, "Resident Assessment-New Jersey" with a revised date June 2014, revealed the following: "I. Purpose: "To assess each Resident and determine the physical and medical needs for each resident. ... II. Policy and Responsibilities: ...C. All residents shall have a re-assessment if there is a significant change of status ... III. Procedure: ... B. Based upon the assessment the service plan will be initiated as applicable ..."	A 735		
A 779	8:36-7.5(c) Resident Assessments and Care Plans (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00172111 Based on interview, and closed medical record review, it was determined that the facility's Licensed Practical Nurse (LPN) failed to notify the Registered Nurse (RN) of a resident's change in [redacted] status for 1 of 3 residents reviewed, Resident #2. The deficient practice was evidenced by the following: On 3/18/24 at 10:33 a.m. the surveyor reviewed	A 779		

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A 779	Continued From page 18 the closed medical record (MR) of Resident #2, who moved into the facility on [redacted] medical diagnoses including [redacted] and was [redacted] as a result of [redacted]. Continued review of Resident #2's MR revealed a document titled, "Observations For [Resident #2] [redacted]." The document contained a progress note (PN) written by an LPN on [redacted] in which Resident #2 expressed [redacted] The LPN documented that she notified the resident's [redacted] of the resident's statement. At 2:11 p.m. the surveyor interviewed the LPN who documented the PN on [redacted]. The LPN stated she could not remember if she notified anyone else besides the [redacted]. The LPN confirmed the PN did not reflect the RN being notified of the resident's change in condition. At 2:36 p.m. the surveyor interviewed the Wellness Director (WD), who is an RN, about the documented PN on [redacted] written by the LPN. The WD stated that she could not recall being notified of Resident #2's [redacted] statement on [redacted]. The WD continued to state that she, the RN, should have been notified of the resident's change in condition, which would have initiated a need for assessment. The facility failed to provide documented evidence the RN was notified of Resident #2's change in condition. On 3/20/24 at 5:19 p.m., the surveyor requested a removal plan from the ED for failing to implement facility's policies and procedures, including resident assessment which placed	A 779		

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A 779	Continued From page 19 placed residents at risk for NJ EX Order 264b1.	A 779		
	The Executive Director provided the survey team with an acceptable removal plan on 4//2/24. The surveyor completed a follow-up survey on 4/3/24 and confirmed that the facility implemented the removal plan.			
A 781	8:36-7.5(d) Resident Assessments and Care Plans (d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00172111 Based on interview, and closed medical record, review it was determined that the facility failed to notify the physician of a resident's change in NJ EX Order 264b1 status for 1 of 3 residents reviewed, Resident #2. The deficient practice was evidenced by the following: On 3/18/24 at 10:33 a.m., the surveyor reviewed the closed medical record (MR) of Resident #2, who moved into the facility in NJ EX Order 264b1 with medical diagnoses including NJ EX Order 264b1 NJ EX Order 264b1, and was NJ EX Order 264b1 as a	A 781		

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A 781	Continued From page 20 result of NJ EX Order 264b1 Continued review of Resident #2's MR revealed a document titled, "Observations For [Resident #2] NJ EX Order 264b1 " The document contained a progress note (PN) written by an Licensed Practical Nurse (LPN) on [redacted] in which Resident #2 expressed NJ EX Order 264b1 by stating, " .... NJ EX Order 264b1 ." The LPN wrote that she notified the resident's [redacted] of the resident's statement. At 2:11 p.m. the surveyor interviewed the LPN who documented the PN on [redacted]. The LPN stated she could not remember if she notified anyone else besides the [redacted] The LPN confirmed the PN did not reflect the resident's physician being notified of the resident's expressed [redacted] The facility failed to provide documented evidence the Physician was notified of Resident #2 change in condition. On 3/20/24 at 5:19 p.m., the surveyor requested a removal plan from the ED for failing to implement facility's policies and procedures, including resident assessment which placed placed residents at risk NJ EX Order 264b1 . The Executive Director provided the survey team with an acceptable removal plan on 4/2/24. The surveyor completed a follow-up survey on 4/3/24 and confirmed that the facility implemented the removal plan.	A 781		
A 935	8:36-11.4(b) Pharmaceutical Services	A 935		

