New Jersey Department of Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	FIED	
		ZRXUPT	B. WING		09/1	09/13/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BRANDYV	VINE LIVING AT PENNIN	GTON	FRANKLIN AV ON, NJ 08534				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
A 000	Initial Comments		A 000				
	conducted by the Sta facility was found not New Jersey Administr control regulations sta Assisted Living Resid Personal Care Homes Programs and Center	rs for Disease Control and commended practices to					
A 310	1. Ensuring the d	or designee shall be ot limited to, the following:	A 310				
	by:	is not met as evidenced					

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

TITLE

(X6) DATE

10/18/22

PRINTED: 04/10/2023 FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WING **ZRXUPT** 09/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 143 WEST FRANKLIN AVENUE **BRANDYWINE LIVING AT PENNINGTON** PENNINGTON, NJ 08534 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 310 A 310 Continued From page 1 determined that the Executive Director (ED) failed to implement and enforce the facility's policies and procedures titled, "COVID 19 Outbreak Response Plan" in regard to the frequency in which resident's vital signs were taken during a COVID 19 outbreak for 3 out of 3 residents reviewed. Residents # 1, #2 and #3. This deficient practice was evidenced by the following:

On 9/13/2022 at 12:30 p.m., the surveyor interviewed the facility's Wellness Nurses (WN) who stated the Nurses only assess the temperature and pulse ox (concentration of oxygen in the blood) of Covid positive residents daily and complete "visual checks" on Covid negative residents during medication administration.

1. On 9/13/2022, the surveyor reviewed the Medical Record (MR) of Resident #1 who had a diagnoses which included

The resident tested on The surveyor reviewed the "Observation" notes for Resident #1 that revealed the resident's vital signs were assessed once on 9/5/2022, 9/6/2022, twice on 9/7/2022, twice on 9/8/2022, and once on 9/12/2022. The resident vital signs were not assessed on 9/10/2022 and 9/11/2022.

2. On 9/13/2022, the surveyor reviewed the Medical Record (MR) of Resident #2 who had a diagnoses which included

resident tested

The surveyor reviewed the "Observation" notes for Resident #2 that revealed the resident vital signs were assessed once on

PRINTED: 04/10/2023 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
		ZRXUPT	B. WING		09/1	3/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
BRANDYWINE LIVING AT PENNINGTON  143 WEST FRANKLIN AVENUE							
			TON, NJ 08534				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
A 310	Continued From page	<b>2</b>	A 310				
	9/11/22. The resident vital signs were not assessed on 9/12/2022.						
	medical Record (MR) diagnoses which included inc	Resident #3 tested on . The surveyor vation" notes for Resident #3 he resident's vital signs were 5/2022, twice on 9/6/2022, d once on 9/9/2022. The were not assessed on 9/11/2022 and 9/12/2022.  p.m., the surveyor y's Director of Wellness e Nurses try their best to ure and pulse ox of Covid					
	titled, "COVID 19 Out which revealed, "Policy: This plan is e 3/6/20 and will be cha advisements from CD this plan is the CDC I residents with confirm in health care centers 8/1/21 All residents	eyor reviewed a document threak Response Plan"  effective for COVID-19 as of langed as knowledge and loc change. Also inclusive of langed or suspected COVID-19 as dated 2/24/20)Revision will have vital signs taken bulse ox. (New Jersey only)".					
A 891	8:36-10.5(a) Dining S	ervices	A 891				
	(a) The facility and ρε	ersonnel shall comply with					

PRINTED: 04/10/2023 FORM APPROVED

New Jersey Department of Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		ZRXUPT	B. WING		09	0/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE	•	
		143 WES	ST FRANKLIN AVEN			
BRANDY	WINE LIVING AT PENNIN	GTON PENNIN	GTON, NJ 08534			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
A 891	Continued From page 3		A 891			
	the provisions of N.J. Establishments and F	A.C. 8:24, Retail Food Food and Beverage Vending I of the New Jersey Sanitary				
	by: Based on interview a documents, it was de failed to comply with 8:24-2.1(c)(3)(v) for r monitoring of the faci temperatures. This de all residents of the faci was evidenced by the Reference: Chapter 2 in Retail Food Establi Beverage Vending M "Through routine mor temperature and expi sanitizing, and chemi temperature, and exp	termined that the facility the provisions of N.J.A.C. naintaining routine lity's hot water dishwasher eficient practice could affect cility. This deficient practice e following:  24, N.J.A.C. 8:24, "Sanitation ishments and Food and achines" 8:24-2.1(c)(3)(v) nitoring of solution osure time for hot water cal concentration, pH, posure time for chemical ulti-use equipment and				
	On 9/13/22 at 12:57 profession control surverthe facility documents	o.m., during a focused ey, the surveyor reviewed s titled, "Dish Machine the months of August and				

PRINTED: 04/10/2023 FORM APPROVED

New Jersey Department of Health
STATEMENT OF DEFICIENCIES (X

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
ZRXUPT			B. WING			09/13/2022	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA				
BRANDY	VINE LIVING AT PENNIN	GTON	FRANKLIN AV ON, NJ 08534				
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE	
A 891	1 Continued From page 4		A 891				
	SUMMARY STATEMENT OF DEFICIENCIES  IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						