STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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 #: NJ 00178475, NJ 00172371, NJ 00184974, NJ 00180014 Census: 47 Sample Size: 5 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 TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00178475

Based on interview and record review, it was determined that the facility failed to follow its policy and procedure titled, "Controlled Substances [HW401]" for storage and record keeping of NJ Exec Order 26.4b1 medication upon receipt from pharmacy for 1 of 5 residents, Resident #2. This deficient practice was evidenced by the following:

On 4/15/25 and 4/16/25 the Department of Health (DOH) investigated a Facility Reportable Event (FRE) (a document used by facilities to report events to DOH), dated NJ Exec Order 26.4b1, for an NJ Exec Order 26 [redacted]
According to surveyor review of the FRE, on NJ Exec Order 26.[redacted], the resident notified nursing staff that he/she did not receive delivery for the NJ Exec Order 26.4b1 medication that was ordered by the physician on NJ Exec Order 26.4b1) is a medication used for NJ Exec Order 26.4[redacted]

On 4/16/25 at 10:00 a.m., the surveyor reviewed Resident #2's medical record (MR) which revealed that the resident moved into the facility in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Ord[redacted]. In addition, the surveyor reviewed the resident's physician orders and observed that on NJ Exec Order 26.4[redacted] Resident #2 was prescribed NJ Exec Order 26.4b1 [redacted] as needed once daily for NJ Exec Order 26.4[redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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 310	Continued From page 2 At 10:40 a.m., the surveyor interviewed the Executive Director (ED) regarding the resident's missing NJ Exec Order 26.4b1 which is a NJ Exec Order 26.4b1 [redacted] The ED stated that she was informed by the Licensed Practical Nurse (LPN), who was on duty at the time of delivery on NJ Exec Order 26.[redacted], that the medication was placed in the medication cart due to the resident being asleep. The ED stated that the staff were unable to find the NJ Exec Order 26.4b1 in the medication cart on NJ Exec Order 26.4[redacted] The ED explained that on NJ Exec Order 26.4b1 was found in the medication cart, behind a drawer, by a NJ Exec Order 26.4b1 Registered Nurse on NJ Exec Order 26.4b1 The surveyor reviewed the facility policy and procedure titled, "Controlled Substances [HW401] Last revised 7/17/24" that revealed " ...The Health & Wellness Director (HWD) will ensure the proper handling, storage, disposal, and record keeping of controlled substances according to state regulatory standards. ...All controlled substances prescribed to a resident will be kept in a double locked, secured cabinet or drawer ...." Reference: A-1011, 8:36-11.7(k)	A 310		
A 313	8:36-3.4(a)(4) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 4. Ensuring the provision of staff orientation and staff education; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00178475	A 313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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 313	Continued From page 3 Based on interview and record review, it was determined that the facility failed to provide documented evidence of staff training post NJ Exec Order 26.4b1 of resident NJ Exec Order 26.4b1 medication for 1 of 5 residents, Resident #2. This deficient practice was evidenced by the following: On 4/15/25 and 4/16/25 the Department of Health investigated a facility reportable event (FRE) dated NJ Exec Order 26.4b1 regarding Resident #2's missing NJ Exec Order 26.4b1), an NJ Exec Order 26.4b1 medication. On 4/16/25 at 10:40 a.m., the surveyor reviewed the facility investigation summary of conclusion for the FRE dated NJ Exec Order 26.4b1, where Resident #2's NJ Exec Order 26.4b1 medication was missing. According to the facility summary of conclusion, all the nursing staff received "Education and in-servicing ..." At 2:24 p.m., the surveyor interviewed the ED regarding the education and in-services for NJ Exec Order 26.4b1 related to the NJ Ex Order 26.4(b)(1), FRE. The ED stated that the Director of Health and Wellness who was employed at the time of the incident provided education on receipt and maintenance of NJ Exec Order 26.4b1 but she was unable to locate the training records. The ED was unable to provide the surveyor documented evidence to show that all licensed personnel were in-serviced on NJ Exec Order 26.4b1 , incident. The surveyor reviewed the facility policy and procedure titled, "Team Member Training" which indicated "...The community will also ensure a training schedule is developed and implemented for annual on-going training."	A 313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

(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 313	Continued From page 4 Reference: A1011, 8:36-11.7(k)	A 313		
A1011	8:36-11.7(k) Pharmaceutical Services (k) Controlled dangerous substances shall be stored, and records shall be maintained, in accordance with the Controlled Dangerous Substances Acts, N.J.S.A. 24:21-1 et seq. and all other Federal and State laws and regulations concerning the procurement, storage, dispensation, administration, and disposition of same. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00178475 Based on observation, interview, and record review it was determined that the facility failed to ensure appropriate storage and record keeping for a NJ Exec Order 26.4b1 medication upon receipt for 1 of 5 residents, Resident #1. This deficient practice was evidenced by the following: On 4/15/25 and 4/16/25 the Department of Health investigated a facility reportable event (FRE) dated NJ Exec Order 26.4b1, of an NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1. On 4/16/25 at 10:00 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that the resident moved into the facility in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Ord [redacted]. In addition, the surveyor reviewed the resident's physician orders and observed that on NJ Exec Order 26.4 Resident #1 was prescribed NJ Exec Order 26.4b1 [redacted] tablet as needed once daily	A1011		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04A022	A. BUILDING: _____ B. WING _____	C 04/16/2025

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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
A1011	Continued From page 5 for NJ Exec Order 26.4 NJ Exec Order 26.4b1) is a medication used to treat NJ Exec Order 26.4 According to surveyor review of the FRE, on NJ Exec Order 26.4 the resident notified nursing that he/she did not receive the delivery for the NJ Exec Order 26.4b1 medication that was ordered by the physician on NJ Exec Order 26.4 At 10:40 a.m., the surveyor interviewed the Executive Director (ED) regarding the FRE dated NJ Exec Order 26.4, and the facility investigation for the NJ Exec Order 26.4b1 . The ED stated that during the facility investigation it was discovered that a Licensed Practical Nurse (LPN) #1, signed for receipt of the NJ Exec Order 26.4b1 medication from pharmacy but was unsure of the date. In addition, the ED stated that the LPN informed her that the resident was asleep, and she placed the NJ Exec Order 26.4b1 in the medication cart. The ED stated that the staff searched the medication cart and was unable to locate the NJ Exec Order 26.4b1 The surveyor was unable to interview the LPN due to NJ Exec Order 26.4b1 at the facility. At 10:45 a.m., the surveyor interviewed Resident #1 regarding the missing NJ Exec Order 26.4b1 delivery. Resident #1 stated that the medication was ordered by the physician on NJ Exec Order 26. and that he/she was expecting a delivery from pharmacy. In addition, Resident #1 stated that he/she usually signed for receipt of the medication at the nurse's station, and placed in a NJ Exec Order 26.4b1 in the resident's apartment. The resident also stated that when he/she did not receive the NJ Exec Order 26.4b1 medication he/she reported it to the nursing staff. At 12:40 p.m., the surveyor interviewed the	A1011		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1011	Continued From page 6	A1011		

Director of Health and Wellness (DHW) regarding delivery and receipt of NJ Exec Order 26.4b1. The DHW stated that nurses upon receipt of NJ Exec Order 26.4b1 should sign-off with pharmacy, make record, and store in locked NJ Exec Order 26.4 box in locked medication cart.

During surveyor interview with the ED, the ED stated that she called the pharmacy on NJ Exec Order 26 and confirmed that the NJ Exec Order 26.4b1 was delivered on the morning of NJ Exec Order 26.4b at approximately 1:57 a.m. In addition, the ED stated that when the nursing staff was unable to locate the NJ Exec Order 26.4b1 she reported the missing medication to DOH on NJ Exec Order 26.4b1 The ED explained that on NJ Exec Order 26.4b1 the resident's NJ Exec Order 26.4b1 was found in the medication cart lodged in the back of a drawer by a NJ Exec Order 26.4b1 Registered Nurse (RN).

At 1:40 p.m., the surveyor reviewed the "Pharmacy Proof of Delivery List" that revealed the resident's NJ Exec Order 26.4b1) was delivered to the facility and signed out as received on NJ Exec Order 26.4b1 1:52 a.m. In addition, the surveyor reviewed the resident's "NJ Exec Order 26.4b1 that revealed on NJ Exec Order 26.4b1 a nurse documented that the NJ Exec Order 26.4b1 was in the medication cart on the NJ Exec Orde

At 2:40 p.m., the surveyor interviewed the NJ Exec Order 26.4b1 RN over the phone regarding the resident's missing NJ Exec Order 26.4b1 The RN stated that she was not on shift on the date of the incident but was made aware that the NJ Exec Order 26.4b1 medication was missing. In addition, the RN stated that on NJ Exec Order 26.4b1 the drawer of the medication cart was not closing correctly, so she pulled the drawer out and discovered a bag which contained the missing NJ Exec Order 26.4b1 and she notified the DHW.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1011	Continued From page 7 The surveyor reviewed the facility policy and procedure titled, "Controlled Substances [HW401] Last revised 7/17/24" that revealed " ...The Health & Wellness Director (HWD) will ensure the proper handling, storage, disposal, and record keeping of controlled substances according to state regulatory standards. ...All controlled substances prescribed to a resident will be kept in a double locked, secured cabinet or drawer ...."	A1011		

Rcd 7/30/25
Accepted
8/4/25
POC#2

BRANDYWINE LIVING
at Haddonfield
Life is Beautiful

Date
7/30/2025

Tag A 310 8:36-3.4(a)(1) Administration:

1. *How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.*

   Response: The facility Wellness Director and/or designees will ensure through a weekly audit of pharmacy [NJ Ex Order 26.4(b)(1)] delivery receipts that any [NJ Ex Order 26.4(b)(1)] for Resident #2 will be received, counted, housed/stored and documented per policy if received in the Wellness office and/or unable to be delivered directly to the resident. In addition to review of the policy will be included in future nursing staff meetings on a quarterly basis. All new hires will also be trained upon hire on the same policy. ***The weekly audit has been completed as of July 15, 2025.***

2. *How the facility will identify other residents having the potential to be affected by the same deficient practice.*

   Response: All residents, at any given time, have the potential to be affected by the same deficient practice as referenced.

3. *What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.*

   Response: All nurses were in-serviced immediately upon conclusion of the survey on the Controlled Substance Policy on ***April 16, 2025, and again on April 23, 2025.*** A review of the policy will be included in future nursing staff meetings on a quarterly basis. All new hires will also be trained upon hire on the same policy.

4. *How the facility will monitor its corrective actions to ensure that the deficient practice is n being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.*

   Response: Weekly controlled substance audits will be conducted by the HSD and/or designee to include a review of all controlled substances that were delivered per pharmacy records. This audit will include, but will not be limited to: sign off with pharmacy delivery driver, inclusion in the daily narcotic count, placement in double locked storage, inclusion in the daily narcotic counts and proper disposal. The audit will also include new hire names and dates and/or quarterly meeting dates. Any discrepancies will be immediately reported to the Executive Director.

8/4/25 accepted [NJ Exe]

132 WARWICK ROAD HADDONFIELD new jersey 08033

phone 856.429.5500 fax 856.429.1097

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The first audit has been completed on July 15, 2025. The Executive Director and/or designee will review the audits on a monthly basis.

5. Completion Date for this tag: **July 15, 2025 and Ongoing**

Tag A 313 8:36-3.4 (a)(4) Administration

1. *How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.*
   Response: Annual and ongoing training/in-services on the [redacted] policy will address the deficient practice found to affect Resident #2. ***The first in-services was on April 16, 2025 and April 23, 2025 for all current nursing staff.***

2. *How the facility will identify other residents having the potential to be affected by the same deficient practice.*
   Response: All residents, at any given time, have the potential to be affected by the same deficient practice as referenced.

3. *What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.*
   Response: The Wellness Director and/or designee will include training on the Controlled Substance policy for all new hires. An in-service on the policy will also be included in future nursing staff meetings on a quarterly basis. ***The first in-services was on April 16, 2025 and April 23, 2025 for all current nursing staff.***

4. *How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.*
   Response: Weekly controlled substance audits will be conducted by the Wellness Director and/or designee which will include, but will not be limited to new hire na[redacted] and dates and/or quarterly meeting dates. Any missing trainings/in-services will b[redacted] immediately addressed. ***The first audit was completed on July 15, 2025.***

5. Completion Date for this tag:
   Completed April 16, 2025, April 23, 2025 and July 15, 2025 and Ongoing

Tag A 1011 8:36-11.7 (k) Pharmaceutical Services

1. *How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.*
   Response: The facility Wellness Director and/or designee will ensure through a weekly audit of pharmacy narcotic delivery receipts that any [redacted] or Resident #2 will be housed/stored in a double locked, secured cabinet or drawer. ***This audit was completed on July 15, 2025.***

2. *How the facility will identify other residents having the potential to be affected by the same deficient practice.*
   Response: All residents, at any given time, have the potential to be affected by the same deficient practice as referenced.

3. *What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.*
   Response: The Wellness Director and/or designee will include training on the Controlled Substance policy for all new hires to include, but not limited to the housing/storage of controlled substances in a secured, double locked cabinet or drawer. An in-service on the Controlled Substances policy will also be included in future nursing staff meetings on a quarterly basis as the policy. ***The first in-service was on April 16, 2025 and April 23, 2025 for all current nursing staff.***

4. *How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.*
   Response: Weekly controlled substance audits will be conducted by the Wellness Director and/or designee to include a review of all controlled substances that were delivered per pharmacy records. This audit will include, but will not be limited to: placement in double locked, secured cabinet or drawer. Any discrepancies will be immediately reported to the Executive Director. The Executive Director will review the audits on a monthly basis. T***his audit was completed on July 15, 2025.***

5. Completion Date for this tag:
   Completed July 15, 2025 and ongoing

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
	04A022	A. BUILDING: _____ B. WING _____	R-C 04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 000}	Initial Comments Initial Comments: Type of Survey: Complaint Complaint #: NJ 00178475, NJ 00172371, NJ 00184974, NJ 00180014 Census: 47 Sample Size: 5 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}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/10/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
04A022		4/16/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 07/15/2025	ID Prefix A0313 Reg. # 8:36-3.4(a)(4) LSC	Correction Completed 07/15/2025	ID Prefix A1011 Reg. # 8:36-11.7(k) LSC	Correction Completed 07/15/2025
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
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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)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
4/16/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
04A022		4/16/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT HADDONFIELD	132 WARWICK ROAD HADDONFIELD, NJ 08033

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 07/15/2025	ID Prefix A0313 Reg. # 8:36-3.4(a)(4) LSC	Correction Completed 07/15/2025	ID Prefix A1011 Reg. # 8:36-11.7(k) LSC	Correction Completed 07/15/2025
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)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
4/16/2025

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

 EVENT ID: HBZ412