STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315293	A. BUILDING _____ B. WING _____	C 08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITING GARDENS REHABILITATION AND NURSING CENTER	**3000 HILLTOP ROAD WHITING, NJ 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
F 000	INITIAL COMMENTS Complaint #: NJ176415 Survey Date: 08/22/2024 Census: 161 Sample: 3 THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES.	F 000		

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

Electronically Signed | 09/06/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061534	A. BUILDING: _____ B. WING _____	C 08/22/2024

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

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S 000	Initial Comments Complaint#: NJ176415 Survey Date: 8/22/2024 Census: 161 Sample: 3 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00176415 Based on interviews and review of facility documents on 8/22/2024, it was determined that the facility failed to ensure staffing ratios were met for 12 of 14 day shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	S560 1. During the 14 Day period, no known care issues were identified or reported to the staff. 2. All residents have the potential ability to be affected by this deficient practice.	9/27/24

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

Electronically Signed — 09/06/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 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 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: 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. For the 2 weeks of staffing prior to complaint survey from 08/04/2024 to 08/17/2024, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts as follows: On 08/04/24 had 14 CNAs for 159 residents on the day shift, required at least 20 CNAs. On 08/05/24 had 17 CNAs for 159 residents on the day shift, required at least 20 CNAs. On 08/06/24 had 18 CNAs for 158 residents on the day shift, required at least 20 CNAs.	S 560	3.The Director of Nursing/Designee and HR reviewed the last 14 days of staffing schedules and all Care conferences held with residents and family members during this period. An additional review of the grievance log was conducted as well and no care issues were found. The Administrator reviewed again with the Staffing coordinator the requirements of S560 and the importance of meeting these staffing ratios. We continue to enhance our recruitment efforts. In addition to increased sign on bonuses and transportation reimbursement, we now offer specific shift pick-up bonuses for staff that pick up our challenging shifts. Our HR Department continues to work on creative advertising to recruit additional staff and we continue to collaborate with our agency partners for more assistance. 4. The Administrator/Designee continues to review the staffing schedules weekly for 3 months with the Staffing Coordinator and HR director. Any concerns are addressed immediately. The findings of these meetings are brought to the Quality Assurance committee monthly for 3 months. Outcomes and results will determine necessity of future audits.	

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S 560	Continued From page 2 On 08/07/24 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 08/08/24 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 08/09/24 had 19 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 08/10/24 had 13 CNAs for 157 residents on the day shift, required at least 20 CNAs. On 08/11/24 had 13 CNAs for 158 residents on the day shift, required at least 20 CNAs. On 08/12/24 had 15 CNAs for 158 residents on the day shift, required at least 20 CNAs. On 08/13/24 had 19 CNAs for 158 residents on the day shift, required at least 20 CNAs. On 08/14/24 had 18 CNAs for 158 residents on the day shift, required at least 20 CNAs. On 08/17/24 had 19 CNAs for 162 residents on the day shift, required at least 20 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061534 Y1	A. Building B. Wing Y2	9/30/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITING GARDENS REHABILITATION AND NURSING CENTER	3000 HILLTOP ROAD WHITING, NJ 08759

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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 09/27/2024	ID Prefix Reg. # LSC	Correction Completed	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	
8/22/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO