

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315293	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER WHITING GARDENS REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 HILLTOP ROAD , WHITING, New Jersey, 08759	
(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
F0000	<p>INITIAL COMMENTS</p> <p>C/O # NJ00183371</p> <p>Census:167</p> <p>Sample Size:4</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p> <p>F600</p> <p>Based on observations, interviews, review of medical records and pertinent facility documentation on [NJ Ex Order 26.4], the facility failed to: a.) ensure the safety of [NJ Ex Order 26.4(b)(1)] resident with [NJ Ex Order 26.4(b)(1)] from a staff member who [NJ Ex Order 26.4(b)(1)] the resident [NJ Ex Order 26.4(b)(1)] and b.) follow their, "Abuse, Neglect, and Exploitation of Residents" and "Unmanageable Residents" policies which resulted in a resident with [NJ Ex Order 26.4(b)(1)] being [NJ Ex Order 26.4(b)(1)] with [NJ Ex Order 26.4(b)(1)] and needing treatment for [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)].</p> <p>The facility was notified of the Immediate Jeopardy (IJ) on [NJ Ex Order 26.4(b)(1)] at 4:03 P.M. and the [U.S. FOIA (b) (6)] was presented with the IJ template. The [U.S. FOIA (b) (6)] was not able to attend.</p> <p>An acceptable removal plan was electronically mailed to the surveyor on 03/31/25 at 1:48 P.M. The facility implemented a corrective action plan to remediate the deficient practice.</p> <p>The surveyor verified the removal plan on-site and determined the IJ for F600 was removed as of 4/02/25.</p>	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0000	<p>Continued from page 1</p> <p>The non-compliance continued on 4/2/25, at a scope and severity for no actual harm with the potential for more than minimal harm that was not IJ.</p> <p>F689</p> <p>Based on observations, interviews, review of the medical record and other pertinent facility records on 3/6/25 and 3/7/25, it was determined on 3/7/25 that the facility failed to provide adequate NJ Ex Order 26.4(b)(1) of a NJ Ex Order 26.4(b)(1) resident with a known history of NJ Ex Order 26.4(b)(1) which resulted in the resident NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1). The IJ started on NJ Ex Order 26.4(b)(1).</p> <p>The facility's failure to provide adequate NJ Exec Order 26.4b1 to a NJ Exec Order 26.4b1 resident who was at risk for NJ Ex Order 26.4(b)(1) posed a likelihood of serious harm, injury, impairment or death. This deficient practice placed Resident #1 and all other residents who were at risk or who had a known history of NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) in an Immediate Jeopardy (IJ) situation.</p> <p>The facility was notified of the Immediate Jeopardy (IJ) on 3/7/25 at 5:43 P.M. and the U.S. FOIA (b) (6) was presented with the IJ template. The U.S. FOIA (b) (6) was not able to attend.</p> <p>An acceptable removal plan was electronically mailed to the surveyor on at 9:31 A.M. indicating that the action the facility would take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice,</p> <p>The surveyor verified the removal plan on-site on 3/14/25 and determined the IJ for F689 was removed as of 3/14/25.</p> <p>The non-compliance continued on 3/14/25, at a scope and severity for no actual harm with the potential for more than minimal harm that was not IJ.</p>	F0000		
F0600 SS = SQC-J	<p>Free from Abuse and Neglect</p> <p>CFR(s): 483.12(a)(1)</p>	F0600	<p>F600</p> <p>SS=J</p>	05/02/2025

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F0600 SS = SQC-J	<p>Continued from page 2</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint #: NJ00184635</p> <p>Based on observations, interviews, review of medical records, and pertinent facility documentation on 03/26/25, the facility failed to: a.) ensure the safety of NJ Ex Order 26.4(b)(1) resident with NJ Ex Order 26.4(b)(1) from a staff member who NJ Ex Order 26.4(b)(1) the Resident NJ Ex Order 26.4(b)(1) and b.) follow their, "Abuse, Neglect, and Exploitation of Residents" and "Unmanageable Residents" policies.</p> <p>The deficient practice resulted in Resident #6 being treated for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). This deficient practice was identified for 1 out 2 residents (Resident #6) who were reviewed for NJ Ex Order 26.4(b)(1) and was evidenced by the following:</p> <p>A review of the Facility Reportable Event (FRE), a New Jersey Department of Health (NJDOH) document used by facilities to report incidents, revealed that on NJ Ex Order 26.4(b)(1) Resident #6 was standing at the nurse's station NJ Ex Order 26.4(b)(1) electronics/equipment NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) staff. The FRE further revealed that the Licensed Practical Nurse (LPN) #1 proceeded to get NJ Ex Order 26.4(b)(1) from her personal bag and NJ Ex Order 26.4(b)(1) Resident #6 to "diffuse the situation." Additionally, the FRE revealed that the NJ Ex Order 26.4(b)(1) was notified, and the Resident was transferred to the emergency room (ER) for treatment.</p>	F0600	<p>Continued from page 2</p> <ol style="list-style-type: none"> 1. LPN #1 was NJ Ex Order 26.4(b)(1) out of the building post incident and NJ Ex Order 26.4(b)(1) 2. All residents have the potential of being affected by this deficient practice. 3. A new "Weapons Prohibition Policy and Procedure" was created and includes pepper spray. Staff were in-serviced on it by the ADON. Signage was placed at the staff entrance and Time clock. The ADON/Designee in-serviced the staff of all departments on "Managing Aggressive Behaviors and responding to Challenging Behaviors". <p>The ADON/Designee has conducted audits on Care plans and incident investigations weekly since the incident for up to 12 weeks.</p> <ol style="list-style-type: none"> 4. The results of the weekly audits will be submitted to the QAPI Committee meeting monthly for 3 months for review. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. 	

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F0600 SS = SQC-J	<p>Continued from page 3</p> <p>On 03/26/25, at 11:33 A.M., during a tour of the [redacted] unit, the surveyor observed Resident #6 sitting in a chair near the nurse's station. The surveyor asked Resident #6 questions and observed delayed responses for answers during this interview. The Resident was able to [redacted] after [redacted]. Resident #6 reported that he/she felt [redacted]. When asked if the Resident felt safe at the facility, the Resident responded, [redacted].</p> <p>According to the Admission Record (AR), Resident #6 was admitted to the facility with diagnoses that included but were not limited to [redacted] and [redacted].</p> <p>According to the Admission Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #6 had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated that the Resident was [redacted]. The MDS further indicated that Resident #6 was experiencing [redacted] and had [redacted] and [redacted].</p> <p>A review of Resident #6's Care Plan (CP) revealed a focus, initiated on [redacted], that indicated that the Resident could be [redacted]. [redacted] the staff, had [redacted] by [redacted] or [redacted], and [redacted] when [redacted]. An intervention initiated on [redacted] included, "If I become [redacted] or [redacted] [,] maintain [redacted] for all [,] keep at least [redacted] from me, [redacted] my [redacted] and allow me to [redacted]."</p> <p>During an interview on 03/26/25 at 12:01 P.M., the Certified Nursing Assistant (CNA) #1 stated that on [redacted], she worked a double shift [7 A.M. - 11 P.M.], and the Resident displayed [redacted]. She stated that although Resident #6 was not assigned to her, she was familiar with the Resident's [redacted] CNA #1 stated it was never appropriate to [redacted] on a resident and that if she encountered [redacted] resident, she would [redacted] and let them [redacted]. She further stated that she was educated on [redacted] and the prohibited use of [redacted] immediately post-incident.</p> <p>During an interview on 3/26/25, at 12:40 P.M., LPN #2</p>	F0600		

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F0600 SS = SQC-J	<p>Continued from page 4</p> <p>stated that she was assigned to Resident #6 on [redacted] for the day shift [7 A.M.- 3 P.M.] and that no [redacted] were displayed during that time. She stated that using [redacted] a resident was "just wrong."</p> <p>During an interview with the surveyor on 03/26/25 at 1:23 P.M. with the [redacted] and the [redacted] U.S. FOIA (b) (6), they both stated that the camera footage was reviewed the next day, on [redacted], with the [redacted]. They further stated that the [redacted] confiscated the footage, so it was not available for the surveyor to review. The [redacted] and the [redacted] proceeded to describe the camera footage on [redacted].</p> <p>-Around 7:44 P.M., Resident #6 was seen at the nurse's station [redacted] and [redacted], and LPN #1 was behind the nurse's station.</p> <p>-Resident # 6 was then seen [redacted] from the [redacted] and observed walking away from the nurse's station toward his/her room while [redacted].</p> <p>-LPN #1 was observed walking out of camera range and heading towards what they described as the "med room [medication room]."</p> <p>-LPN #1 reappeared on camera at 8:04 P.M., running towards Resident #6 from behind. LPN #1 then ran in front of the Resident and [redacted] the Resident with [redacted] times.</p> <p>-Resident #6 was seen [redacted] his/her [redacted] and appeared to be [redacted].</p> <p>The facility provided Resident #6's hospital discharge paperwork for review, dated [redacted], that revealed that the Resident was treated for [redacted] and [redacted].</p> <p>The [redacted] stated that LPN #1 was suspended pending the outcome of the investigation. Upon the investigation, LPN #1 was [redacted] on [redacted], and a complaint form with the Board of Nursing was completed on the same date.</p>	F0600		

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F0600 SS = SQC-J	<p>Continued from page 6 room until NJ Ex Order 26.4(b)(1) and Emergency Medical Services arrive at 8:53 P.M.</p> <p>Review of the facility policy titled, "Abuse, Neglect, and Exploitation of Residents," revised 04/03/21, revealed under the "Policy Statement" that, "It is the policy of the facility that acts of physical, verbal, mental and financial abuse including neglect and exploitation directed against residents is absolutely prohibited." Additionally, under the "Definitions" section it revealed that, "Physical abuse is the inappropriate physical contact with a resident which harms or is likely to harm the resident."</p> <p>A review of the undated "Unmanageable Residents" policy, revealed under section 2 of "Policy Interpretations and Implementation," that, "Should the resident pose an immediate danger, or become violent or beyond control of the facility, local law enforcement agencies may be called for assistance."</p> <p>The facility was notified of the Immediate Jeopardy (IJ) on NJ Ex Order 26 at 4:03 P.M. The U.S. FOIA (b) (6) was presented with the IJ template. The U.S. FOIA (b) (6) was not able to attend. An acceptable removal plan was electronically mailed to the surveyor on 03/31/25 at 1:48 P.M. The facility implemented a corrective action plan to remediate the deficient practice.</p> <p>The surveyor verified the removal plan on-site and determined the IJ for F600 was removed as of 04/02/25.</p> <p>The Removal Plan was as follows:</p> <ol style="list-style-type: none"> 1. The facility implemented a new policy, "Weapons Prohibition Policy and Procedure," that included weapons are not permitted on the premises nor to be used against a resident. 2. The facility initiated in-services with the staff on "Weapons Prohibition Policy and Procedure" and placed signage at the staff entrance and the time clock regarding the prohibition of weapons. 3. The facility-initiated in-servicing for all staff 	F0600		

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F0600 SS = SQC-J	Continued from page 7 departments on "Managing Aggressive Behaviors and Responding to Challenging Behaviors." 4. The facility initiated audits on care plans and incident investigations. N.J.A.C. 8:39-4.1 (a)(5)	F0600		
F0689 SS = SQC-J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Complaint #NJ00183371 Based on observations, interviews, review of the medical record and other pertinent facility records on 3/6/25 and 3/7/25, it was determined on [redacted] that the facility failed to provide adequate [redacted] of a [redacted] resident with a known history of [redacted] which resulted in the resident [redacted] the facility or [redacted] for 1 of 4 residents (Resident #1). The resident was [redacted] at an [redacted] by an [redacted] caller and [redacted] the facility on [redacted] at approximately 5:58 P.M. by the [redacted]. The facility's failure to provide adequate [redacted] to a [redacted] resident who was at risk for [redacted] posed a likelihood of serious harm, injury, impairment or death. This deficient practice placed Resident #1 and all other residents who were at risk or who had a known history of [redacted] or [redacted] in an Immediate Jeopardy (IJ) situation. The deficient practice was evidenced by the following: A Facility Reportable Event (FRE) sent to the New Jersey Department of Health dated [redacted], indicated that the [redacted] reported that the resident had been [redacted] after dinner at	F0689	F689 SS=J 1. Resident #1 has [redacted] the facility. 2. All Elopement risk residents have the potential to be affected by this deficient practice. 3. The facility implemented a revised Post Elopement Protocol to include checks of all egress doors, windows and wander guard functionality. The ADON/Designee had in-serviced the [redacted] and staff on the elopement drill process and the revised post elopement protocol. The ADON/Designee had in-serviced the staff on Incident protocol and Care Plan Policy. The ADON/Designee has already started weekly audits of all wander guards, egress doors, care plans and elopement investigations since the incident for 12 weeks. 4. The results of the weekly audits will be submitted to the QAPI Committee meeting monthly for 3 months for review. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	05/02/2025

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F0689 SS = SQC-J	<p>Continued from page 8 approximately 5:30 P.M. The nursing staff brought the resident NJ Ex Order 26.4(b)(1). The resident had no apparent NJ Ex Order 26.4(b)(1). The FRE did not indicate how the resident NJ Ex Order 26.4(b)(1).</p> <p>On 3/06/25 at 4:30 P.M. the surveyor observed Resident #1 NJ Ex Order 26.4(b)(1) and NJ Exec Order 26.4b1. A NJ Ex Order 26.4(b)(1) was observed on resident's NJ Ex Order 26.4(b)(1). The Resident was NJ Exec Order 26.4b1 devices. Resident #1 was socializing with another resident. The surveyor interviewed the resident who was able to state that he/she NJ Ex Order 26.4(b)(1) the facility. When the surveyor asked another question, the resident answered with NJ Ex Order 26.4(b)(1). It was determined he/she would not be able to continue the interview.</p> <p>On 3/7/25 at 9:50 A.M., during a tour of the NJ Ex Order 26.4(b)(1) unit, the surveyor observed Resident #1 sitting in the dayroom watching television. The surveyor observed NJ Ex Order 26.4(b)(1) on the resident's NJ Ex Order 26.4(b)(1).</p> <p>According to the Admission Record face sheet (an admission summary) Resident #1 was admitted with diagnoses that included but were not limited to, NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1).</p> <p>A review of the Admission Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4(b)(1), revealed that Resident #1 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) out of 15 which indicated that the resident was NJ Ex Order 26.4(b)(1). Further review of the MDS record indicated that the resident was NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1.</p> <p>A review of the Care Plans for Resident #1 indicated that an NJ Ex Order 26.4(b)(1) care plan was initiated on NJ Ex Order 26.4(b)(1). Interventions listed for the resident were: NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1); check for placement per order; Frequently monitor resident's NJ Ex Order 26.4(b)(1) Document NJ Ex Order 26.4(b)(1) and attempted NJ Ex Order 26.4(b)(1) interventions in NJ Ex Order 26.4(b)(1) log.</p>	F0689		