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A 935	Continued From page 21 (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations. This REQUIREMENT is not met as evidenced by: Complaint#: #NJ00172111 Based on interview, and record review, it was determined that the facility failed to ensure that medications were reconciled (process of comparing a resident's medication orders to all of the medications that the resident was taking) with the previous facility medications and followed up with the physician for a resident who was readmitted to the facility after a [redacted] stay for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: A review of Resident #2's closed Medical Record (MR) revealed a document titled, "Resident Information" with a move in date of [redacted] and diagnoses which included [redacted].	A 935		

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A 935	Continued From page 22 A review of a document titled, "Observations For [Resident #NJ EX Order. 264b1 " revealed Progress Notes (PNs) that included the following: On NJ EX Order. 264b1 the Resident was transferred to the hospital for evaluation. On NJ EX Order. 264b1 was transferred to a NJ EX Order. 264b1 facility, and on NJ EX Order. 264b1, the Resident was readmitted to the facility. A review of documents titled, NJ EX Order. 264b1 consultations, for Resident #2 dated NJ EX Order. 264b1 all revealed under: "Diagnosis and Plan: ...2. Continue NJ EX Order. 264b1 as a supplement for NJ EX Order. 264b1; 3. Continue NJ EX Order. 264b1, may help with NJ EX Order. 264b1; ..." A review of Resident #2's "Scheduled Medications" dated NJ EX Order. 264b1, revealed the following medications: NJ EX Order. 264b1 MG [milligram] Tablet Oral (by mouth) Take NJ EX Order. 264b1 tablets NJ EX Order. 264b1) by mouth at NJ EX Order. 264b1 NJ EX Order. 264b1 MG Tablet NJ EX Order. 264b1 MG Tablet) Oral (by mouth) Take NJ EX Order. 264b1 Tablet by mouth daily at NJ EX Order. 264b1 A review of Resident #2's "Resident Information" sheet dated NJ EX Order. 264b1 included under "Medication Orders (MOs)" revealed the following active orders as of NJ EX Order. 264b1: NJ EX Order. 264b1 MG Tab (NJ EX Order. 264b1 MG Tablet) Oral (by mouth) Take NJ EX Order. 264b1 tablet by mouth at NJ EX Order. 264b1 NJ EX Order. 264b1 MG Cap [capsule] NJ EX Order. 264b1 MG NJ EX Order. 264b1 Cap) oral (by mouth), Take NJ EX Order. 264b1 capsule by mouth in the evening	A 935		

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A 935	Continued From page 23 NJ EX Order 264b1 MG- MG Tablet Oral (by mouth) Take tablet by mouth twice a day Active as of NJ EX Order. 264b1 MG Tablet NJ EX Order 264b1 MG Tablet) Oral (by mouth), Take tablet by mouth twice a day NJ EX Order. 264b1 NJ EX Order 264b1 MG Tab (NJ EX Order 264b1 Mg Tablet) Oral (by mouth), Take 1 tablet by mouth once daily NJ EX Order 264b1 MG Tablet Oral (by mouth) Take tablets by mouth daily NJ EX Order 264b1 MG Tablet NJ EX Order 264b1 MG Tablet) Oral (by mouth) Take tablet by mouth once daily NJ EX Order 264b1 MG Capsule (NJ EX Order 264b1 MG Capsule) Oral (by mouth), Take Capsule by mouth at bedtime A review of Resident #2's medications at the time of his/her readmission did not include the NJ EX Order. 264b1) medications as previously prescribed in NJ EX Order 264b1 . During an interview on 3/20/24 at 12:38 p.m., when the surveyor asked about the missing medications on Resident #2's readmission on , the Director of Nursing/Wellness Director (DON/WD) said Resident #2 went to the hospital, the facility sent a list of meds [medications] to the hospital, but she did not know what happened to the missing medications, then he/she was sent to When asked about the process of	A 935		

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A 935	Continued From page 24 reconciling medications, the DON/WD stated the Licensed Practice Nurse (LPN) reconciles meds and gets [physician] orders and compares the medications to the previous facility medications and the facility NJ EX Order 35401 would have reviewed the medications for the NJ EX Order 35401 During a second interview at 3:10 p.m., the DON/WD stated, "the nurse should have looked back at the prior stay in NJ EX Order 35401 meds and compared to [the] readmit [readmission] meds in NJ EX Order 35401 then consulted the doctor [physician] to see if the meds should occur with the primary doctor (PD), then PD would tell the nurse to follow up with the NJ EX Order 35401 " During continued surveyor interview, when asked if Resident #2 would be put on the p NJ EX Order 35401 schedule for NJ EX Order 35401 if he/she returned on a NJ EX Order 35401 night, the DON/WD didn't know. She continued to say, the nurse who readmitted Resident #2 should have contacted the NJ EX Order 35401 within 24 hours of the Resident's return and the nurse would have documented this contact in the nurse's note. The DON/WD added the NJ EX Order 35401 may have been stopped by the PD due to tiredness. At the time of survey, there was no evidence that the physician or NJ EX Order 35401 was contacted and informed of the missing medications.	A 935		

