	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		10A002	B. WING		12/*	14/2021
AME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S ⁻	TATE, ZIP CODE		
RANDY	WINE LIVING @ MOO	ORESTOWN	N. CHURCH STRE RESTOWN, NJ 08			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
A 000	Initial Comments		A 000			
	Initial Comments: The census was 82	2				
	Sample Size: 5					
	was conducted by to 12/14/2021. The factor compliance with the Code 8:36 infection for Licensure of Ass Comprehensive Per Assisted Living Pro Disease Control and	ed Infection Control Survey the State Agency on cility was found not to be in e New Jersey Administrative n control regulations standar sisted Living Residences, ersonal Care Homes and ograms and Centers for id Prevention (CDC) ctices to prepare for				
	including a complet and ensure that the to correct deficienc action in accordance Jersey Administrati	Ibmit a plan of correction, tion date for each deficiency plan is implemented. Failur ies may result in enforceme with provisions of New ve Code Title 8, Chapter 431 ensure Regulations	re nt			
A1207	8:36-17.3(a)(11) Housekeeping-San	itation-Safety-Maintenance	A1207			
	in paragraphs 1 thr Application of this r individual living env	ing and sanitation conditions ough 12 below shall be met requirement with respect to t rironment shall take into ents' personal preferences f	he			
	provided, items suc	s shall be disinfected, using				

8X5811

06/02/22

New Jer	sey Department of I	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
	or contraction		A. BUILDING:			
		10A002	B. WING		12/	14/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	CITY, STATE, ZIP CODE		
BRANDY	WINE LIVING @ MO	ORESTOWN	CHURCH STR			
	_	MOORES	STOWN, NJ 0			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
A1207	Continued From pa	age 1	A1207			
	by the facility;	and				
	by:	NT is not met as evidenced				
		tions, interviews, record				
	reviews, and Cente	ers for Disease Control and				
		guidelines, it was determined				
		ed to implement an infection				
		ntrol program (IPCP) designed nd sanitary environment to				
		ossible development and				
	transmission of Co	oronavirus (COVID-19) as well				
		cable diseases and infections.				
		cility failed to ensure one of two				
		f adhered to cleaning from ailed to use a disinfectant				
	during the cleaning					
		tice had the potential to affect				
	COVID-19 pandem	facility and occurred during the				
	COVID-19 panden	IIC.				
	Findings included:					
	Reference: Accord	ling to the CDC's General				
		aning techniques last reviewed				
	on 04/21/2020 and	I retrieved on 12/15/2021 from				
		//hai/prevent/resource-limited/c	I			
	eaning-procedures					
		ntal cleaning procedures, owing general strategies: Wipe				
		general strategies as above				
		, high to low, systematic				
	manner), making s	sure to use mechanical action				
) and making sure to that the				
	surface is thorough	nly wetted to allow required				

STATEMEN	SEY Department of F NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		10A002	B. WING		12/	14/2021
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BRANDY	WINE LIVING @ MO	ORESTOWN	CHURCH STRI STOWN, NJ 08			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
A1207	Continued From pa	age 2	A1207			
	Environmental Clea Practices for Enviro Healthcare Facilitie on 12/15/2021 onlin https://www.cdc.go cleaning-procedure "Clean patient area patient toilets. Follo effective uses of m 1. On 12/14/2021 a observed Houseke room as he pro- surveyor observed containing a solutio brush into the reside bathroom, HSK #1 spray bottle onto the basin, mirror, toilet bathroom with it. H cleaned the resider dirty area. Specifica seat and the surrou with the cloth rag. N rag after wiping the handle and handra with the same rag h After he finished wi proceeded to vacua then exited the roo Resident room cleaning mate Resident room After HSK #1 finish surveyor observed bottles. The labels	w of the CDC guideline, aning Procedures-Best onmental Cleaning in es, dated 06/03/2020, retrieved he from v/hai/prevent/resource-limited/ es.html, revealed: us and patient zones before ow proper procedures for ops, cloths, and solutions." at 10:24 AM, the surveyor eper (HSK) #1 in Resident epared to clean the room. The HSK #1 take two spray bottles on, two rag cloths, and a toilet lent's bathroom. While in the sprayed the contents of the ie rag cloths and wiped the seat, and handrails in the SK #1 failed to ensure he nt's bathroom from clean to ally, HSK #1 wiped the toilet unding areas of the toilet first Without changing out the cloth toilet seat, he wiped the flush if in the resident's bathroom he had used to clean the toilet. ping down these surfaces, he um the resident's room and m. HSK #1 then went into h, where his approach to the ched the process used in				

