

### STATE SURVEY REPORT

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# NAME OF FACILITY: Brandywine at Seaside

DATE SURVEY COMPLETED: August 14, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DE- FICIENCIES	
3225 3225,17.0 3225,17.2	An unannounced Complaint survey was conducted at this facility from August 6, 2024, through August 14, 2024. The deficiencies contained in this report are based on interview, record review and re-view of other facility documentation as indicated. Included observations. The census on the day of the survey was 116.  Assisted Living Facilities  Environment and Physical Plant  Assisted living facilities shall:	<ol> <li>No residents were negatively impacted by this deficient practice.</li> <li>All residents are at risk of being impacted by this deficient practice.</li> </ol>	2024
3225.17.2.2	Be clean;  This requirement is not met as evidenced by:  Based on observations and interviews was determined that the facility failed to ensure the environment was clean and free of foul odors. Findings include:  8/6/24 1:00 PM - The surveyor discovered a strong rancid odor, centrally located in room 135. The odor was less noticeable in the adjacent rooms.  8/6/24 1:10 PM - The surveyor interviewed E2 (Housekeeping), upon the interview it was stated that the smell in room #135 started 7/29/24 or 7/30/24. The smell was like a cabbage smell.  8/6/24 1:20 PM - The surveyor interviewed E3 (Housekeeping), upon the interview it was stated that room #135 smelled like a cabbage smell.	sis of this deficient practice is that after many attempts to locate the source of the odor including having Ehrlich, along with our Regional Maintenance Director punch holes in the walls, drop lights, remove and inspect PTAC, we discovered a cat that had gotten into the wall of the residents'	

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ADMINISTRATOR'S PLAN FOR CORRECTION OF DE-**FICIENCIES** 

that the resident leaves her entry door open and started noticing a smell on Tuesday 7/30/24. E4 stated that the room smelled bad.

8/6/24 2:00 PM - The surveyor interviewed F1 (Family Member), upon the interview it was stated that the smell has been going on since Tuesday of last week 7/30/24. The smell was rancid, like a dead animal.

8/6/24 4:00 PM - The surveyor interviewed F2 (Family Member), upon the interview it was stated that F2 visited on Thursday 8/1/24 and room #135 smelled like sauerkraut. F2 returned on Saturday 8/3/24, the room smelled extremely rancid.

8/7/2024 8:00 AM - The surveyor interviewed F3 (Family Member), upon the interview it was stated that the smell started out as a cabbage smell but over a short time the smell changed to a rancid smell, like something dead.

8/14/2024 8:45 AM - The surveyor interviewed E1 (DCS) via email. Upon the interview it was stated that after gaining access to the attic of the facility a dead cat was found.

8/6/24 3:30 PM - Findings were reviewed with E1 (DCS).

apartment and passed away. In addition, the resident was immediately relocated to another apartment during treatment and repair and returned to her room on 8/15/2024 and has been comfortable with no complaints of any unpleasant odors. In looking in the attic, we discovered a small opening that we believe the cat may have gotten into and could not get out. The cat was immediately removed by our maintenance team, the area

Provider's Signature Thurs Morall Title Executive Birector Date 10/4/24



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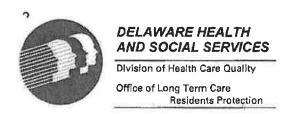
STATEMENT OF DEFICIENCIES

DATE SURVEY COMPLETED: August 14, 2024

ADMINISTRATOR'S PLAN FOR CORRECTION OF DE-

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		was disinfected imme-	10/14/20
1		diately upon removal	10/11/2
		of the cat and three	
		days later as a precau-	
		tion. The hole was	
		sealed immediately by	
		our maintenance	
		team. In addition, the	
		maintenance team	
		walked the entire roof	
		and confirmed there	
		are no more openings	
		for a cat to get into	
		the community. There	
		are no further odors	W.
		in the apartment.	27
		4. Maintenance will walk	
		the roof weekly to en-	
		sure there are no	
		newly developed	
		openings weekly until	
		100% compliance is	
		achieved, monthly un-	
		til 100% compliance is	

Provider's Signature Title Executive Directorate 10/4/24



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	× × × × × × × × × × × × × × × × × × ×	achieved then quar- terly until 100% com- pliance is achieved.	10/14/2

Turin Menuel Title Executive Brechor Date 10/4/24