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 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITING GARDENS REHABILITATION AND NURSING CENTER	**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	INITIAL COMMENTS Survey Date: 11/10/25 Census: 182 Sample: 3 NJ#2633030 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F0000		12/01/2025
F0689 SS = G	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: Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure a resident who was dependent on staff for transfers was safely and properly NJ Ex Order 26.4(b)(1) with two staff members via NJ Exec Order 26.4b1. Instead, the resident was NJ Ex Order 26.4(b)(1) by one staff member from their bed to NJ Ex Order 26.4(b)(1) on NJ Exec Order, which resulted in the resident NJ Exec Order 26.4b1 a NJ Exec Order 26.4b1 [redacted]. This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed for accidents and was evidenced by the following: On 11/6/25 at 9:40 AM, the surveyor requested from the	F0689	Element #1 · Emergency 911 immediately contacted to transport resident#2 to ER for physical evaluation. · CNA #1 immediately interviewed and re-educated on following POC for transfers 9/30/25. · CNA #1 suspended pending investigation and status DNR. · Staff inserviced on following POC for transfers 10/1/25. CNA #1 immediately re-educated by UM and DON Staff inserviced on following POC for transfers 10/1/25 by ADON and/ or DON Element #2 All residents have the potential to be affected by this deficient practice Element #3 · Debrief immediately post incident 9/20/25 and Interdisciplinary team met the following day at the AM meeting to discuss root cause analysis and debrief.	12/19/2025

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

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 11/06/2025

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WHITING GARDENS REHABILITATION AND NURSING CENTER	3000 HILLTOP ROAD , WHITING, New Jersey, 08759

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F0689 SS = G	Continued from page 1 U.S. FOIA (b)(6) a copy of the Facility Reportable Event (FRE) that was reported to the U.S. FOIA (b)(6)) for Resident #2. On 11/6/25 at 9: 55 AM, the surveyor reviewed the FRE provided by the U.S. FOIA (b) that indicated that on 9/30/25 at 9:10 AM, the Certified Nursing Assistant (CNA#1) was NJ Ex Order 26.4(b)(1) the resident from the NJ Exec Order 26.4b1 using NJ Ex Order 26.4(b)(1) without help of another staff member or the use of the NJ Exec Order 26.4b1 as care planned. During NJ Ex Order 26 the resident NJ Exec Order 26 when the NJ Exec Order 26.4b1 . The resident was sent to the emergency room for an evaluation via 911 ambulance. The resident's Physician, Resident Representative, the Department of Health and the Ombudsman were notified. A follow up phone call on NJ Exec Order 2 by the U.S. FOIA (b)(6) to the emergency room revealed the resident sustained a NJ Exec Order 26.4b1 A review of the Admission Record showed Resident #2 was admitted to the facility with medical diagnoses which included but were not limited to; NJ Exec Order 26.4b1 A review of the Admission Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order revealed under Section NJ Ex Order 26.4(b)(1) that the resident was NJ Ex Order 26.4(b)(meaning the NJ Ex Order does NJ Ex Order resident does NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(, or the NJ Ex Order 26.4(b)(of two or more NJ Ex Order 2 is required for the resident to NJ Ex Order 26.4(b)(1) Resident #2 had a Brief Interview of Mental Status of NJ Exec Ord meaning the resident was NJ Exec Order 26.4b1 . Review of the Nursing Admission Assessment dated NJ Exec Order showed that the resident was NJ Exec Order 26. Review of the Individualized Comprehensive Care Plan (ICCP) showed a focus of NJ Ex Order 26.4(b)(1) performance initiated on NJ Exec Order 26. and revised on NJ Exec Order 26. Interventions included but were not limited to NJ Exec Or initiated on NJ Exec Order 2.	F0689	Continued from page 1 · Education initiated for staff on safe transfers and education on the topic of following Plan of Care (POC) 10/1/125 Hoyer lift revised policy THE Unit Manager or designee will monitor transfers for 8 weeks. Audits began on 10/2/2025 with a minimum of 16 random audits. Element #4 . The Unit Manager will be responsible for Two audits weekly for 8 weeks and will be reported to the monthly QAPI · Audits starting 10/2/25 to monitor staff and ensure POC followed for transfers to ensure safety of residents. · QAA Meeting 10/6/25 to discuss random audits with the IDT · All findings will be reported to the monthly QAPI x 8 weeks starting with the November QAPI	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITING GARDENS REHABILITATION AND NURSING CENTER	3000 HILLTOP ROAD , WHITING, New Jersey, 08759