New Jersey Department of	of Health				APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	10A002	B. WING		12/	14/2021
NAME OF PROVIDER OR SUPPLI	ER STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BRANDYWINE LIVING @ N	IOORESTOWN	CHURCH STRE STOWN, NJ 08			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
A1207 Continued From Refresher. Neith HSK #1 used in was a disinfecta #1's cleaning ca sanitizing solution solution when he By failing to clean failing to use a con- cleaning process residents' rooms that might build On 12/14/2021 at the surveyor that throughout the fa- he had no hand acknowledged th throughout the fa- he da no hand acknowledged th throughout the fa- he disinfect On 12/14/2021 at (WD) stated that trained on clean ago. The WD sta- clean from the co- different rags to residents and th following the pro- using the approprince as the spre- On 12/14/2021 at stated that hous	page 3 er of the two cleaning solutions cleaning the residents' rooms nt. A further inspection of HSK rt revealed that he had a in on the cart but failed to use the e cleaned the residents' rooms. n from clean to dirty area and by isinfectant during the room s, HSK #1 failed to ensure that a were free of harmful bacteria up in the residents' living area. at 12:13 PM, HSK #1 reported to the was assigned to clean acility. HSK #1 acknowledged that sanitizer on his cart. HSK #1 nat he did not use a disinfectant leaning process in the identified a. Per HSK #1, he forgot that he	A1207			

	sey Department of H	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE	SURVEY
ND PLAN	OF CORRECTION	DENTIFICATION NUMBER:				PLETED
		10A002	B. WING		12/*	14/2021
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	RESS, CITY, STATE, ZIP CODE		
RAND	WINE LIVING @ MOO	DRESTOWN	HURCH STR			
	_	MOORES	TOWN, NJ 0			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTION(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAG(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)				(X5) COMPLET DATE
A1271	Continued From pa	ge 4	A1271			
A1271	8:36-18.1(a) Infection Services	on Prevention and Control	A1271			
		develop and implement an and control program.				
	by: Based on observation Disease Control and guidelines, and revion Department of Head 20-026(1), dated 0° that the facility faile prevention and cond to provide a safe ard help prevent the poot transmission of Cond as other communic Specifically, the face - Ensure staff wore staff-to-staff interace - Ensure staff wore staff-to-resident inter- Ensure staff did not facility was in a cond transmission rate; a - Ensure social dist and unvaccinated r at the facility. This deficient pract	masks over their nose during tion, masks over their nose during eraction, ot wear cloth masks when the munity with high COVID-19 and ancing between vaccinated esidents in one of three units ice had the potential to affect facility and occurred during the				

New Jer	sey Department of H	lealth			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		10A002	B. WING		12/	14/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE			
BRANDY	WINE LIVING @ MOO	ORESTOWN	CHURCH STR			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
A1271	Continued From pa	age 5	A1271			
	Healthcare Infectio Recommendations Vaccination, update 12/17/2021 from https://www.cdc.go nfection-control-afte "Group activities: If participating in the then they may choo to not wear source unvaccinated patient all participants in the source control and patients/residents as othersCommuna patients/residents as othersCommuna patients/residents as when not eating an patients/residents as when not eating an patients/residents as least 6 feet from ot Reference: NJDOF No. 20-026-1, date following: Cohorting equipment] and Tra Phase: "Facilities s all recommended C PPE is available, an guidance on optimi staff must wear all indicated. Staff may facemask is not inc	should physically distance from al dining: Fully vaccinated can participate in communal of source control or physical ccinated patients/residents are nal area (e.g., dining room) all should use source control d unvaccinated should continue to remain at hers." It issued Executive Directive d 01/06/2021, indicated the g, PPE [personal protective aining Requirements in Every hall train and provide staff with COVID-19 PPE, to the extent nd consistent with CDC zation of PPE, if applicable. All appropriate PPE when y wear cloth face coverings if dicated, such as for for while in non-patient care				

New Jer	rsey Department of H	lealth			1.01.01	IAPPROVE
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			A. BUILDING.			
		10A002	B. WING		12/	14/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ADDRESS, CITY, STATE, ZIP CODE			
BRAND	WINE LIVING @ MO	ORESTOWN	HURCH STR			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
A1271	Continued From pa	age 6	A1271			
	mask below her no	at 9:13 AM, Server #1 wore her use while serving breakfast to a in the facility's dining room.				
		9:15 AM, Dining Assistant (DA) below his nose in the facility's				
	although he had be ensure his mask w while at the facility, the mask over his	9:18 AM, DA #1 stated that, een educated on the need to as always worn over his nose he had a hard time keeping nose. According to DA #1, the s nose multiple times.				
	On 12/14/2021 at 9 observed in the	9:57 AM, Butler #1 was unit with a cloth mask.				
	the cloth mask was the surgical mask.	10:01 AM, Butler #1 stated that s more comfortable for her than Butler #1 verified that the w surgical masks every day.				
	On 12/14/2021 at 1 was observed in th mask.	0:08 AM, Care Manager #1				
	verified the facility masks. Per Care M adequate in supply Care Manager #1 s mask because it w Care Manager #1 s	10:09 AM, Care Manager #1 provided surgical and N95 Manager #1, both masks were and readily available to staff. stated that she wore the cloth as easier to breathe through. stated that she had been portance of using a surgical mask.				
	residents were con	10:07 AM, a group of 10 gregated in the common area it during an activity program.				

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED		
		10A002	B. WING		12/	14/2021		
IAME OF I	PROVIDER OR SUPPLIER	STREET A			12/	12/14/2021		
BRANDY	WINE LIVING @ MO	ORESTOWN	CHURCH STRI STOWN, NJ 08					
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE		
A1271	the residents sat sl other residents sat sl other residents The group of reside shoulder-to-should During the observa (WD) went through residents and ident execute or erector (WD) went through residents and ident execute or 12/14/2021 at 2 should wear masks The WD added that use among residen during gatherings t unvaccinated reside On 12/14/2021 at 2 (ED) stated that it we adhere to the corrector ED stated that staff knew to wear masks that staff should en between vaccinate to curb the potentia	e not wearing masks. I of houlder to shoulder while the s sat less than two feet apart. ents who sat ler included Resident . ation, the Wellness Director in the list of vaccinated tified Resident as 10:55 AM, the WD stated that wearing cloth masks in the wledged that the facility was in a high CALI score (a score e transmission rate of ommunity). Per the WD, staff s over the nose to be effective. at staff should encourage mask ints as well as social distancing that had both vaccinated and	r	DEFICIENCY				

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION			DATE OF REVIS	IT
IDENTIFICATION NUMBER	A. Building				
10A002 _{Y1}	B. Wing		Y2	6/2/2022	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
BRANDYWINE LIVING @ MOO	DRESTOWN	1205 N. CHURCH STREET			
		MOORESTOWN, NJ 08057			

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	DATE	ITEM		DATE	ITEM	DATE
Y4	Y5	Y4		Y5	Y4	Y5
ID Prefix A1207 Reg. # 8:36-17.3(a)(11) LSC	Correction Completed 06/01/2022	ID Prefix Reg. # LSC	A1271 8:36-18.1(a)	Correction Completed 06/01/2022	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC	Correction Completed
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS) COMPLETED ON		SIGNATURE OF TITLE CK FOR ANY UNCORRE DRRECTED DEFICIENC	CTED DEFICIEN		
12/14/2021				. ,		S 🗆 NO

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		10A002	B. WING		12	2/14/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE	-	
		1205 N.	CHURCH STREET			
RANDYV	VINE LIVING @ MOORE	MOORE	STOWN, NJ 08057			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
A 000	Initial Comments		A 000			
	Initial Comments: The census was 82					
	Sample Size: 5					
	was conducted by the 12/14/2021. The faci compliance with the I Code 8:36 infection of for Licensure of Assis Comprehensive Pers	lity was found not to be in New Jersey Administrative ontrol regulations standards sted Living Residences, sonal Care Homes and rams and Centers for Prevention (CDC)				
	including a completic and ensure that the p to correct deficiencie action in accordance	mit a plan of correction, on date for each deficiency plan is implemented. Failure s may result in enforcement with provisions of New e Code Title 8, Chapter 43E, nsure Regulations				
A1207	8:36-17.3(a)(11) Housekeeping-Sanita	tion-Safety-Maintenance	A1207			
	in paragraphs 1 throu Application of this rec individual living envir	g and sanitation conditions ugh 12 below shall be met. quirement with respect to the onment shall take into nts' personal preferences for				
	provided, items such	shall be disinfected, using a				