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F0689 SS = SQC-J	<p>Continued from page 9</p> <p>A "Progress Note" dated [redacted] at 6:17 P.M., written by a Licensed Practical Nurse (LPN) caring for Resident # 1 indicated the resident was [redacted] at 4:45 PM. All staff were told to [redacted] the resident. The staff received a call that Resident #1 was observed at an offsite location. Two nurses from the facility [redacted] to the [redacted] to [redacted] the resident. According to this note, [redacted] patient [sic] was in an Ambulance accompanied by 2 EMTs (Emergency Medical Technicians) and 2 [redacted]. Patient was received [redacted] and [redacted]. patient [sic] assisted into [redacted], patient was [redacted] facility."</p> <p>During an interview with the [redacted] on 3/7/25, at 1:40 P.M., he provided [redacted] the facility. He indicated on the map the [redacted] locations and stated that there are cameras both inside and outside of the facility, however, the resident was not captured [redacted] on any of the cameras. The [redacted] did not indicate that there were any adjustments made to the cameras post incident.</p> <p>During an interview with the [redacted] on 3/7/25, at 2:02 P.M., he revealed that the [redacted] system was on the front door, the west wing door and two other doors on the west unit. He indicated that he tested the system on Fridays. He stated that if a resident wearing [redacted] was close to the door, it still should not open. He further revealed that he was made aware of the [redacted] the following day, [redacted], during morning meeting. He stated that he did not check and wasn't asked by the administrative staff to check the [redacted] system and/or the doors immediately after the incident. He did continue with his weekly check on Friday [redacted]. During the interview, the [redacted] provided a log documenting the doors being tested weekly. The [redacted] then explained the process of how he would check the operations of the door's magnetic locks, delayed egress doors, pin pad key locks, testing of the door's hardware for proper function and condition. He would then complete the log. A review of the documentation provided by the [redacted] revealed testing of the function of the doors were performed prior to the incident on [redacted] and after the incident on [redacted]. When the surveyor asked the [redacted] why the doors were not tested at that time, he stated he was not asked to do so.</p> <p>The [redacted] during an interview on</p>	F0689		

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(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
F0689 SS = SQC-J	<p>Continued from page 10 3/7/25, at 2:38 P.M., revealed that she was made aware of the incident around 6:00 P.M. after the situation had been resolved. The Incident Report, which contradicts the FRE, provided by the facility dated [redacted] revealed that "...initially the supervisor reported that no staff noticed that the resident was [redacted] until a phone call from an [redacted] caller received that the resident was [redacted]. No [redacted] reported as [redacted] Al [redacted] functional ...". The [redacted] stated that she tried to get a timeline from the [redacted] U.S. FOIA (b) (6) but was unable. The [redacted] further stated that other than the statements provided she did not interview any other staff on the unit. The [redacted] revealed that the videos were viewed while trying to figure the root-cause analysis, but they were unable to see how the resident [redacted]. She stated that they did not test the doors or the [redacted] system but rather relied on "natural occurrence", which she explained as watching the staff to see how quickly they responded to [redacted]. However, the [redacted] stated that the root-cause analysis later revealed that Resident #1 [redacted], but the doors were not tested after the [redacted].</p> <p>During an interview with the [redacted] U.S. FOIA (b) (6) on [redacted] at 4:59 P.M., he stated that he was contacted via the phone by the [redacted] after the incident occurred. He further stated that the Interdisciplinary Team met on [redacted] to collaborate but could not determine how Resident #1 [redacted] from the camera footage and the staff statements. He revealed that they still did not know how the resident [redacted].</p> <p>During an interview with CNA #2 on 3/7/25, at 5:43 P.M., she stated that she was familiar with the resident who [redacted] and [redacted] other resident's [redacted] and to the [redacted]. She stated she did [redacted] the resident when she entered the unit for the 3:00 P.M. to 11:00 P.M. shift on [redacted]. "I went to [redacted] the resident and [redacted]. I asked the other girls to help me [redacted] the resident. When we were [redacted] the resident, "I told the Nurse and the [redacted] U.S. FOIA (b) (6) who called the [redacted] CNA #1 stated that other residents have [redacted] but that the [redacted], and they were [redacted]. She stated that she did not hear the alarm during the shift and is unsure of how Resident #1 [redacted].</p> <p>During an interview with [redacted] U.S. FOIA (b) (6) on 3/07/25</p>	F0689		

