

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50A006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT WHISPERING WOODS LI	STREET ADDRESS, CITY, STATE, ZIP CODE 62 JAMES STREET EDISON, NJ 08820
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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) COMPLETE DATE
H 000	<p>Initials Comments</p> <p>TYPE OF SURVEY: Complaint</p> <p>COMPLAINT#: NJ00182281; NJ00181777</p> <p>CENSUS: 69</p> <p>SAMPLE SIZE: 5</p> <p>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.</p>	H 000		
H3460	<p>8:43E-10.11(c)(1) Other Rprtng Rqrmnts Unrltd to Pt Sfty Act</p> <p>Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following: Loss of heat or air conditioning.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00181777</p>	H3460		

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

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H3460	<p>Continued From page 1</p> <p>Based on interview and record review it was determined that the facility failed to accurately reported the interruption of services, related to the loss of heat in the resident's rooms, to the New Jersey Department of Health (NJDOH). This deficient practice was evidenced by the following:</p> <p>On 12/22/24 The NJDOH received a Facility Reportable Event (FRE) (A form utilized by health care facilities to report events), dated 12/22/24, with a "Date of Event" of 12/22/24, and a "Time of Event" of 10:21 a.m., The FRE revealed that there were (4) resident rooms that were unable to maintain a temperature above 71 degrees Fahrenheit.</p> <p>The surveyor reviewed a facility document titled, "Temperature Log (TL): Resident Rooms/Heat Units", that revealed the residents were moved to alternate rooms, with working heating units, on 12/23/24. Further review of the TL revealed that 2 additional rooms were affected by the loss of heat.</p> <p>The surveyor reviewed a facility document titled, "Maintenance Request (MR)" that revealed there were 6 requests from additional residents with complaints regarding the heat not working in their rooms between 12/20/24 and 12/21/24.</p> <p>On 1/21/25 at 1:09 p.m., Surveyor #1 reviewed the facility documents titled, "Temperature Log" (TL), which were submitted to the NJDOH, and documented that the resident's were moved to alternate rooms, with working heating units, on 12/23/24. Further review of a facility document titled, "Maintenance Request", revealed that there were 6 requests from residents with complaints</p>	H3460		

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H3460	<p>Continued From page 2</p> <p>regarding the heat not working in their rooms between 12/20/24 and 12/22/24.</p> <p>In addition, Surveyor #1 interviewed the Executive Director (ED) who stated that residents in 2 of the 4 rooms affected by the loss of heat to their rooms were moved to alternate rooms on 12/22/24.</p> <p>At 1:29 p.m., Surveyor #1 interviewed the Director of Maintenance (DOM) who also stated that residents in 2 of the 4 rooms that were affected by the loss of heat to their rooms were moved to alternate rooms on 12/22/24. Surveyor #2 requested a timeline of events that was reported to the NJDOH, as well as follow up plans to correct the heating concerns, from the DOM. At the time of survey, the surveyors did not receive the requested timeline of events that were reported to the NJDOH, or follow up plans to correct the heating concerns from the DOM as requested.</p> <p>On 1/22/25 at 12:31 p.m., Surveyor #1 and Surveyor #2 conducted a post survey interview, via a telephone conference call, with the ED, Assistant Director of Nursing (ADON) and the DOM. The ED confirmed that she reported that there was a loss of heat to 4 rooms on 12/22/24 to the Ombudsman. During the same interview with the DOM, the surveyor stated that the facility documentation title, Temperature Log revealed that the affected resident's were moved to to alternate rooms on 12/23/24 not 12/22/24 as she previously stated. The ED stated she didn't know who wrote the date of 12/23/24 on the log but insisted the affected residents were moved on 12/22/24.</p> <p>Surveyor #2 reviewed email documentation that</p>	H3460		

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H3460	<p>Continued From page 3</p> <p>was sent to the ED from a staff member at the NJDOH complaints department, that revealed that the Regional Maintenance Director stated that there were 5 rooms that were affected by the loss of heat. Upon further review of the facility document provided by the DOM titled, "Facility Reportable Events Follow Up", revealed that one room that was affected by the loss of heat was not on the FRE that was sent to the NJDOH on 12/22/24.</p> <p>Upon further review of the TL, revealed that there was an additional room that was not maintaining a temperature above 72 degrees Fahrenheit, that was not reported to the NJDOH on the FRE.</p> <p>Surveyor review of the February 17, 2016, facility policy titled, EMERGENCY; HEAT EMERGENCY PLAN (Failure of Heating System) revealed, "Policy: The heating system shall be maintained to provide adequate required temperature in all areas used by residents...A loss of the heating system is considered a Reportable Event and requires immediate telephonic notification to the N.J. Department of Health followed by written notification." "Procedure ...2. Portable heaters shall not be utilized by the facility or residents."</p>	H3460		
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT#: NJ00182281; NJ00181777</p> <p>CENSUS: 69</p> <p>SAMPLE SIZE: 5</p>	A 000		

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A 000	Continued From page 4 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 783	8:36-7.5(e) Resident Assessments and Care Plans (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that an NJ Exec Order 26.4b1 that included an annual physician certification to ensure the resident's needs did not exceed the facility's ability to provide care, was conducted by a physician, advanced practice nurse or physician's assistant was documented in the	A 783		

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A 783	<p>Continued From page 5</p> <p>medical record for 5 of 5 residents reviewed, Resident #'s 1, 2, 3, 4 and 5. This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> On 1/21/25, Surveyor #1 reviewed Resident #1's Medical Record (MR) which revealed a move in date of [redacted] and diagnoses which included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The MR did not contain any documentation which revealed that Resident #1 had a [redacted] () conducted by a physician, advanced practice nurse or physician's assistant that included a Physician Certification to indicate that Resident #1 did not have needs which exceeded the care that the facility was capable of providing. On 1/21/25, Surveyor #1 reviewed Resident #2's MR which revealed a move in date of [redacted] and diagnoses which included NJ Exec Order 26.4b1. The Surveyor did not observe any documentation during review of the MR showing Resident #2 had an annual [redacted] and Physician Certification done. On 1/21/25, Surveyor #1 reviewed Resident #3's MR which revealed a move in date of [redacted] and diagnoses which included [redacted] and NJ Exec Order 26.4b1. The Surveyor did not observe any documentation during review of the MR showing Resident #3 had an annual [redacted] and Physician Certification done. On 1/21/25, Surveyor #1 reviewed Resident #4's MR which revealed a move in date of [redacted] and diagnoses which included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The MR also revealed that the resident had a NJ Exec Order 26.4b1 by a Physician, however there was no Physician Certificate. 	A 783		

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A 783	<p>Continued From page 6</p> <p>5. On 1/21/25, Surveyor #1 reviewed Resident #5's MR which revealed a move in date of [NJ Exec Order 26.4b1] and diagnoses which included [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1]. The Surveyor did not observe any documentation during review of the MR showing Resident #5 had an [NJ Exec Order 26.4b1] and Physician Certification done.</p> <p>On 1/21/25 at 3:10 p.m., Surveyor #2 interviewed the Director of Nursing (DON), who stated that Resident #'s 1, 2, 3, and 5 do not have annual [NJ Exec Order 26.4b1] that were conducted by a physician, advanced practice nurse or physician's assistant and documented in the resident's record, which included an annual certification that a resident does not have needs which exceed the care the facility is capable of providing. In the same interview, the DON stated that Resident's #2 and #3 were expected to have their [NJ Exec Order 26.4b1] completed by a Nurse Practitioner (NP) on [NJ Exec Order 26.4b1]. The DON also stated that she contacted the Physicians of Resident's #1 and # and requested they fax her the resident's completed [NJ Exec Order 26.4b1], but did not receive the requested documents.</p>	A 783		
A1233	<p>8:36-17.5(a)(2) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(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.</p> <p>2. The facility or residents shall not utilize portable heaters.</p>	A1233		

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A1233	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182281</p> <p>Based on observation and interview, it was determined that the facility failed to ensure portable electric heaters were not used in the facility. This deficient practice was evidenced by the following:</p> <p>On 12/22/24 The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form utilized by health care facilities to report events), dated 12/22/24, with a "Date of Event" of 12/22/24, and a "Time of Event" of 10:21 a.m. The FRE revealed that there were (4) resident rooms that were unable to maintain a temperature above 71 degrees Fahrenheit.</p> <p>On 1/21/25 at 10:45 a.m., Review of a facility document titled, "Maintenance Request" revealed that Resident #4 submitted a maintenance request on <small>NJ Exec Order 26.401</small> due to a loss of heat to his/her room.</p> <p>Surveyor #1 interviewed Resident #4 who stated that the Director of Maintenance (DOM) placed the electric portable heater in his/her room due to the room not holding a temperature above 71 degrees Fahrenheit. The resident continued to say he/she did not know the dates the portable heater was in his/her room but stated that the heat in the room was not working.</p> <p>Surveyor #1 did not observe a portable heater in</p>	A1233		

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A1233	<p>Continued From page 8</p> <p>the room during the interview.</p> <p>At 1:29 p.m., during Surveyor #1's interview with the DOM, he stated that on 12/21/24 and 12/22/24, he was onsite at the facility due to resident complaints of loss of heat to their rooms. The DOM continued to say that portable, electric heaters were in 5 resident's rooms at that time.</p> <p>Surveyor #1 requested the owners/operating manuals for the portable heaters that were placed in the resident's rooms, from the DOM. The DOM stated that the heaters were already at the facility, and unboxed, when he started working at the facility in NJ Exec Order 26.4b1.</p> <p>At 2:04 p.m., Surveyor #1 toured the facility's resident rooms, with the DOM, that had portable electric heaters at that time. The surveyor observed portable electric heaters in 5 resident rooms. The heaters were plugged in and running in 1 out of the resident's rooms. Surveyor #1 observed the heaters in the remaining 4 rooms were plugged in but not turned on.</p> <p>On 1/22/25 at 12:31 p.m, Surveyor #1 and Surveyor #2 conducted a post survey interview, via a telephone with the DOM who stated that Resident #4 received an electric portable heater on NJ Exec Order 26.4b1.</p> <p>Surveyor review of the February 17, 2016, facility's policy titled, EMERGENCY; HEAT EMERGENCY PLAN (Failure of Heating System) revealed, "Policy: The heating system shall be maintained to provide adequate required temperature in all areas used by residents...A loss of the heating system is considered a Reportable Event and requires immediate telephonic notification to the N.J. Department of</p>	A1233		

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A1233	Continued From page 9 Health followed by written notification." "Procedure ...2. Portable heaters shall not be utilized by the facility or residents."	A1233		



62 James Street

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PLAN OF CORRECTION

8:43- 10.11© (1)

H3460

Other Reporting Requirements Unrelated to Patient Safety Act

1. Problem identified:

How the corrective action/ actions will be accomplished for those residents found to be affected by the practice:

Although the event began on 12/19/24, event was reported on 12/21/24.

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

All the residents have the potential to be affected by this deficient practice.



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

Accurate & timely reporting of a reportable will be completed by the Administrator or Director of Nursing at the start of any "acts occurring within the facility" such as loss of heat or air conditioning in all resident rooms that are affected and ongoing.

On 2/21/25, Front desk staff has been trained as to what is considered an event or major occurrence to which the Administrator must be made aware of.

The Administrator & Director of Maintenance provided an in-service to all Department Heads & staff on N.J.A.C. 8:43 -10.11(1) related to Other Reporting Requirements Unrelated to Patient Safety Act on reporting any major occurrences or events in physical plant and operational interruptions. All reportable incidents will be communicated to the Department at the start of such an incident.

An Inservice was conducted with all department heads and front desk receptionists and was completed on 2/21/25. The policy and procedure was reviewed and no revisions were necessary at this time.

4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? What program will be put into place to monitor the continued effectiveness of the systemic changes?

The Administrator and / or designee will audit the Maintenance Log-book daily to ensure that Building issues are reported and addressed in a timely manner and monitored for accuracy. These will be reviewed during quality assurance meetings which will occur quarterly. The next quality assurance meeting will be held June 3, 2025.

Completion Date: 2/21/25



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8:36-7.5(e)

A 783

Resident Assessments and Care Plans

1. Problem identified:

How the corrective action/ actions will be accomplished for those residents found to be affected by the practice:

Resident #1 had NJ Exec Order 26.4b1 completed which included in the document is the annual certification that resident is NJ Exec Order 26.4b1 Annual history and physical were completed on NJ Exec Order 26.4b1

Resident #2 had NJ Exec Order 26.4b1 completed and included in the document is the /annual certification that resident is NJ Exec Order 26.4b1 Annual history and physical were completed on NJ Exec Order 26.4b1

Resident #3 had NJ Exec Order 26.4b1 completed and included in the document is the annual certification that resident is NJ Exec Order 26.4b1 Annual history and physical were completed on NJ Exec Order 26.4b1

Resident #4 had NJ Exec Order 26.4b1 and included in the document is the annual certification that resident is NJ Exec Order 26.4b1 Annual history and physical were completed on NJ Exec Order 26.4b1

Resident #5 had NJ Exec Order 26.4b1 completed and included in the document is the annual certification that resident is NJ Exec Order 26.4b1 Annual history and physical were completed on NJ Exec Order 26.4b1



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

All the residents have the potential to be affected by this incident.

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

The missing NJ Exec Order 26.4b1 for the Residents identified have since been completed to include the annual certification for appropriateness to live in assisted living. The Director of Nursing or Assistant Director of Nursing will ensure that proper NJ Exec Order 26.4b1 forms are placed in the Doctors binders for those residents that are seen at the facility. For all residents who have Doctors outside of the facility, the Director of Nursing will ensure that an order is entered into NJ Exec Order 26.4b1 instructing the due date of next physical so that the resident can go to their scheduled appointment with the correct Physical Form. A full review of all Resident files was conducted to ensure full compliance. All dates of service were entered into NJ Exec Order 26.4b1 on 3/14/25.

Once NJ Exec Order 26.4b1 is received, they will be uploaded to the resident's chart in NJ Exec Order 26.4b1 by the end of the day along with a note indicating that the NJ Exec Order 26.4b1 was completed and uploaded.

The Director of Nursing will create an excel spreadsheet to monitor each resident with the date of last physical and upcoming due date for current year physical. The Director of Nursing or Assistant Director of Nursing will print out a monthly list for in-house Doctors as to which resident history and physicals are due for the month and



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raise the form in their binders flagging that it needs to be updated. New resident admissions will be added to the excel spreadsheet on the day the NJ Exec Order 26.4b1 is received.

The policy and procedures were reviewed on 2/21/25 and will be followed. No revisions are necessary at this time.

4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? What program will be put into place to monitor the continued effectiveness of the systemic changes?

The Assistant Director of Nursing or Director of Nursing will monitor monthly and on an ongoing rolling basis throughout the month to ensure the current month and the following month's History & Physicals will be up to date. The system will be implemented and reviewed by the Director of Nursing.

The list will be reviewed monthly by the Director of Nursing or Assistant Director of Nursing to ensure full compliance. The Administrator, Director of Nursing, and Assistant Director of Nursing will meet quarterly to ensure full compliance. The next meeting is June 3, 2025.

Completion Date: 4/25/25

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{H3460}	<p>8:43E-10.11(c)(1) Other Rprtnng Rqrmnts Unrltd to Pt Sfty Act</p> <p>Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following: Loss of heat or air conditioning.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	{H3460}		
{A 000}	<p>Initial Comments</p> <p>Initial Comments:</p>	{A 000}		
{A 783}	<p>8:36-7.5(e) Resident Assessments and Care Plans</p> <p>(e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.</p>	{A 783}		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50A006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/20/2025
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT WHISPERING WOODS LI	STREET ADDRESS, CITY, STATE, ZIP CODE 62 JAMES STREET EDISON, NJ 08820
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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) COMPLETE DATE
{A 783}	Continued From page 1	{A 783}		
{A1233}	<p>8:36-17.5(a)(2) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(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.</p> <p>2. The facility or residents shall not utilize portable heaters.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	{A1233}		