BRANDYWINE LIVING
at Summit
Life is Beautiful

May 10, 2024

RE: Statement of Deficiencies from April 3, 2024 Survey

Please find Brandywine Living at Summit's updated narrative Plan of Correction as requested by letter received on April 16, 2024:

Tag A310:

1. Resident #2 has [redacted].

2. All residents have the potential to be affected by this practice.

3. As previously outlined in the removal plan, all wellness staff were educated on the policy of notification in change in resident status and change in [redacted] symptoms, as well as the notification process to be followed per policy. This education took place during March 26-28, 2024, and was performed by Regional RN [redacted] and Regional Director of Engagement [redacted], a Certified Dementia Practitioner. Moving forward, documentation by care managers of behaviors/expressions will be completed daily and any unusual behaviors will be reported to the licensed nurse. The licensed nurse will ensure the RN is made aware of any unusual behaviors and that these are documented on the 24-hr report daily and the medical record. In addition to the training done at the time of the removal plan, all staff were retrained on recognizing behaviors and the need to immediately report to wellness staff, on April 23, 2024, by Regional LPN [redacted]. Wellness staff were retrained on using the Mood/Behavior Tracking Sheet, hourly check log, and 24-hour report, on April 23-24, 2024, by Regional LPN [redacted] Additionally, wellness staff were retrained on notifications and documentation on April 25, 2024, by ED [redacted] RN. Four wellness staff members were unable to attend these week-day trainings. ED [redacted], RN will train them over the weekend of April 27-28, 2024, or at the start of their next shift. No wellness staff, including per diem staff, will take any floor assignment prior to having the retraining on the Mood/Behavior Tracking Sheet, hourly check log, 24-hour report, and reviewing of documentation.
   The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

4. The 24-hr report will be monitored daily by the Director of Clinical Services ("DCS"), ED or Regional RN for the next 3 months to ensure all notifications were

documented and proper interventions have taken place. Any changes in type or severity of behavioral symptoms will be reviewed at daily stand-up meetings to ensure compliance with HSP for behaviors, notification process of physician and family, and proper intervention management. For the purpose of insuring proper use of the 24-hr report, the DCS or Regional RN will conduct random weekly chart audits of 25% of the facility census, including residents from both assisted living and memory care. This audit will verify the appropriate information from these charts was relayed in the 24-hr report. Audit results will show 90% compliance or higher. If this compliance threshold is not demonstrated, the audit will be increased to at least 50% of the facility census on a biweekly basis for no less than three consecutive weeks.
Results of daily monitoring and weekly audits will be reported to the monthly QI committee.
The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

Tag A389:

1. Resident #2 has [redacted]

2. All residents with behavioral symptoms have the potential to be affected. An audit of all resident medical records was completed by a team of 4 regional nurses between April 22-24, 2024, to identify, among other details, any current residents with behavioral symptoms.

3. As previously outlined in the removal plan, Regional RN [redacted] trained all wellness (clinical) staff in the community on the use of the behavior expressions tracking log between March 26-28, 2024. This log will be in place for all residents in the [redacted] unit or those in assisted living displaying behaviors, and will be utilized to track expressions as well as guide interventions that can be utilized for affecting expressions. In addition to the training previously outlined, Regional LPN [redacted] reviewed this Mood/Behavior Tracking Sheet again in training with wellness staff on April 23-24, 2024. Any wellness staff who could not attend these week-day meetings will receive this training from ED [redacted], RN prior to taking any floor assigned. The memory care hourly check log will be utilized to ensure any residents on hourly checks will have those times

documented on this tool. The daily tool will be electronically maintained as a part of the permanent chart record.
The facility has a policy on behaviors titled "Behaviors: Endangering." As outlined above, the wellness staff have now received two trainings on the policy and the Mood/Behavior Tracking Sheet. All staff were trained on recognizing behaviors as outlined above.
The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