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F0689 SS = SQC-J	<p>Continued from page 11</p> <p>at 2:54 p.m., she stated that the UM's are responsible for care planning and that the [U.S. FOIA] and the [U.S. FOIA (b) (6)] oversee them. She stated that the CNAs were made aware of new interventions because she adds that information to the daily assignments. In the presence of the surveyor, the [U.S. FOIA] reviewed Resident #1's care plan intervention that read frequent [NJ Ex Order 26.4(b)(1)] and stated that it should be documented in the chart. She stated that the CNAs would not document anywhere it would be the nurse's responsibility. Review of the resident's electronic medical record did not reveal this documentation.</p> <p>According to CNA #3 during an interview with the surveyor on 3/7/25, at 6:16 P.M., he was working the evening of the incident. He did not recall seeing the resident nor [NJ Ex Order 26.4(b)(1)] during the shift.</p> <p>The [U.S. FOIA (b) (6)] during an interview with the surveyor on 3/8/2024 at 11:17 A.M., stated that she participated in [NJ Ex Order 26.4(b)(1)]. She stated that her participation would be to contact the family regarding the incident if the staff were not able to. She revealed that she was made aware of the incident the next day [NJ Ex Order 26.4(b)(1)], in morning meeting. The team discussed how the resident may have [NJ Ex Order 26.4(b)(1)], however, she was unaware if it was identified. She revealed that she was not asked to meet with the resident for any follow up. She stated that if there was any follow up it would have been documented in the progress notes.</p> <p>A review of facility's undated document titled "Elopement Drill Process" revealed under #6 that when "...the resident is located, the Social Service designee assesses the resident for emotional distress ..." In the presence of the surveyor, she reviewed the process and stated that she did not meet with or assess the resident, nor did she designate her co-worker to do so as indicated in step #6 of the protocol. Review of the progress notes did not indicate that a social service assessment was completed.</p> <p>During a follow-up interview with the [U.S. FOIA] and the [U.S. FOIA (b) (6)] on 3/8/25, at 1:32 P.M., the [U.S. FOIA (b) (6)] described the procedure for monitoring the [NJ Ex Order 26.4(b)(1)]. They both confirmed that the [NJ Ex Order 26.4(b)(1)] system was functioning during the weekly checks performed on [NJ Ex Order 26.4(b)(1)] and</p>	F0689		

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F0689 SS = SQC-J	<p>Continued from page 12</p> <p>[REDACTED]. There was no documentation of the [REDACTED] being tested after the incident. When asked why no post incident testing was performed the [REDACTED] stated that there "...was no failure with [REDACTED]." The [REDACTED] additionally stated that education for all staff was initiated after the incident. The surveyor reviewed facility in-service documents signed by facility staff dated 2/11, 2/12, 2/17, 2/19/25 titled [REDACTED] Practices." The surveyor reviewed sign-in sheets for the in-services completed and noted there were no 11-7 signatures. When surveyor questioned the [REDACTED] if the 11:00 P.M. to 7:00 A.M. shift was in-serviced his response was "I was going to do it next month."</p> <p>During an interview with CNA #4 on 3/8/25, at 2:42 P.M., she stated "we try to have the residents go to the dayroom where they can [REDACTED] but we can't force them." She further explained that staff are familiar with the resident. When asked what does [REDACTED] mean, the CNA stated staff sees the resident during rounds every 2 hours or if staff interact with them. She further stated that CNAs did not document this information anywhere. The CNA could not recall the last time was she saw Resident #1 on the day if the incident.</p> <p>During an interview on 3/8/25, at 2:46 P.M., with LPN #3 she stated she was familiar with the resident. She stated that the [REDACTED] was responsible for initiating and updating care plans. She stated that [REDACTED] would be for residents at an increased risk for [REDACTED] or [REDACTED]. She stated [REDACTED] had no formal documentation or set time for how often to [REDACTED].</p> <p>During a follow-up interview with the [REDACTED] and [REDACTED] on 3/8/25, at 3:29 P.M., both stated that UMs were responsible for initiating the care plans and updating them. When asked what [REDACTED] meant the [REDACTED] responded that it was subjective and then stated, "I don't know." The [REDACTED] stated that [REDACTED] was an alert word used to [REDACTED] for the residents. "It is a high alert" word. The surveyor questioned the [REDACTED] to clarify what the [REDACTED] log was and where information was documented. The [REDACTED] responded, "the [REDACTED] log is a progress note and the responsibility of the cart nurse." No documentation was noted in the progress notes nor was a [REDACTED] log provided.</p> <p>The surveyor attempted to reach the [REDACTED]</p>	F0689		

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F0689 SS = SQC-J	<p>Continued from page 13 and left a voice message; however, it was not returned.</p> <p>A review of the facility policy, titled "Wander guard Policy" dated 1/25, revealed under the policy statement that "...it is the objective of the facility to ensure the safety and protection of wandering residents by preventing their exit from the building." Under the policy interpretation and implementation #5 a personalized care plan addressing the issue shall be developed for the identified resident.</p> <p>A review of the facility policy titled "Care Plans Comprehensive," revised 2/01/18, revealed under the purpose of the care plan to incorporate identified problem areas and incorporate risk factors with identified problems. It revealed under the care plan intervention section that care plan interventions are designed after careful consideration of the relationship between the problem areas and their causes. When possible, interventions address then underlying source(s) of the problem area(s) rather than addressing only the symptoms or triggers.</p> <p>A review of Resident #1's care plan did not indicate any specific interventions to monitor the resident's NJ Ex Order 26.4(b)(1). The care plan did not indicate any specific interventions to NJ Ex Order 26.4(b)(1) Resident #1 from NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1).</p> <p>A review of the facility's undated C.N.A. job description stated under job expectations that the "C.N.A. care rounds each shift every 2 hours".</p> <p>The facility was notified of the Immediate Jeopardy (IJ) on 3/7/25 at 5:43 P.M. The U.S. FOIA (b) (6) was presented with the IJ template. The U.S. FOIA (b) (6) was not able to attend.</p> <p>An acceptable removal plan was electronically mailed to the surveyor on 3/10/25 at 9:31 A.M. indicating that the action the facility would take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice.</p> <p>The surveyor verified the removal plan on-site on 3/14/25 and determined the IJ was removed as of</p>	F0689		

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F0689 SS = SQC-J	Continued from page 14 3/14/25. The Removal Plan is as follows: 1. The [U.S. FOIA (b) (6)] educated the [U.S. FOIA (b) (6)] Nurse, [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] on the "Elopement Drill Process." The facility provided an email which reflected the request for the agency nurse assigned to the resident not to return to the facility. 2. The facility implemented revised a protocol to include: Post an elopement maintenance or a designee will check all egress doors, window audit and wander guard function which will be documented in the facility's electronic record. 3. The facility initiated in-servicing for all staff on the facility's "Elopement Drill Process." 4. The facility initiated in-servicing with all Nurses and Administrative staff the review of "Incident Protocol" and "Care Plan Policy". 5. Facility initiated audits on wander guards, care plans, egress doors, elopement investigations. N.J.A.C. 8:39-27.1(a)	F0689		

New Jersey State Department of Health

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S0560	<p>Mandatory Access to Care</p> <p>CFR(s): 8:39-5.1(a)</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 23-day shifts and 1-night shifts. The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the week of Complaint staffing from 02/09/2025 to 03/01/2025 for the 03/07/2025 Complaint survey, the facility was deficient in CNA staffing for residents on 15 of 21 day shifts as follows:</p>	S0560	<p>S560</p> <p>1. Reeducation was provided to the new Staffing Coordinator by the administrator on New Jersey state staffing ratio requirements.</p> <p>We continue on going efforts to hire facility staff and will continue until there is adequate staff to meet the minimum staff to resident ratios. The facility continues to use staffing agencies and offer additional shifts to current staff with bonuses as required.</p> <p>Facility Administrator continues to work with Human resources to secure additional staffing agency usage.</p> <p>Interdisciplinary team met to discuss recruitment and retention interventions.</p> <p>2. All residents have the the ability to be affected by this deficient practice.</p> <p>3. Weekly recruitment , retention and employee appreciation meetings are ongoing and continues to be led by the Director of Human Resources or designee.</p> <p>Hiring and recruitment efforts including pay for experience, online job listings, shift differentials and referral bonuses are being utilized to continue to be competitive in the marketplace.</p> <p>Focus on retention efforts include, but are not limited to incentive programs, career growth and educational training opportunities, employee morale incentives and potential job fair.</p> <p>The HR Director or designee will continue to track and document all recruitment and retention efforts weekly.</p> <p>The DON or designee continues to review staffing schedules weekly to ensure adequate staffing for all shifts.</p> <p>4. The results of the weekly recruitment and retention</p>	05/02/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey State Department of Health

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S0560	Continued from page 1 -02/09/25 had 19 CNAs for 165 residents on the day shift, required at least 21 CNAs. -02/10/25 had 20 CNAs for 165 residents on the day shift, required at least 21 CNAs. -02/14/25 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs. -02/15/25 had 15 CNAs for 162 residents on the day shift, required at least 20 CNAs. -02/16/25 had 17 CNAs for 162 residents on the day shift, required at least 20 CNAs. -02/18/25 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs. -02/19/25 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs. -02/20/25 had 19 CNAs for 164 residents on the day shift, required at least 20 CNAs. -02/21/25 had 19 CNAs for 164 residents on the day shift, required at least 20 CNAs. -02/22/25 had 19 CNAs for 164 residents on the day shift, required at least 20 CNAs. -02/23/25 had 15 CNAs for 164 residents on the day shift, required at least 20 CNAs. -02/24/25 had 19 CNAs for 166 residents on the day shift, required at least 21 CNAs. -02/25/25 had 20 CNAs for 166 residents on the day shift, required at least 21 CNAs. -02/26/25 had 19 CNAs for 165 residents on the day shift, required at least 21 CNAs.	S0560	Continued from page 1 audits will be submitted to the QAPI Committee meeting monthly for 3 months. Based on the results of these audits a decision will be made regarding the need for continued submission and reporting.	

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S0560	Continued from page 2 -03/01/25 had 19 CNAs for 165 residents on the day shift, required at least 21 CNAs. 2. For the week of complaint staffing from 03/16/2025 to 03/22/2025 for the 03/07/2025 Complaint survey at Whiting Gardens and the facility was deficient in CNA staffing for residents on 7 of 7-day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows: -03/16/25 had 20 CNAs for 169 residents on the day shift, required at least 21 CNAs. -03/17/25 had 15 CNAs for 168 residents on the day shift, required at least 21 CNAs. -03/17/25 had 11 total staff for 168 residents on the overnight shift, required at least 12 total staff. -03/18/25 had 19 CNAs for 166 residents on the day shift, required at least 21 CNAs. -03/19/25 had 16 CNAs for 166 residents on the day shift, required at least 21 CNAs. -03/20/25 had 19 CNAs for 166 residents on the day shift, required at least 21 CNAs. -03/21/25 had 17 CNAs for 166 residents on the day shift, required at least 21 CNAs. -03/22/25 had 17 CNAs for 171 residents on the day shift, required at least 21 CNAs.	S0560		
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in	S1680	S1680 1. The New Staffing Coordinator was educated by the Administrator on the mandated Nursing hours required by the State. 2. All Residents have the potential to be affected by	05/02/2025

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S1680	<p>Continued from page 3 facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of the AAS-12 staffing from 02/16/2025 to 02/22/2025, for the 03/01/2025 Complaint survey, it was determined that the facility was deficient in staffing for resident required services as follows:</p> <p>For the week of 02/23/25</p> <p>Required Staffing Hours: 433.75</p> <p>-02/23/25 had 312 actual staffing hours, for a difference of -12.75 hours.</p>	S1680	<p>Continued from page 3 this deficient practice.</p> <p>3. Education was provided to the Staffing Coordinator by the Administrator about the level of nursing hours required.</p> <p>The HR Director/Designee will audit 3 shifts per week x12 weeks to ensure the State required nursing hours are being met.</p> <p>4. The results of the weekly audits will be submitted to the QAPI Committee meeting monthly for 3 months for review. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>	

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F0000	INITIAL COMMENTS No Information	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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