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

(X6) DATE

(EACH DEFICIENC REGULATORY OR I ontinued From page by the facility; an his REQUIREMENT y:	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	B. WING	, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	12/14/2021 (X5) COMPLETI DATE
IE LIVING @ MOORES SUMMARY ST (EACH DEFICIENC' REGULATORY OR I ontinued From page by the facility; an his REQUIREMENT y:	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	CHURCH STREET STOWN, NJ 08057	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETI
SUMMARY ST (EACH DEFICIENC' REGULATORY OR I ontinued From page by the facility; an his REQUIREMENT y:	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 1 1 1	STOWN, NJ 08057	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETI
(EACH DEFICIENC REGULATORY OR I ontinued From page by the facility; an his REQUIREMENT y:	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 1 1 d	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETI
(EACH DEFICIENC REGULATORY OR I ontinued From page by the facility; an his REQUIREMENT y:	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 1 1 d	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETI
by the facility; an his REQUIREMENT y:	d	A1207		
his REQUIREMENT y:				
y:	is not met as evidenced			
eviews, and Centers revention (CDC) gu hat the facility failed revention and contro provide a safe and elp prevent the poss ansmission of Coror s other communicate pecifically, the facilit pusekeeping staff are ean to dirty and faile uring the cleaning pr				
Il residents of the fac OVID-19 pandemic indings included:				
nvironmental cleanin n 04/21/2020 and re ttp://www.cdc.gov/ha aning-procedures.ht For all environmenta ways use the follow urfaces using the ge e.g., clean to dirty, h anner), making sure	ng techniques last reviewed trieved on 12/15/2021 from ni/prevent/resource-limited/cl ml, it reads: I cleaning procedures, ing general strategies: Wipe neral strategies as above gh to low, systematic to use mechanical action			
	ring the cleaning prise deficient practice residents of the factor VID-19 pandemic. Indings included: ference: According vironmental cleanin 04/21/2020 and re p://www.cdc.gov/ha ning-procedures.ht or all environmenta vays use the following faces using the ge g., clean to dirty, hi unner), making sure r cleaning steps) and	ring the cleaning process. is deficient practice had the potential to affect residents of the facility and occurred during the DVID-19 pandemic.	ring the cleaning process. is deficient practice had the potential to affect residents of the facility and occurred during the DVID-19 pandemic. adings included: ference: According to the CDC's General vironmental cleaning techniques last reviewed 04/21/2020 and retrieved on 12/15/2021 from p://www.cdc.gov/hai/prevent/resource-limited/cl ning-procedures.html, it reads: or all environmental cleaning procedures, vays use the following general strategies: Wipe faces using the general strategies as above g., clean to dirty, high to low, systematic unner), making sure to use mechanical action r cleaning steps) and making sure to that the	ring the cleaning process. is deficient practice had the potential to affect residents of the facility and occurred during the DVID-19 pandemic. adings included: ference: According to the CDC's General vironmental cleaning techniques last reviewed 04/21/2020 and retrieved on 12/15/2021 from p://www.cdc.gov/hai/prevent/resource-limited/cl ning-procedures.html, it reads: or all environmental cleaning procedures, vays use the following general strategies: Wipe faces using the general strategies as above g., clean to dirty, high to low, systematic unner), making sure to use mechanical action r cleaning steps) and making sure to that the

