

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/27/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315293</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>09/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHITING GARDENS REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 HILLTOP ROAD</b> <b>WHITING, NJ 08759</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  COMPLAINT #: NJ00168003, NJ00172931  CENSUS: 160  SAMPLE SIZE: 3  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.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2)	F 580			10/14/24

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

TITLE

(X6) DATE

Electronically Signed

10/09/2024

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 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.

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F 580	<p>Continued From page 1</p> <p>is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00172931</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 09/25/2024, it was determined that the facility failed to notify a resident's power of attorney (POA) of a room change and document notification in the progress notes. The facility also failed to follow Mandatory Resident Rights. This deficient practice was identified for 1 of 1 resident (Resident # 1) reviewed for room changes.</p> <p>This deficient practice was evidence by the</p>	F 580	<p>F580 SS= D</p> <p>1. Documentation for Resident #1 was immediately updated to reflect the notification made to family members regarding room changes.</p> <p>2. All residents have the ability to be affected by this deficient practice.</p> <p>3. The DON/Designee will in service all nursing staff on the importance of</p>		

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F 580	<p>Continued From page 2 following:</p> <p>According to the Admission record (AR), Resident #1 was admitted to facility with diagnoses which included but were not limited to, [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>A review of Resident #1's most recent Quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED] NJ Exec Order 26.4b1 [REDACTED] revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the resident's [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The MDS further revealed under section [REDACTED] NJ E [REDACTED] that resident had [REDACTED] NJ Exec Order 26 [REDACTED] and [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>A review of Resident #1's Progress Notes (PN) revealed on [REDACTED] NJ Exec Order 26.4b1 [REDACTED] that Resident #1 had a [REDACTED] NJ Exec Order 26.4b1 [REDACTED] with another resident that resulted in Resident #1's room to be changed. The PN further revealed no documentation of Resident #1's POA being notified of room change.</p> <p>During an interview with the surveyor on 09/25/2024 at 10:37 AM, the Licensed Practical Nurse Unit Manger (LPN UM #1) stated that when a resident's room must be changed, the family must be notified. LPN UM #1 further stated the resident's family had to be called prior to room change and resident should be moved after discussion with family. LPN UM #1 stated family notification for room changes were documented in the progress notes.</p>	F 580	<p>immediately notifying the appropriate family members of a room change and to properly document the notification.</p> <p>4. The DON/Designee will audit 10 residents per month for 3 months who had room changes made. The audits will ensure that notifications of room changes were made to family members and that there is proper documentation of such. The results of these audits will be brought to the monthly QA Committee. The outcome of the monthly QA Committee's review will be brought to the quarterly QAPI committee for review and to determine necessity of future audits.</p>		

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F 580	Continued From page 3  During an interview with the surveyor on 09/25/2024 at 1:59 PM, in the presence of the <b>US FOIA (b)(6)</b> stated that a resident's family was notified when room changes occurred. The <b>US FOIA (b)(6)</b> further stated that after a resident's family was notified of a room change it was documented in the resident's progress notes. The <b>US FOIA (b)(6)</b> stated that after a <b>NJ Exec Order 26.4b1</b> , the facility must make the decision to change a resident's room, but family notification must be documented in resident's progress notes. The <b>US FOIA (b)(6)</b> both stated that it was important to notify a resident's family of a room change because it was a resident's right.  The <b>US FOIA (b)(6)</b> brought the surveyor a copy of a facility document titled "Subchapter 4: Mandatory Resident Rights" on 09/25/2024 at 11:28 AM. The <b>U.S. FOIA</b> stated the facility did not have a policy on room changes and notification of room changes.  Review of facility documentation titled "Subchapter 4: Mandatory Resident Rights" revealed under "(a) Each resident shall be entitled to the following rights: 13. To receive notice of an intended transfer from one room to another within the facility or a change in roommate, including a right to an informal hearing with the administrator prior to the transfer as well as a written statement of the reasons for such transfer."  NJAC 8:39-4.1 (a) (13)	F 580			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)	F 656		10/14/24	

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F 656	Continued From page 4 §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the	F 656			

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F 656	<p>Continued From page 5</p> <p>requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ00172931</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 09/25/2024, it was determined that the facility failed to develop and implement Care Plan (CP) interventions for a resident after [REDACTED] NJ Exec Order [REDACTED]. The facility also failed to follow its policy titled "Care Plans, Comprehensive Person-Centered". This deficient practice was identified for 1 of 3 residents (Resident # 3) reviewed for care plans.</p> <p>This deficient practice was evidence by the following:</p> <p>According to the Admission Record (AR), Resident # 3 was admitted to facility with diagnoses which included but were not limited to, NJ Exec Order 26.4b1 [REDACTED].</p> <p>A review of Resident # 3's most recent 5-day Admission Assessment Minimum Data Set (MDS), an assessment tool dated [REDACTED] NJ Exec Order 26.4b1 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the resident's [REDACTED] was NJ Exec Order 26.4b1 [REDACTED].</p>	F 656	<p>F656 SS=D</p> <ol style="list-style-type: none"> <li>1. The Care plan for Resident #3 was immediately updated to include the [REDACTED] interventions.</li> <li>2. All residents have the ability to be affected by this deficient practice.</li> <li>3. The ADON/Designee will in service all Unit managers and all participants of the IDC Team on the importance of timely updating the care plan after an incident occurs with the proper interventions.</li> <li>4. The Unit Manager and IDC Team will review daily (regular business days) all incidents that occurred to ensure the care plans are properly updated. The DON/Designee will review 12 incidents each month for 3 consecutive months. The results of these monthly audits will be brought to the monthly QA committee meeting for review. The outcomes will be brought to the quarterly QAPI Committee to determine the necessity of future audits.</li> </ol>		

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F 656	<p>Continued From page 6</p> <p>A review of Resident # 3's Progress Notes (PN) revealed that resident had a [REDACTED] on [REDACTED] NJ Exec Order 26.4b1</p> <p>A review of Resident #3's CP initiated on [REDACTED] NJ Exec Order 26.4b1 revealed under "Focus", that Resident #3 had been identified to be at [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 Resident # 3's [REDACTED] NJ Exec Order 26.4b1 CP further revealed no interventions had been implemented or updated since [REDACTED] NJ Exec Order 26.4b1.</p> <p>During an interview with the surveyor on 09/25/2024 at 10:37 AM, the Licensed Practical Nurse Unit Manager (LPN UM #1) stated the care plans were updated as needed. LPN UM #1 stated [REDACTED] US FOIA (b)(6) was responsible for updating care plans. LPN UM #1 further stated the care plan should be updated as soon as an incident occurs.</p> <p>During an interview with the surveyor on 09/25/2024 at 1:35 PM, the LPN UM #1 stated that care plans should be updated within 24 hours of an incident including [REDACTED] NJ Exec Order 26.4b1 LPN UM #1 further stated it was important to update the care plan after an incident, so that staff were aware of interventions that had to be implemented for the residents. LPN UM #1 confirmed Resident #3's care plan was not updated with interventions after the [REDACTED] NJ Exec Order 26.4b1 on [REDACTED] NJ Exec Order 26.4b1. LPN UM #1 stated Resident #3's care plan should have been updated after the [REDACTED] NJ Exec Order 26.4b1 occurred.</p> <p>During an interview with the surveyor on 09/25/2024 at 1:59 PM in the presence of the [REDACTED] US FOIA (b)(6) stated the [REDACTED] US FOIA (b)(6) and unit nurses were responsible for updating the care plans. The [REDACTED] US FOIA (b)(6) stated that the care plans were updated when there was a significant change, [REDACTED] NJ Exec Order 26.4b1 or change in diet. The [REDACTED] US FOIA (b)(6) further</p>	F 656			

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F 656	<p>Continued From page 7</p> <p>stated that interventions were discussed during  <span style="background-color: black; color: white;">(b) (6)</span> huddle meetings. The <span style="background-color: black; color: white;">(b) (6)</span> stated  interventions would be discussed prior to  implementing interventions. The <span style="background-color: black; color: white;">(b) (6)</span> stated the  expectation was that the care plan should be  updated within 48 hours after an incident  occurred. The <span style="background-color: black; color: white;">(b) (6)</span> confirmed that Resident #3's  <span style="background-color: black; color: white;">(b) (6)</span> care plan had no interventions added after the  <span style="background-color: black; color: white;">(b) (6)</span> that occurred on <span style="background-color: black; color: white;">(b) (6)</span>.</p> <p>Review of facility policy titled "Care Plans,  Comprehensive Person-Centered" with an  updated date of 10/2022 revealed under "Policy  Interpretation and Implementation", "13.  Assessments of residents are ongoing and care  plans are revised as information about the  residents and the resident's conditions change.  14. The Interdisciplinary Team must review and  update the care plan: a. when there has been a  significant change in the resident's condition; c.  when the resident has been readmitted to the  facility from a hospital stay; d. at least quarterly, in  conjunction with the required quarterly MDS  assessment.  NJAC 8:39-11.2 (e) (2)</p>	F 656			



POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315293	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/16/2024
NAME OF FACILITY WHITING GARDENS REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 HILLTOP ROAD WHITING, NJ 08759	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0580	Correction	ID Prefix F0656	Correction	ID Prefix	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. #	Completed
LSC	10/14/2024	LSC	10/14/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/25/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			