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
	10A002	A. BUILDING: _____ B. WING _____	C 05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING @ MOORESTOWN	1205 N. CHURCH STREET MOORESTOWN, NJ 08057

(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: Survey type: Complaint Complaint #: NJ 00186035 Census: 111 Sample size: A Complaint Survey was conducted by the State Agency on 05/15/2025. The facility was not found to be in compliance with the New Jersey Administrative Code 8:36 regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.	A 000		
A 310	8:36-3.4(a)(1) Administrator's Responsibilities (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; This REQUIREMENT is not met as evidenced	A 310		

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

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A 310	Continued From page 1 by: Complaint #: NJ 00186035 Based on observation, interview, and record review, it was determined that the facility failed to maintain temperature log of the residents rooms for 111 of 111 residents as evidenced by the following: On 5/15/25 at 11:30 a.m., during review of the maintenance work order provided by the Administrator,the surveyor observed that the facility did not have temperature log for monitoring and recording air temperature. At 2:30 p.m., the surveyor interviewed the Administrator and Director of Maintenance (DOM) to inquire about the temperature logs for the residents rooms. The Administrator stated that the facility did not have or keep temperature logs. At 2:45 p.m. the surveyor requested the policy for monitoring and recording air temperature and the Administrator stated that the facility did not have written procedures for recording air temperatures.	A 310		
A1231	8:36-17.5(a)(1) Heating and Air Conditioning ((a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level. 1. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during	A1231		

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A1231	Continued From page 2 the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00186035 Based on observation, interview, and record review, it was determined that the facility failed to maintain temperature log of the residents rooms for 111 of 111 residents as evidenced by the following: On 5/15/25 at 12:01 p.m., the surveyor interviewed Resident # 1 who stated that the air conditioning was not working since [NJ Exec Order 26.4b1] and the room temperature was 86 degrees farhenheit. Resident #1 stated that NJ Exec Order 26.4b1 temperature above 80 degrees farhenheit. Resident #1 stated that NJ Exec Order 26.4b1 [redacted] to the facility and that maintenance installed a NJ Exec Order 26.4b1 to regulate the room temperature. Resident #1 stated that since the NJ Exec Order 26.4b1 was installed, the room [NJ Exec Or] [redacted] At 1:20 p.m., the surveyor interviewed the Director of Maintenance (DOM), who stated that some maintenance requests are reported verbally from the concierge desk directly to maintenance. DOM stated that verbal reports to maintenance regarding room temperatures are handled the	A1231		

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A1231	Continued From page 3 same day. DOM stated that he installed [NJ Exec Order 26.] [redacted] same day the verbal request came in. At 2:30 p.m., the surveyor interviewed the Administrator and DOM. Both stated that they did not have a policy to maintain room temperature logs on a regular basis. The DOM stated they only record air temperatures in logs when there is a complaint or a work request done for fixing the air cooling tower. At 2:45 p.m. the surveyor requested the policy for monitoring and recording air temperature and the Administrator stated that the facility did not have written procedures for recording air temperatures. During this record review, the surveyor confirmed there was no policy regarding room temperatures to be taken on a routine basis.	A1231		

BRANDYWINE by MONARCH COMMUNITIES

accepted 8/15/25

[redacted]

June 11th 2025

Tag A 310 – 8:36-3.4(a)(1) Administrator's Responsibilities:

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

   Response: Our current policy is to perform weekly temperature checks to be done on 5 apartments per week to be completed by the Executive Director or designee to ensure temperatures are within regulatory compliance.

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

   Response: All residents have the potential to be affected.

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

   Response: Weekly temperature checks have been implemented for 5 apartments per week to be completed by the Executive Director or designee to ensure temperatures are within regulatory compliance.

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: Compliance will be reviewed monthly by the Executive Director for three months and quarterly thereafter during the community's Quality Assurance Meeting for two quarters.

5. Completion Date for this tag: **May 30th 2025 Ongoing**

Tag A – 1231 – 8:36-17.5 (a)(1) Heating and Air Conditioning

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

   Response: Weekly temperature checks have been implemented for 5 apartments per week to be completed by the Executive Director or designee to ensure temperatures are within regulatory compliance.

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

   Response: All residents have the potential to be affected.

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

   Response: Weekly temperature checks have been implemented for 5 apartments per week to be completed by the Executive Director or designee to ensure temperatures are within regulatory compliance.

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: Compliance will be reviewed monthly by the Executive Director for three months and quarterly thereafter during the community's Quality Assurance Meeting for two quarters.

5. Completion Date for this tag: **May 30th 2025 and Ongoing**

[redacted]
NJ Ex Order 26. 4B1

accepted
8/15/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
10A002		4/8/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDYWINE LIVING @ MOORESTOWN	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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 08/18/2025	ID Prefix A1231 Reg. # 8:36-17.5(a)(1) LSC	Correction Completed 08/18/2025	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	
5/15/2025	☐ 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	MULTIPLE CONSTRUCTION	DATE OF REVISIT
10A002 Y1	A. Building B. Wing Y2	4/8/2026 Y3

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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
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