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
	10A002		B. WING		12/14/2021	
	ROVIDER OR SUPPLIER	STREET A 1205 N.	L DDRESS, CITY, STA			
BRANDY	WINE LIVING @ MOORE		STOWN, NJ 080	57		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLET	
A1207	Environmental Clear Practices for Environ Healthcare Facilities on 12/15/2021 online https://www.cdc.gov/ cleaning-procedures "Clean patient areas patient toilets. Follow effective uses of mop 1. On 12/14/2021 at observed Housekeep more as he prep surveyor observed H containing a solution brush into the reside bathroom, HSK #1 s spray bottle onto the basin, mirror, toilet s bathroom with it. HS cleaned the resident dirty area. Specifical seat and the surroun with the cloth rag. W rag after wiping the t handle and handrail with the same rag he After he finished wipi proceeded to vacuur then exited the room Residen more room, room cleaning match Resident room.	nfection steps)." of the CDC guideline, ning Procedures-Best mental Cleaning in dated 06/03/2020, retrieved from hai/prevent/resource-limited/	A1207	DEFICIENCY) No residents were affected by the deficient prace All residents have the potential to be affected by deficient practice Staff member was inserviced on facility's clean and practices All HK staff to be inserviced on approved clear procedures. HK Supervisor to audit and observe hk staff in methods. Results of those audits to be submitted to the fa Assurance Committee at least quarterly	y the ing policies hing their cleaning	
	surveyor observed the bottles. The labels re	d cleaning the 2 rooms, the he information on the 2 spray had, "Pure Clean (Cleaning htion) and Febreze Fabric				

		Ith (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	DNSTRUCTION	(X3) DATE SURVEY COMPLETED 12/14/2021	
	10A002		B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BRANDY	WINE LIVING @ MOORE	STOWN	CHURCH STREET STOWN, NJ 08057			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
A1207	Continued From page	e 3	A1207			
	Refresher. Neither of	f the two cleaning solutions				
		ning the residents' rooms				
		further inspection of HSK				
	#1's cleaning cart rev	/ealed that he had a				
	•	the cart but failed to use the				
		aned the residents' rooms.				
		m clean to dirty area and by				
		ectant during the room				
	•	SK #1 failed to ensure that e free of harmful bacteria				
		the residents' living area.				
	On 12/14/2021 at 12:	:13 PM, HSK #1 reported to				
		was assigned to clean				
		. HSK #1 acknowledged that				
		tizer on his cart. HSK #1				
		e did not use a disinfectant				
		ing process in the identified				
	had the disinfectant of	r HSK #1, he forgot that he on the cart.				
	On 12/14/2021 at 1:2	29 PM, the Wellness Director				
		sekeeping staff were last				
	trained on cleaning p	rocedures a couple of weeks				
	-	that housekeepers should				
		areas to dirty areas and use				
		n the different living areas of				
		tire room. She stated, "Not				
	• • •	cleaning procedures and not cleaning products can				
	increase the spread of					
	On 12/14/2021 at 1:3	5 PM, the Executive Director				
	stated that housekee					
	disinfect residents' liv					
	÷ .	the potential to encourage				
	bacteria and other inf					
	-	nat such a situation placed				
	residents at risk of co	ontracting intections.				1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	10A002		B. WING		12/14/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
BRANDY	WINE LIVING @ MOORE	STOWN	CHURCH STREET STOWN, NJ 08057			
(X4) ID	SUMMARY ST		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLETI DATE
A1271	Continued From page	e 4	A1271			
A1271	8:36-18.1(a) Infectior Services	Prevention and Control	A1271			
	(a) The facility shall d infection prevention a	evelop and implement an and control program.				
	by: Based on observation Disease Control and guidelines, and revie Department of Health 20-026(1), dated 01/0 that the facility failed prevention and contro to provide a safe and help prevent the poss transmission of Coro as other communicat Specifically, the facili - Ensure staff wore m staff-to-staff interaction - Ensure staff wore m staff-to-resident inter - Ensure staff did not facility was in a comm transmission rate; an - Ensure social distar and unvaccinated res at the facility.	w of the New Jersey a Executive Directive D6/2021, it was determined to implement an infection D program (IPCP) designed sanitary environment to sible development and navirus (COVID-19) as well Del diseases and infections. ty failed to: nasks over their nose during on, wear cloth masks when the nunity with high COVID-19 d noing between vaccinated sidents in one of three units e had the potential to affect cility and occurred during the				

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		th (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	10A002		B. WING		12/14/2021	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BRANDY	WINE LIVING @ MOORE	STOWN	CHURCH STREET STOWN, NJ 08057			
	SUMMARY ST			PROVIDER'S PLAN OF C		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLET DATE
A1271	Continued From page	e 5	A1271			
	Findings included:					
	Reference: A review	of the CDC Updated				
		Prevention and Control				
	Recommendations in	Response to COVID-19				
	Vaccination, updated 12/17/2021 from	04/27/2021 and retrieved				
	https://www.cdc.gov/d	coronavirus/2019-ncov/hcp/i				
	nfection-control-after-vaccination.html, revealed,					
	"Group activities: If all patients/residents					
	participating in the activity are fully vaccinated,					
	then they may choose to have close contact and to not wear source control during the activity. If					
		. .				
	unvaccinated patients/residents are present, then all participants in the group activity should wear					
	source control and unvaccinated patients/residents should physically distance from					
	othersCommunal dining: Fully vaccinated					
	patients/residents can participate in communal					
		source control or physical				
	-	nated patients/residents are				
		l area (e.g., dining room) all				
	patients/residents sh	ould use source control				
	when not eating and	unvaccinated				
		ould continue to remain at				
	least 6 feet from othe	rs."				
	Reference: NJDOH is	ssued Executive Directive				
		01/06/2021, indicated the				
		PPE [personal protective				
	equipment] and Train	ning Requirements in Every				
		all train and provide staff with				
		VID-19 PPE, to the extent				
		I consistent with CDC				
		ition of PPE, if applicable. All				
	staff must wear all ap					
	-	wear cloth face coverings if				
	facemask is not indic					
		r while in non-patient care				
	areas (e.g., breakroo	111).				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				LE CONSTRUCTION (X	(X3) DATE SURVEY COMPLETED	
		10A002	B. WING		12/14/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BRANDY	WINE LIVING @ MOORE	STOWN	CHURCH STRE STOWN, NJ 08			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLET E DATE	
A1271	mask below her nose group of residents in On 12/14/2021 at 9:1 #1 wore his mask be kitchen. On 12/14/2021 at 9:1 although he had bee ensure his mask was while at the facility, h the mask over his no- mask slipped off his n On 12/14/2021 at 9:5 observed in the deme On 12/14/2021 at 9:6 observed in the deme On 12/14/2021 at 10 the cloth mask was m the surgical mask. Bu facility provided new On 12/14/2021 at 10 was observed in the mask. On 12/14/2021 at 10 verified the facility pro- masks. Per Care Man adequate in supply a Care Manager #1 sta educated on the impo- mask over a cloth ma	 9:13 AM, Server #1 wore her e while serving breakfast to a the facility's dining room. 5 AM, Dining Assistant (DA) low his nose in the facility's 18 AM, DA #1 stated that, n educated on the need to a always worn over his nose e had a hard time keeping se. According to DA #1, the nose multiple times. 67 AM, Butler #1 was entia unit with a cloth mask. 101 AM, Butler #1 stated that hore comfortable for her than utler #1 verified that the surgical masks every day. 108 AM, Care Manager #1 dementia unit with a cloth 109 AM, Care Manager #1 ovided surgical and N95 nager #1, both masks were nd readily available to staff. ated that she wore the cloth e easier to breathe through. ated that she had been portance of using a surgical 	A1271	DEFICIENCY) No residents were affected by the deficient practice All residents have the potential to affected by the de practice Staff were inserviced on the proper wearing of mask Signs will be posted in staff areas demonstrating pro mask wearing. Cloth masks are not acceptable Staff will be inserviced to monitor spacing between vaccinated and vaccinated residents Nursing administration to monitor compliance with wearing and resident spacing on at least weekly bas Results of that audit to be reported to the quality ass committee	rs oper non mask	
	residents were congr	OT AM, a group of 10 regated in the common area during an activity program.				

STATEMEN	ey Department of Hea T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	SURVEY PLETED
	10A002		B. WING		12	/14/2021
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RANDY	WINE LIVING @ MOORE	STOWN	CHURCH STREET STOWN, NJ 08057			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
A1271	Continued From pag	e 7 not wearing masks. Five of	A1271			
	the residents sat sho other five residents s The group of residen shoulder-to-shoulder	oulder to shoulder while the sat less than two feet apart. Its who sat included Residen on, the Wellness Director the list of vaccinated				
	staff should not be w facility. She acknowld a community with a h which indicated the t COVID-19 in the con should wear masks of The WD added that s use among residents	nmunity). Per the WD, staff over the nose to be effective. staff should encourage mask s as well as social distancing at had both vaccinated and				
	(ED) stated that it was adhere to the correct ED stated that staff h knew to wear masks wear a cloth mask in that staff should enco between vaccinated to curb the potential	17 PM, the Executive Director as important for staff to t mask use in the facility. The had been educated, and they over their nose and to not the facility. The ED stated burage social distancing and unvaccinated residents for cross-contamination and VID-19 in the building.				