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F0689 SS = G	Continued from page 2 A review of the progress notes dated [redacted], indicated that at 9:13 AM the nurse [redacted] from Resident #2 room. The nurse entered the room, and the resident was on the [redacted] CNA #1 was in the room. CNA #1 informed the nurse that he was [redacted]. The resident was unable to [redacted] without [redacted]. Vital signs were assessed and 911 called and the resident was sent to the hospital. A review of the [redacted] from the hospital dated [redacted], revealed the resident sustained a [redacted] A review of the FRE conclusion provided by the facility indicated that CNA#1 did not properly follow the resident's Plan of Care for [redacted] "resulting in the [redacted]." CNA #1 accepted responsibility and was terminated from employment. On 11/6/25 at 12:15 PM, the surveyor interviewed Resident #2 regarding [redacted]. The resident told the surveyor that the "aide" lined up the [redacted] next to the bed and when the aide [redacted] the resident with the sheet [redacted] and "[redacted]. The resident said they were transferred immediately to the hospital. On 11/6/25 at 12:10 PM, the surveyor observed a CNA (CNA#2) pushing a [redacted] down the hallway. The surveyor asked about the procedure for use of the [redacted] CNA #2 said, "You always need two people, if you don't have two people you don't use it until you do". On 11/6/25 at 12:25 PM, the surveyor interviewed a unit CNA (CNA#3) regarding assignments and resident needs. She told surveyor the assignment sheets have the resident's information and included if they were a one- or two-person [redacted]. The surveyor asked if they would ever have a problem getting a second person to help them for a two-person [redacted] resident and CNA#3 said never because the [redacted] would always help. On 11/6/25 at 12:30 PM, the surveyor interviewed the	F0689		

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F0689 SS = G	Continued from page 3 unit U.S. FOIA (b)(6)) regarding U.S. FOIA assignments. She told the surveyor that before every shift the CNAs are handed an assignment sheet which included the resident NJ Ex Order 26.4(b)(requirements for NJ Ex Order 26.4(On 11/6/25 at 1:10 PM, the surveyor interviewed the U.S. FO unit. The U.S. FO stated that the lead U.S. FOIA or herself fill out the U.S. FOI assignment sheets, and it includes NJ Ex Order 26.4(b)(1) requirements for residents. All NJ Exec Order 26.4b1 residents are a two-person NJ Ex Order 26.4(b)(. She told the surveyor that Resident #2 was a NJ Exec Order 26.4b1 resident, and the CNA (CNA#1) should have had two people in the room with him. The U.S. FO told surveyor, “The U.S. FOI moved the resident with a sheet, and I don’t know if the NJ Ex Order 26.4(b)(1) had the NJ Ex Order 26.4(b ”. The U.S. FO who was present on the unit, said the NJ Ex Order 2 were checked for function after the incident and they were in working order. On 11/6/25 at 1:45 PM, the surveyor interviewed the U.S. FOIA (b)(6)) in the presence of the U.S. FOIA (b)(6)). The surveyor asked the U.S. FOIA how a U.S. FOIA would know if a resident was a one or two person transfer assist. The U.S. FOI said besides assignment sheets the CNAs have access to a NJ Exec Order 2 in the Electronic Medical Record (EMR) which would include that information. The surveyor asked if CNA#1 should have had a second person with him and she said, “Yes, the resident was a NJ Exec Order 26.4b1 NJ Ex Order 2 and help was available”. “He was educated that we don’t attempt to NJ Ex Order 26.4(b) unless they get help. He was agency and is no longer employed with us, and he accepted full responsibility”. On 11/6/25 at 2:05 PM, the surveyor left a voice mail message for CNA #1 to return call. Surveyor reviewed the policy titled, “Daily Work Assignments” with a revision date of August 2006. Under policy interpretation and implementations, Certified Nursing Assistants are expected to carry out their daily assignments in a profession manner and in accordance with established nursing procedures. A review of the policy titled, “Mechanical Lift (Hoyer) Transfers”, an undated policy, the procedure was two staff were required.	F0689		

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F0689 SS = G	Continued from page 4 NJAC 8:39-27.1(a)	F0689		

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S0000		12/01/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: 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 at 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: 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 than half of	S0560	• 1. Staffing coordinator was educated on New Jersey state staffing ratio requirements on 11/17/2025. • Efforts to hire facility staff will continue until there is adequate staff to meet the minimum staff to resident ratios. Until that time, the facility will use staffing agencies and offer additional shifts to current staff with bonuses as required. • Facility Administrator worked with Human resources to secure additional staffing agency contracts. 2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency: • All residents have the potential to be affected by this deficient practice. 3. Measures Put into Place: • Recruitment, retention and employee appreciation meeting was initiated and will be led by the Director of Human Resources and/or designee. • Hiring and recruitment efforts including pay for experience, online job listings, and referral bonuses are being utilized to continue to be competitive in the marketplace. • Focus on retention efforts include, but are not limited to incentive programs, career growth and educational training opportunities and employee morale incentives. • The administrator/designee will review staffing schedules weekly to ensure adequate staffing for all shifts.	12/19/2025

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S0560	Continued from page 1 all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA 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. · For the 3 weeks of AAS-11 staffing, the facility was deficient as follows: 1. For the week of Complaint staffing from 09/28/2025 to 10/04/2025, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows: -09/28/25 had 19 CNAs for 177 residents on the day shift, required at least 22 CNAs. -10/04/25 had 19 CNAs for 173 residents on the day shift, required at least 22 CNAs. 2 For the 2 weeks of Complaint staffing from 10/19/2025 to 11/01/2025, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: -10/19/25 had 20 CNAs for 186 residents on the day shift, required at least 23 CNAs. -10/20/25 had 22 CNAs for 186 residents on the day shift, required at least 23 CNAs. -10/21/25 had 20 CNAs for 185 residents on the day shift, required at least 23 CNAs. -10/23/25 had 22 CNAs for 185 residents on the day shift, required at least 23 CNAs. -10/25/25 had 20 CNAs for 184 residents on the day shift, required at least 23 CNAs. -10/26/25 had 19 CNAs for 184 residents on the day shift, required at least 23 CNAs. The surveyor reviewed the policy titled, “Sufficient and Competent Nursing Staffing”, an undated policy. The policy purpose was to ensure the facility provides sufficient and competent licensed nursing staff to meet the needs of all residents in accordance with the resident assessments, care plans, and the facility assessment.	S0560	Continued from page 1 4. How Will These Actions Be Measured: • The results of the recruitment and retention audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting weekly for 8 weeks. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	
S1680	Mandatory Nurse Staffing	S1680	• 1. Staffing coordinator was educated on New Jersey	12/19/2025

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S1680	Continued from page 2 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 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: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of the Nurse Staffing Reports for the 2 weeks of AAS-12 staffing the facility was deficient in staffing for required resident services on 6 of 14 days as follows: For the week of 10/19/25 Required Staffing Hours: 560.50	S1680	Continued from page 2 state staffing ratio requirements 11/17/2025. • Efforts to hire facility staff will continue until there is adequate staff to meet the minimum staff to resident ratios. Until that time, the facility will use staffing agencies and offer additional shifts to current staff with bonuses as required. • Facility Administrator worked with Human resources to secure additional staffing agency contracts. 2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency: • All residents have the potential to be affected by this deficient practice. 3. Measures Put into Place: • Recruitment, retention and employee appreciation meeting was initiated and will be led by the Director of Human Resources and/or designee. • Hiring and recruitment efforts including pay for experience, online job listings, and referral bonuses are being utilized to continue to be competitive in the marketplace. • Focus on retention efforts include, but are not limited to incentive programs, career growth and educational training opportunities and employee morale incentives. • The administrator/designee will review staffing schedules weekly to ensure adequate staffing for all shifts. 4. How Will These Actions Be Measured: • The results of the recruitment and retention audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting weekly for 8 weeks. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	

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S1680	Continued from page 3 -10/19/25 had 528 actual staffing hours, for a difference of -32.50 hours. -10/20/25 had 560 actual staffing hours, for a difference of -0.50 hours. -10/21/25 had 560 actual staffing hours, for a difference of -0.50 hours. -10/25/25 had 528 actual staffing hours, for a difference of -32.50 hours. For the week of 10/26/25 Required Staffing Hours: 560.50 -10/26/25 had 528 actual staffing hours, for a difference of -32.50 hours. -11/01/25 had 552 actual staffing hours, for a difference of -8.50 hours. A review of the policy titled, “Sufficient and Competent Nursing Staffing”, an undated policy, the purpose was to ensure facility provides sufficient and competent licensed nursing staff to meet the needs of all residents in accordance with resident assessments, care plans, and the facility assessment.	S1680		

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 12/23/2025

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WHITING GARDENS REHABILITATION AND NURSING CENTER	**3000 HILLTOP ROAD , WHITING, New Jersey, 08759**

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F0000	INITIAL COMMENTS An on-stie revisit was conducted on 12/23/2025 to verify the facility's Plan of Correction for the 11/6/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		12/24/2025

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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **061534**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/23/2025**

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S0000	Initial Comments An on-stie revisit was conducted on 12/23/2025 to verify the facility's Plan of Correction for the 11/6/2025 State of New Jersey Complaint 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		12/24/2025

Office of Primary Care and Health Systems Management

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