

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55A002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/07/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRANDYWINE ASSISTED LIVING AT GOVERNOR'S CI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>49 LASATTA AVENUE</b> <b>ENGLISHTOWN, NJ 07726</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: TYPE OF SURVEY: COMPLAINT</p> <p>COMPLAINT #: NJ00117805</p> <p>CENSUS: 67</p> <p>SAMPLE: 4</p> <p>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.</p>	A 000		
A1047	<p>8:36-14.3(d) Emergency Services and Procedures</p> <p>(d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' and applicable NFPA requirements and N.J.A.C. 5:70. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance.</p>	A1047		

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

TITLE

(X6) DATE

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A1047	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review it was determined that the facility failed to visually inspect fire extinguishers monthly and keep a record of the examination on the tag attached to the fire extinguishers, as required by National Fire Protection Association (NFPA) and N.J.A.C. 5:70. This deficient practice was evidenced by the following:</p> <p>On 5/7/2019, during the tour of the building, in the presence of the facility's Administrator and Environmental Services Director (EVSD), the surveyor inspected 7 fire extinguishers. The surveyor observed on the tags attached to the 7 fire extinguishers that they were last annually inspected November 2018. The 7 fire extinguishers were missing monthly examinations.</p> <p>The surveyor observed the 7 fire extinguishers with the missing monthly examinations were located in the following locations:</p> <ol style="list-style-type: none"> <li>1. At 9:02 a.m. on the 2nd floor, near the bar area, there was one ABC type fire extinguisher that had no documented evidence of a monthly examination for April 2019.</li> <li>2. At 9:11 a.m. on the Memory Impaired unit, near the residents laundry, there was one ABC type fire extinguisher that had no documented evidence of a monthly examination for April 2019.</li> <li>3. At 9:24 a.m. on the 3rd floor, across from the elevators, there was one ABC type fire extinguisher that had no documented evidence of</li> </ol>	A1047		

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A1047	<p>Continued From page 2</p> <p>a monthly examination for April 2019.</p> <p>4. At 9:28 a.m. on the 3rd floor, to the left of the EVSD office, there was one ABC type fire extinguisher that had no documented evidence of a monthly examination for January, February, March and April 2019.</p> <p>5. At 9:31 a.m. on the 3rd floor, to the right of resident Apartment #327, there was one ABC type fire extinguisher that had no documented evidence of a monthly examination for April 2019.</p> <p>6. At 9:34 a.m. on the 3rd floor, to the right of the lounge area, there was one ABC type fire extinguisher that had no documented evidence of a monthly examination for January, February, March and April 2019.</p> <p>7. At 9:41 a.m. on the 2nd floor, between resident Apartments #201 and #202, there was one ABC type fire extinguisher that had no documented evidence of a monthly examination for April 2019.</p> <p>NFPA -10 Standard for portable fire extinguishers reads:</p> <ul style="list-style-type: none"> <li>- 7.2.1.2 Inspection, Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30 day intervals.</li> <li>- 7.2.4.3 Where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded.</li> <li>- 7.2.4.4 Where manual inspections are conducted, records for the manual inspections shall be kept on a tag or label attached to the fire</li> </ul>	A1047		

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A1047	Continued From page 3  extinguishers, or an inspection checklist maintained on file, or by an electronic method. - 7.3.1.1.1 Maintenance frequency, Fire extinguishers shall be subject to maintenance at intervals of not more than 1 year, at the time of hydrostatic test.	A1047		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance  The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00117805  Based on observation and interview on 5/7/2019, the facility failed to maintain areas free from black mold-like substances and maintain a home-like environment. The evidence of this includes the following:  On 5/7/2019 at 10:21 a.m., during the tour of the building tour, in the presence of the facility's Environmental Services Director (EVSD), the surveyor inspected the facility's Memory Impaired unit. At 10:45 a.m., the surveyor observed in the corridor, between Resident #3 and Resident #4's	A1249		

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A1249	<p>Continued From page 4</p> <p>apartments, that there was a ceiling tile with a 6 inch in diameter black substance that adhered to the ceiling tile. At that time the surveyor interviewed the EVSD and asked if he was aware of what the black substance was. The EVSD stated that it was "dirt."</p> <p>The surveyor then requested that the EVSD obtain a ladder so that the surveyor could feel the tile to see if it was wet. The EVSD left and returned in 3 minutes with a ladder. The surveyor was able to confirm that the ceiling tile was wet, that there was a black substance that adhered to the ceiling tile, and that the other side, (top side) of the of the ceiling tile had a 5 inch by 6 inch diameter black substance which adhered to the ceiling tile as well. The surveyor also observed that there were two plumbing pipes above the drop ceiling, one of the pipes had insulation that when touched by the surveyor, felt wet.</p>	A1249		