4. The Mood/Behavior Tracking Sheet and the hourly check log will be monitored by the DCS and/or ED for completeness on a weekly basis for 6 months and results reported to the QI committee monthly.
The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

Tag A709:

1. Resident #2 has [redacted]

2. All residents have the potential to be affected.

3. All new residents and any residents who are discharged to the ER for longer than 24-hours, or to another Health care setting, in the next 6 months will be audited by the Regional RN to ensure a reassessment has been completed and any change in health care needs has been identified and documented within the medical record when such residents return to the facility. All care plans of residents in-house were audited to ensure they were not affected – this was completed between March 25-27, 2024. At that time, no other residents in the facility were in need of reassessment. Based upon the assessment on admission/readmission, care plans and ancillary screenings will be updated and documented in the chart as needed. All reassessments will be done at the time of readmission. The Regional RN will be copied on all discharges from the Center daily via the rent roll tracking system.
Regarding the General Service Plans (GSP's), all residents' charts were audited the week of April 22-26, 2024, and confirmed the GSP's were in place. Additionally, any resident exhibiting moods or behaviors per the observation notes in the resident's chart, had their GSP updated as part of the audit. By May 1, 2024, all residents whose GSP was changed as part of the audit will be listed and identified to the ED, and all such changes will be reviewed with staff during

stand-up, and stand- down.
The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

4. The Regional RN will audit all admissions and readmissions, based upon the information relayed via the rent roll tracking system, weekly for the next three months, then monthly for another three months. Results of audits will be reviewed daily between the Regional RN, the DCS and the Executive Director, and results of the audits will be reported to the monthly QI committee.
The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

Tag A735:

1. Resident #2 has [redacted]

2. All residents have the potential to be affected.

3. A health service plan (HSP) will be in place in conjunction with an outside health care provider which will integrate the services to be provided to the resident. This includes services such as psychiatric services, therapy, hospice, and wound care. On March 26-27, 2024, an audit was conducted of all charts for all residents by an RN using outside healthcare providers. The wellness team developed an HSP for any resident charts without an HSP, in coordination with the outside health care providers at that time. The DCS will utilize the Brandywine Health Service Plan in conjunction with the provider documentation tools to develop this integrated plan of service for each resident who requires outside health care providers. The HSP's will be reviewed, at minimum quarterly, but usually during each visit of the provider or when goals or services change. All changes in services will be documented on the HSP and medical record.
The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

4. The Regional RN will audit weekly that all HSP's are developed, interdisciplinary, and current. These weekly audits will occur for at least the next 6 months. Results of these audits will be reviewed at the monthly interdisciplinary QI committee.

The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

Tag A779:

1. Resident #2 has NJ EX Order 2640 .

2. All residents have the potential to be affected.

3. As previously outlined in the removal plan, all wellness staff were educated by NJ EX Order 2640 , Regional RN between March 26-27, 2024 on the notification requirements to the RN, the Attending Physician, and the family when there is a change in resident condition (including mental status), new onset of illness, any serious illness, criminal act or incident, transfer of the resident, or unusual condition/behaviors. In addition, wellness staff were also re-educated on notification requirements by ED NJ EX Order 2640 RN on April 25, 2024, or at the start of their next shift if unable to attend the April 25th session.
   All such notifications will be documented within the medical record. This will include messages left on phone recordings and repeat messages left with date and time. Any resident's change in conditions will also be documented on the 24-hr report for the oncoming shift.
   The facility will be in compliance no later than May 17, 2024, with ongoing monitoring for 6 months.

4. For the purpose of insuring proper use of the 24-hr report, the DCS or Regional RN will conduct random weekly chart audits of 25% of the facility census, including residents from both assisted living and memory care. This audit will verify the appropriate information from these charts was relayed in the 24-hr report, including any documentation of changes in condition and notifications. This audit will be conducted weekly for the next six months.
   The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

Tag A781:

