New Jersey Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061808 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 06/16/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **COMPLETE CARE AT WILLOW CREEK LLC** | **1165 EASTON AVE , SOMERSET, New Jersey, 08873** |

| (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) COMPLETION DATE |
|---|---|---|---|---|
| S0000 | Initial Comments<br><br>Survey Date: 06/16/2026<br><br>Census: 0<br><br>An Initial State Survey was conducted to determine compliance with NJAC 8:39-31 and NJAC 8:43E, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. | S0000 | | |
| S2115 | Mandatory Physical Environment<br><br>CFR(s): 8:39-31.1(b)<br><br>New construction, alterations and additions of long-term care facilities shall comply with the Uniform Construction Code (N.J.A.C. 5:23) as adopted by the New Jersey Department of Community Affairs. The New Jersey Uniform Construction Code may be obtained from the Construction Code Element of the Department of Community Affairs, PO Box 805, Trenton, New Jersey 08625-0805.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation and interview on 06/16/2026 in the presence of the facility's Maintenance Director (MD) and Project Manager, it was determined that the facility failed to inspect the hot water boilers in excess of 200,000 BTU (British Thermal Units). This deficient practice had the potential to affect any admitted resident and was evidenced by the following:<br><br>An observation at 12:15 PM of the two 500,000 BTU hot water heaters in the mechanical room revealed there were no identification stickers to indicate these boilers received a state inspection. In an interview at the time, the MD confirmed the hot water heaters were not inspected and stated the insurance company state inspector had no record of these boilers. | S2115 | | 06/30/2026 |

Office of Primary Care and Health Systems Management

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

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| **COMPLETE CARE AT WILLOW CREEK LLC** | **1165 EASTON AVE , SOMERSET, New Jersey, 08873** |

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| S2260 | Mandatory Physical Environment<br><br>CFR(s): 8:39-31.6(e)(3)<br><br>(e) Smoking regulations shall be developed, implemented, and enforced in accordance with N.J.S.A. 26:3D-1 et seq. and N.J.S.A. 26:3D-7 et seq.<br><br>3. At the facility's option, it may institute a smoke-free policy. Any prospective smoke-free policy shall be set forth in the facility's admission agreement and shall only apply to residents entering the facility on or after the policy's effective date. The facility shall protect the rights of residents who smoke by providing a designated area with adequate outside ventilation for controlled smoking. If inside, the designated smoking room shall be adequately ventilated to prevent recirculation of smoke to other areas of the facility. If outside, the designated area shall provide reasonable protection from inclement weather.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on documentation review on 06/15/2026 and interview on 06/16/2026 in the presence of facility management, it was determined that the facility failed to ensure the admissions agreement clearly identified the facility as a non-smoking campus in accordance with the smoking policy. This deficient practice had the potential to affect any admitted resident and was evidenced by the following:<br><br>A document review on 06/15/2026 at 10:03 AM revealed that the policy for Smoking - Residents and Staff stated the facility was a smoke-free facility and property. A review of the facility's Admissions Agreement revealed that the Agreement was not facility specific. The policy allowed for a check-mark box next to an option to be a smoking facility or a non-smoking facility. In an interview on 06/16/2026 at 12:50 PM, the facility's Corporate Representative stated that the Admissions Agreement was a corporate policy, not specific to this facility but could easily be changed. | S2260 | | 06/17/2026 |

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|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **COMPLETE CARE AT WILLOW CREEK LLC** | **1165 EASTON AVE , SOMERSET, New Jersey, 08873** |

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| S0000 | Initial Comments<br><br>An offsite/desk review of the facility's Plan of Correction was conducted on 7/8/2026 in relation to the 6/16/2026 State of New Jersey Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities | S0000 | | |

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