

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/28/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT WHISPERING WOODS LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 JAMES STREET</b> <b>EDISON, NJ 08820</b>		
(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 #: NJ00168849, NJ00174340  CENSUS: 73  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 563	8:36-5.10(a)(2) General Requirements  (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following:  2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and	A 563			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 563	<p>Continued From page 1</p> <p>extent of damages;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to notify the Department of Health (DOH) of an [REDACTED] for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 6/27/2024 at 11:30 a.m., the surveyor reviewed the medical record of Resident #2 who moved into the facility [REDACTED] with diagnoses [REDACTED] Resident #2 [REDACTED]</p> <p>The surveyor reviewed a document in the medical record titled, "Progress Notes (PN) dated [REDACTED], timed at 5:25 p.m., and observed documented by the Licensed Practical Nurse (LPN) that she was informed by the Receptionist at the hospital that Resident #2 was at the hospital's gift shop and the shuttle bus would bring him/her back to the facility. Further review of the PN revealed on [REDACTED], timed at 3:04 p.m., and documented by the LPN that the [REDACTED].</p> <p>On 6/27/2024 2:00 p.m., the surveyor interviewed</p>	A 563		

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A 563	<p>Continued From page 2</p> <p>the Regional Clinical Director who stated that Resident #2 <b>NJ ex order 26.4b1</b>. The RCD further stated that the resident would often say that he/she was leaving, <b>NJ ex order 26.4b1</b>.</p> <p>On 6/28/2024 at 10:00 a.m., the surveyor interviewed the previous Executive Director (ED) who stated that a managed risk agreement was signed with Resident #2's family. The previous ED further stated that he had meetings with the family and informed them of the safety concerns and offered a secured neighborhood in memory care; the family declined. The previous ED further stated that he did not report an <b>NJ ex order 26.4b1</b> because <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor reviewed Resident #2's <b>NJ ex order 26.4b1</b>, which documented, <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor referred to the facility's policy titled, "Unusual Occurrence Reporting" which revealed, "...our facility reports unusual occurrences which occurred at the facility premises or other reportable events which affect the health, safety, or welfare of our residents ..."</p> <p>On 6/28/2024 at 3:00 p.m., the surveyor observed that the facility's parking lot was adjacent to another lot where the hospital shuttle bus picks up and drops off hospital employees. Additionally, at the corner there was a traffic light and a two-lane street to cross to get to the hospital, the speed limit was 25 miles per hour.</p>	A 563		

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A 751	Continued From page 3	A 751		
A 751	<p>8:36-7.3(b) Resident Assessments and Care Plans</p> <p>(b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure that a Health Service Plan (HSP) was updated with interventions in response to [REDACTED] related to [REDACTED] and [REDACTED] for 1 of 3 residents reviewed for behaviors, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 6/27/2024 at 11:30 a.m., the surveyor reviewed the medical record (MR) of Resident #2 who moved into the facility [REDACTED] with diagnoses [REDACTED] NJ ex order 26.4b1</p> <p>According to the MR Resident #2 [REDACTED] NJ ex order 26.4b1</p> <p>On 6/27/2024 2:00 p.m., the surveyor interviewed the Regional Clinical Director who stated that Resident #2 walked around the community freely and would often walk outside. The RCD further stated that the resident [REDACTED] NJ ex order 26.4b1</p> <p>The surveyor reviewed a document in the medical</p>	A 751		

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A 751	<p>Continued From page 4</p> <p>record titled, "Progress Notes (PN) dated NJ ex order 26.4b1 timed at 5:25 p.m., and observed documented by the Licensed Practical Nurse (LPN) that she was informed by the receptionist at the hospital that the resident NJ ex order 26.4b1 and the shuttle bus would bring him/her back to the facility. Further review of the PN revealed on NJ ex order 26.4b1, timed at 3:04 p.m., and documented by the LPN that the NJ ex order 26.4b1.</p> <p>On 6/28/2024 at 12:30 p.m., the facility Clinical Regional Director (CRD) presented Resident #2's HSP to the surveyor. The surveyor observed the HSP was dated NJ ex order 26.4b1, however there were NJ ex order 26.4b1. The CRD stated that Resident #2's HSP NJ ex order 26.4b1</p>	A 751		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 50A006	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/23/2024
NAME OF FACILITY COMPLETE CARE AT WHISPERING WOODS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 62 JAMES STREET EDISON, NJ 08820	

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 A0563	Correction	ID Prefix A0751	Correction	ID Prefix	Correction
Reg. # 8:36-5.10(a)(2)	Completed	Reg. # 8:36-7.3(b)	Completed	Reg. #	Completed
LSC	08/02/2024	LSC	08/02/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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 6/28/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			