New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50A006	A. BUILDING: _____ B. WING _____	C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WHISPERING WOODS LI	62 JAMES STREET EDISON, NJ 08820

(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 #: NJ 00188473 DATE OF SURVEY: 10/2/2025 CENSUS: 78 SAMPLE SIZE: 6 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 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/10/25

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on a record review and interviews on 10/2/2025 in the presence of the Administrator, it was determined that the Administrator or designee failed to ensure the development, implementation and enforcement of all policies and procedures. This deficient practice had the potential to affect all residents and was evidenced by the following: A record review on 10/2/2025 revealed that the facility's Emergency Preparedness Plan (EPP) was last updated on 12/24/2018, over 6 years ago. The facility has since changed ownership and its name as of January 2023, over 2 years ago. In an interview at the time, the surveyor asked the Administrator if they were aware of when the EPP was last updated. The Administrator confirmed the record review and stated "Probably as you see it; 2018." The facility's administrator was informed of the deficient practice at the exit conference.	A 310		
A1249	8:36-17.7 Building and Grounds Maintenance The building and grounds shall be well maintained at all times. The interior and exterior	A1249		

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	50A006	A. BUILDING: _____ B. WING _____	C 10/02/2025

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COMPLETE CARE AT WHISPERING WOODS LI	62 JAMES STREET EDISON, NJ 08820

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A1249	Continued From page 2 of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews on 10/2/2025 in the presence of the Regional Maintenance Director (RMD), it was determined that the facility failed to ensure that building grounds were maintained in a manner that safeguards against hazards to resident health and safety. This deficient practice had the ability to affect all residents and was evidenced by the following: An observation on 10/2/2025 at 12:27 PM revealed that 9 of 9 parking lot light posts in the right-side parking lot and 1 of 8 parking lot light post in the left-side parking lot were not functioning when tested by the RMD. These lights provided illumination for approximately 50 parking spots. In an interview at the time, the surveyor asked the RMD how long the lights have not worked. The RMD confirmed the observation and stated that someone [redacted] a light post with their [redacted] a [redacted] which caused damage to the wiring	A1249		

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A1249	Continued From page 3 that supplies power to the right side of the parking lot. When they attempted to turn the breaker on, it kept tripping. The RMD stated that they are in the process of getting it repaired and that they would provide a quote from their contractors. A record review revealed that the provided quote from their contractor was dated 09/29/2025, three days prior. The facility's Administrator was informed of the deficient practice at the exit conference.	A1249		

POC# 2 Received 12/11/25
Acceptable

COMPLETECARE
WHISPERING WOODS

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Edison NJ 08820

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PLAN OF CORRECTION

8:36-3.4(a) (1)
A 310
Administrator's Responsibilities

1. **Problem identified:**

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

The Emergency Management plan was reviewed on10/10/25 by the Administrator and The Maintenance Director and will be reviewed and updated at least annually or if there are any updates to the Emergency Management Manual. All updates will be made by the Administrator.

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

The Emergency Management Plan can potentially affect all residents 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?**

On October 10, 2025, the Emergency Management Binder was reviewed by the Administrator and the Maintenance Director, and all policies and practices were updated and put in place by the Administrator. The Emergency Management Manual was updated to reflect the present Company, Complete Care Whispering Woods. A review will be completed at least annually, and any changes will be updated immediately in the Emergency Management Binder by the Administrator.

The updates will be discussed with the Department heads on December 8th, 2025, by the Administrator. This has been completed. All department heads have reviewed the Emergency Management Manual to ensure that they are aware of how to properly respond if an emergency arises.

An Emergency Management tabletop drill exercise will be conducted on March 24th, 2026 as scheduled with The Director of Emergency Management from the Healthcare Association of NJ with the team making sure that all staff can respond appropriately in the event that an emergency occurs.

A post-drill training will be conducted by the Administrator and Director of Maintenance and will include all staff reviewing what went right during the drill and areas of improvement that can be implemented.

An Emergency Preparedness training for all staff was conducted on March 11th, 2025.

An Active Shooter Drill training was conducted for all staff on February 12th, 2025.

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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?

A review will be done annually by the Administrator and the Director of Maintenance and documented in the Emergency Management Manual making sure, that all emergency protocols are in place.

The Emergency Management Manual was reviewed by all department heads on 12/8/25 and signed.

Completion Date: 12/8/25

8:36-17.7

A1249

Building and Grounds Maintenance

1.Problem identified:

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

A vendor was obtained to fix the parking lights which will ensure illumination for the outdoor parking areas. The parking lot lights were repaired, and additional LED lights

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were added to the poles on 10/6/25. This will increase the safety standards of the community.

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

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

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 parking lot lights have been repaired on 10/6/25 and additional Solar LED lights have been purchased and installed on 12/10/25 to provide satisfactory lighting to ensure optimal safety for residents, staff and visitors always.

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 Director of Maintenance will do a weekly audit of the parking lot to ensure that the lights are operating efficiently and will record his findings in a Maintenance Logbook labeled "Parking lot Lights" which will be located at the front desk. Any changes will be made immediately to avoid any deficient occurrence. These audits will be ongoing on a weekly basis to ensure that the lights are functioning efficiently.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
50A006	A. Building B. Wing	12/11/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT WHISPERING WOODS LLC	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 A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 12/08/2025	ID Prefix A1249 Reg. # 8:36-17.7 LSC	Correction Completed 12/10/2025	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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	
10/2/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO