PRINTED: 04/10/2023 FORM APPROVED

New Jersey Department of Health

RAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT PENNINGTON SUMMARY STATEMENT OF DEFICIENCIES B. WING AT PENNINGTON STREET ADDRESS, CITY, STATE, ZIP CODE 143 WEST FRANKLIN AVENUE PENNINGTON, NJ 08534 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 143 WEST FRANKLIN AVENUE PENNINGTON, NJ 08534 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 000 Initial Comments Initial Comments: TYPE OF SURVEY: Complaint with Focused Infection Control Complaint #: NJ 00137118 CENSUS: 84						С	
BRANDYWINE LIVING AT PENNINGTON 143 WEST FRANKLIN AVENUE PENNINGTON, NJ 08534 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 000 Initial Comments Initial Comments: TYPE OF SURVEY: Complaint with Focused Infection Control Complaint #: NJ 00137118 CENSUS: 84			ZRXUPT	B. WING		12/06/2022	
Carried Nation	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 000 Initial Comments Initial Comme	I BRANDYWINE LIVING AT PENNINGTON						
Initial Comments: TYPE OF SURVEY: Complaint with Focused Infection Control Complaint #: NJ 00137118 CENSUS: 84	PREFIX (E	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETE	
TYPE OF SURVEY: Complaint with Focused Infection Control Complaint #: NJ 00137118 CENSUS: 84	A 000 Initial Co	omments		A 000			
The facility was in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this survey.	Initial Co TYPE Of Infection Complain CENSUS SAMPLE The facil New Jens Standard Resident Homes,	omments: OF SURVEY: 0 n Control int #: NJ 001 S: 84 E: 5 ility was in subsequences Administrates for Licensurices, Comprehending and Assisted	37118 Distantial compliance with rative Code, Chapter 8:36, are of Assisted Living thensive Personal Care				

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

TITLE (X6) DATE