1. Resident #2 has NJ EX Order 2640

2. All residents have the potential to be affected.

3. As previously outlined in the removal plan, all wellness staff have been educated on the notification requirements for the RN, the Attending Physician,

and the family when there is a change in resident condition (including mental status), new onset of illness, any serious illness, criminal act or incident, transfer of the resident, or unusual condition/behaviors. This education was conducted on March 26 and 27, 2024 by Regional RN NJ EX Order 264b1 In addition, ED NJ EX Order 264b1 RN re-educated wellness staff on notifications on April 25, 2024. Any wellness staff unable to attending the April 25th session will receive this training prior to taking the floor at the time of their next shift.
These notifications will be documented within the medical record. This will include messages left on phone recordings and repeat messages left with date and time. Change in conditions will also be documented on the 24-hr report for the oncoming shift.
The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

4. For the purpose of insuring proper use of the 24-hr report, the DCS or Regional RN will conduct random weekly chart audits of 25% of the facility census, including residents from both assisted living and memory care. This audit will verify the appropriate information from these charts was relayed in the 24-hr report, including any resident's changes in condition. Audit results will show 90% compliance or higher. If this compliance threshold is not demonstrated, the audit will be increased to at least 50% of the facility census on a biweekly basis for no less than three consecutive weeks.
The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

Tag A935

1. Resident #2 has [redacted]

2. All residents have the potential to be affected.

3. As previously outlined in the removal plan, all licensed staff have been in-serviced to review all Physician orders when a Resident has been readmitted to the Community. This education was conducted on March 26 and 27, 2024, by Regional RN NJ EX Order 264b1 At the time of a resident's admission or readmission, a medication reconciliation will be completed and any omission or changes in physicians' orders will be reviewed with the resident's primary care physician. Documentation of the conversation with the Physician will be documented within the medical record.

The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

4. The Regional RN and the DCS will audit all readmissions on a weekly basis for the next 6 months to ensure compliance with proper reconciliation of medications upon readmission. Audit results will show 100% compliance. If this compliance threshold is not demonstrated, the audit will be increased to at least 50% of the facility census on a biweekly basis for no less than three consecutive weeks. Results of these reviews will be reported to the monthly QI committee.
   The facility will be in compliance no later than May 17, 2024, with ongoing monitoring.

Sincerely,

Stacey Rubina, RN, CALA

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
	90a001	A. BUILDING: _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT SUMMIT	41 SPRINGFIELD AVENUE SUMMIT, NJ 07901

(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 #: NJ00172111 CENSUS: 45 SAMPLE SIZE: 3 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) Administration (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: [signature] RN CALA

TITLE: Executive Director

(X6) DATE: 4-26-24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90a001	A. BUILDING: _____ B. WING _____	C 04/03/2024

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint#: NJ00172111

Based on interview, record review, and review of pertinent facility documentation, it was determined that the facility's Executive Director (ED) failed to implement and enforce the policies and procedures titled, "Resident Assessment-New Jersey," and "Nursing Documentation/Service notes/Registered nurse role" regarding a resident's change [redacted] status for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 3/18/24 at 10:33 a.m., the surveyor reviewed the closed medical record (MR) of Resident #2, who moved into the facility on [redacted] with medical diagnoses that included [redacted] and [redacted] and was found [redacted] as a result of [redacted]

At 10:33 a.m. the surveyor reviewed a document titled, "Observations For [Resident #2] [redacted]," a progress note (PN) written by a Licensed Practical Nurse (LPN) on [redacted] which noted Resident #2 expressed [redacted] The LPN wrote that she notified the resident's [redacted] of the [redacted] the PN did not reflect the Registered Nurse (RN) or the resident's Physician was notified of the resident's statement.

At 12:30 p.m. the surveyor interviewed the

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A 310	Continued From page 2	A 310		

Wellness Director (WD), who is a Registered Nurse (RN), regarding the documented PN on [redacted] written by the LPN. The WD stated that she could not recall being notified of Resident #2's [redacted] statement on [redacted]. The WD also stated that she, the RN, should have been notified of the resident's change in condition, which would have initiated an assessment. During continued interview with the WD she stated she had not re-assessed Resident #2, prior to [redacted], upon return to the facility on [redacted] from the hospital followed by [redacted] [rehabilitation], as she normally waits about [redacted] days for the resident to reacclimate to the community.

At 2:11 p.m. the surveyor interviewed the LPN who documented the PN on [redacted] The LPN stated she could not remember if she notified anyone else besides the [redacted] The LPN confirmed the PN did not reflect the RN or the Physician being notified of the resident's change in condition. The LPN continued to state both the RN and the resident's Physician should have been notified of the resident's change in [redacted] status.

Surveyor review of the following facility policies and procedures revealed for policy titled, 1. "Nursing Documentation/Service notes/Registered nurse role" with a revision date of 3/2012, which indicated, "Policy: To obtain and document meaningful information during the interview process and proved a baseline in the event there are changes in the resident's functional and/or cognitive status that would require additional services. Information is kept as a record of the resident's response to treatment/intervention and or incidents." Under, "Procedure: ...The professional nurse will be

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A 310	Continued From page 3	A 310		

notified if there is a significant change in the resident's condition...The resident's physician of the physician's designee, that is another physician or an advanced practice nurse or physician's assistant shall be notified by the licensed nurse of any significant change in the resident's physicals or cognitive/mental condition and any intervention by the physician shall be documented. ..."

2. Policy titled, "Resident Assessment-New Jersey" with a revision date of June 2014, indicated, under, "I. Purpose: "To assess each Resident and determine the physical and medical needs for each resident." Under, "II. Policy and Responsibilities: ...C. All residents shall have a re-assessment if there is a significant change in status. D. All residents shall have an assessment of their general service plan and note written upon readmission from the hospital by the RN [Registered Nurse]..."

The facility failed to follow its own policies and procedures.

On 3/20/24 at 5:19 p.m., the surveyor requested a removal plan from the ED for failing to implement facility's policies and procedures, including resident assessment which placed placed residents at risk for [redacted]

The ED provided the survey team with an acceptable removal plan on 4/2/24.

The surveyor completed a follow-up survey on 4/3/24 and confirmed that the facility implemented the removal plan.

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A 389	Continued From page 4	A 389		
A 389	8:36-4.1(a)(16) Resident Rights (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 assisted living programs. Each resident is entitled to the following rights: 16. The right to be free from physical and mental abuse and/or neglect; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00172111 Based on interview, record review, and pertinent facility documentation review, it was determined that the facility failed to ensure safety of a resident who was supposed to be monitored with a history of behaviors including, [redacted] starting around 4 p.m. daily, and who had a history of stating [redacted] was enforced for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 3/13/24 at 4:40 p.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 NJ DOH. The report included a document titled, "Incident date: [redacted]" which revealed a timeline of events that showed staff were not aware of Resident #2's whereabouts from 3:20 p.m. to 4:40 p.m. Resident #2 was last seen in	A 389		

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A 389	Continued From page 5	A 389		

his/her apartment asleep in bed and at 4:40 p.m., the Resident was found in Resident #1's apartment in the NJ EX Order. 264b1 with the NJ EX Order. 264b1 Resident #1 was not in the room.

A review of Resident #2's closed Medical Record (MR) revealed a document titled, "Resident Information" with a move in date of [redacted] with diagnoses which included NJ EX Order. 264b1 NJ EX Order. 264b1 not

A review of a document titled, "Observations For [Resident #2] NJ EX Order. 264b1," revealed the following Progress Notes (PNs):

On 11/20/23 at 10:30 AM, the following documented note was observed in Resident #2's medical record written by LPN #1 and stated the following: "Resident was attending exercise program with other residents .... suddenly NJ EX Order. 264b1 NJ EX Order. 264b1 saying 'NJ EX Order. 264b1 NJ EX Order. 264b1 At 1:15 PM, the observation revealed the Resident was very [redacted] constantly getting up from the chair, walking without assistance, NJ EX Order. 264b1 NJ EX Order. 264b1 observation maintained for safety.

On [redacted] at 10:30 AM, the following documented note was observed in Resident #2's medical record written by LPN #1 and stated the following: "8 AM ... Resident .... repeatedly saying 'NJ EX Order. 264b1 I tried and it didn't work. NJ EX Order. 264b1 provided and the Resident

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
90a001 Y1	A. Building B. Wing Y2	5/15/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT SUMMIT	41 SPRINGFIELD AVENUE SUMMIT, NJ 07901

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 A0389	Correction	ID Prefix A0709	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-7.2(d)(1-18)	Completed
LSC	05/17/2024	LSC	05/17/2024	LSC	05/17/2024
ID Prefix A0735	Correction	ID Prefix A0779	Correction	ID Prefix A0781	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-7.5(c)	Completed	Reg. # 8:36-7.5(d)	Completed
LSC	05/17/2024	LSC	05/17/2024	LSC	05/17/2024
ID Prefix A0935	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/17/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/3/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO