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
	07A021	A. BUILDING: _____ B. WING _____	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT LIVINGSTON	369 EAST MT PLEASANT AVENUE LIVINGSTON, NJ 07039

(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: Focused Infection Control (FIC) Covid 19 CENSUS: 96 SAMPLE SIZE: 3 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 615	8:36-5.15(b) General Requirements (b) Notification of any occurrence noted in (a) above shall be documented in the resident's record. The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to notify the resident's family, guardian or responsible person regarding NJ Exec Order 26.4b1 test results for 2 of 3 residents reviewed, Resident #'s	A 615		

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

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A 615	Continued From page 1 2 and 3. The deficient practice was evidenced by the following: 1. On 1/11/25 at 2:55 p.m., the surveyor reviewed the medical record (MR) of Resident #2 who was admitted in [NJ Exec Order 26.4b1] with diagnoses that included [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b] Continued review of Resident #2's "[Facility] Observations" and "Nurse's Note (NN)" in the MR revealed that on [NJ Exec Order 26.4], a facility Licensed Practical Nurse (LPN) documented that Resident #2 was complaining of [NJ Exec Order 26.4b1] and a [NJ Exec Order 26.4] The facility LPN performed a [NJ Exec Order 26.4b1] on him/her which revealed [NJ Exec Order 26.4] results. 2. At 3:00 p.m., the surveyor reviewed the MR for Resident #3, who was admitted in [NJ Exec Order 26.4b1] with diagnoses that included [NJ Exec Order 26.4b] and [NJ Exec Order 26.4b1] Continued review of Resident #3's NN in the MR revealed that on [NJ Exec Order 26.4], a facility LPN documented that Resident #3 requested to be tested for [NJ Exec Order 26.4] since he/she had [NJ Exec Order 26.4b1] and wasn't [NJ Exec Order 26.4b1]. The facility LPN performed a [NJ Exec Order 26.4b1] test on him/her which revealed [NJ Exec Order 26.4] results. At 3:05 p.m., the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that when there is a change in a facility resident's condition, the resident's family, physician, and the facility's Registered Nurse (RN) should be notified, and that the notification should be documented in the resident's MR. At 3:10 p.m., the surveyor interviewed the Executive Director (ED) and requested for the facility's documentation policy. The ED did not	A 615		

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A 615	Continued From page 2 provide the surveyor with the requested policy.	A 615		
A 779	8:36-7.5(c) Resident Assessments and Care Plans (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, it was determined that the facility's Licensed Practical Nurse (LPN) failed to notify the Registered Nurse (RN) of NJ Exec Order 26.4b1 results and ensure residents' medical and nursing needs were assessed for 2 of 3 residents reviewed, Resident #'s 2 and 3. The deficient practice was evidenced by the following: 1. On 1/11/25 at 2:55 p.m., the surveyor reviewed the medical record (MR) of Resident #2 who was admitted in NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b Continued review of Resident #2's "[Facility] Obervations", "Nurse's Note (NN)" in the MR revealed that on NJ Exec Order 26.4 a facility Licensed Practical Nurse (LPN) documented that Resident #2 was complaining of NJ Exec Order 26.4b1 and a NJ Exec Order 26 The facility LPN performed a NJ Exec Order 26.4b1 on	A 779		

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A 779	Continued From page 3	A 779		

him/her which revealed [NJ Exec Order 26.4] results. There was no documentation to confirm that the LPN notified the RN and that the RN assessed the resident.

2. At 3:00 p.m., the surveyor reviewed the MR for Resident #3, who was admitted in [NJ Exec Order 26.4b1] with diagnoses that included [NJ Exec Order 26.4b] and [NJ Exec Order 26.4b1]

Continued review of Resident #3's NN in the MR revealed that on [NJ Exec Order 26] a facility LPN documented that Resident #3 requested to be tested for [NJ Exec Order] since he/she had [NJ Exec Order 26.4b1] and wasn't [NJ Exec Order 26] . The facility LPN performed [NJ Ex Order 26.4(b)(1)] on him/her which revealed [NJ Exec Order 26.4] results. There was no documented evidence to confirm that the LPN notified the RN and that the RN assessed the resident

At 3:05 p.m., the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that when there is a [NJ Exec Order 26.] in a facility resident's [NJ Exec Order 26.4b1] the resident's family, physician and the facility's Registered Nurse (RN) should be notified and the notification should be documented in the resident's MR. There was, however, no documented evidence that the RN was notified of residents' [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1], and that residents were assessed to ensure their medical and nursing needs were addressed.

At 3:10 p.m., the surveyor interviewed the Executive Director (ED) and requested the facility's RN notification and documentation policy. The ED did not provide the surveyor with the requested policy.

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A 781	Continued From page 4	A 781		
A 781	8:36-7.5(d) Resident Assessments and Care Plans (d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, it was determined that the facility's Licensed Practical Nurse (LPN) failed to notify the Physician or their designee regarding NJ Exec Order 26.4b1 test results for 1 of 3 residents reviewed, Resident #3. The deficient practice was evidenced by the following: At 3:00 p.m., the surveyor reviewed the MR for Resident #3, who was admitted in NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b and NJ Exec Order 26.4b1 Continued review of Resident #3's "[Facility] Observations, Nurse's Note" in the MR revealed that on NJ Exec Order 26 a facility LPN documented that Resident #3 requested to be NJ Exec Order 2 for NJ Exec Orde since he/she had NJ Exec Order 26.4b1 and wasn't NJ Exec Order 26 The facility LPN performed a NJ Exec Order 26.4b1 on him/her which revealed NJ Exec Order 26.4b1. At 3:05 p.m., the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that when there is a change in a facility resident's	A 781		

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A 781	Continued From page 5 condition, the resident's family, physician and the facility's Registered Nurse (RN) should be notified and the notification should be documented in the resident's MR. However, when requested to provide a policy on notification and documentation procdeure, the ADON was unable to provide one. Additionally, during an interview with the Executive Director (ED) at 3:10 p.m., when requested to provide the facility's policy and procedures on notification and its documentation, the ED was unable to provide the requested policy.	A 781		

POC #4
received 6/10/25
Reviewed 6/11/25
acceptable
Letter sent
6/11/25

BRANDYWINE LIVING
at Livingston
Life is Beautiful

Date: April 29, 2025

Statement of deficiency of February 11th, 2025 survey

Please find below Brandywine Living at Livingston's narrative plan of correction as requested by letter received on May 23, 2025:

Tag A 615. 8:36-5. 15(b) General Requirements

1. Residents #2 and #3 families were notified of NJ Exec Order 26.4b1 Resident #2 on NJ Exec Order 26.4b1 and Resident #3 on NJ Exec Order 26.4b1
2. All residents have the potential to be impacted by this practice
3. An audit of all resident records was completed on 2/12/25 and 2/13/25 to ensure notification of resident responsibly party for a change in condition. The Executive Director completed in-service on Nursing Documentation, Services notes, Registered nurse role Policy and Procedure on February 12, 2025 with all licensed nurses. The Nursing Documentation, Service notes, Registered nurse role Policy and Procedure had been revised on 02/03/2025
4. The Executive Director or designee is responsible for ensuring timely documentation in the residents record. To accomplish this the Executive Director or designee will monitor observation notes weekly for 4 weeks completed on 4/21/25. Quality Assurance meetings to be held quarterly with a random audit of resident chart review including nurses notes ongoing.
5. Completion date 4/21/25.

Tag A 779. 8:36-7.5© Resident Assessments and Care Plans

1. Residents #2 and #3 notification of NJ Exec Order 26.4b1 did not occur timely. Resident #2 and #3 record was impacted by lack of documentation notification. The Registered Nurse was notified of Resident #2 condition on NJ Exec Order 26.4b1 and Resident #3 on NJ Exec Order 26.4b1 and reviewed those records on the respective dates. The Registered Nurse received verbal reports from the Licensed Professional Nurse but the course of events was not documented.
2. All residents have the potential to be impacted by the deficient practice.

369 EAST MOUNT PLEASANT AVENUE LIVINGSTON new jersey 07039

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3. An audit of all resident records was completed on 2/12/25 and 2/13/25 to ensure Registered Nurse notification. The Executive Director completed an in-service on

4. Nursing Documentation, Service notes, Registered nurse role Policy and Procedure on February 12, 2025 with all licensed nurses. The Nursing Documentation, Service notes, Registered nurse role Policy and Procedure had been revised on 02/03/25.
5.
6. The Wellness Director or designee will be responsible for verifying that Registered Nurse notifications occur in a timely manner on each shift. To accomplish this the Executive Director or designee will monitor observation notes weekly for 4 weeks completed on 4/21/25. Quality Assurance meeting to be held quarterly with a random audit of resident chart review including nurses notes.
7. Completion date 4/21/25.

Tag A 781. 8:36-7.5(d) Resident Assessments and Care Plans

1. Resident #3 record does not have notification to the Medical Doctor of a [redacted] NJ Exec Order 26.4b1 Resident #3 record was impacted by lack of documentation. The actual notification of the Medical Doctor occurred on 02/06/25. The Medical Doctor reviewed the residents record on 02/06/25
2. All residents have the potential to be impacted by this deficient practice.
3. An audit of all resident records was completed on 2/12/25 and 2/13/25 to ensure MD notification. The Executive Director completed an in-service on Nursing Documentation, Service notes, Registered nurse role Policy and Procedure on February 12, 2025. The Nursing Documentation, Service notes, Registered nurse role Policy and Procedure had been revised on 02/03/25.

4. The Wellness Director or designee will be responsible for ensuring proper notification and documentation occurs. To accomplish this the Executive Director or designee will monitor observation notes weekly for 4 weeks completed on 4/21/25. Quality Assurance meeting to be held quarterly with a random audit of resident chart review including nurses notes.
5. Completion date 4/21/25.

[redacted]
NJ Exec Order 26.4b1

6/10/25

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{A 000}	Initial Comments Initial Comments: TYPE OF SURVEY: Focused Infection Control (FIC) Covid 19 CENSUS: 96 SAMPLE SIZE: 3 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 03/31/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
07A021	A. Building B. Wing	2/11/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING AT LIVINGSTON	369 EAST MT PLEASANT AVENUE LIVINGSTON, NJ 07039

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 A0615 Reg. # 8:36-5.15(b) LSC	Correction Completed 04/21/2025	ID Prefix A0779 Reg. # 8:36-7.5(c) LSC	Correction Completed 04/21/2025	ID Prefix A0781 Reg. # 8:36-7.5(d) LSC	Correction Completed 04/21/2025
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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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	
2/11/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO