

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/24/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT WHISPERING WOODS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 JAMES STREET</b> <b>EDISON, NJ 08820</b>
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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 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00162507</p> <p>CENSUS: 68</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>	A 000		
A 407	<p>8:36-4.1(a)(25) Resident Rights</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>25. The right to keep and use his or her personal property, unless this would be unsafe, impractical, or an infringement on the rights of other residents. The facility shall take precautions to ensure that the resident's personal possessions are secure from theft, loss, and misplacement;</p>	A 407		

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

TITLE

(X6) DATE

New Jersey Department of Health

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A 407	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00162507</p> <p>Based on interview and record review, it was determined that the facility failed to consistently ensure that residents' personal possessions were secure from theft, loss and/or misplacement for 1 of 5 residents reviewed, Resident #5. This deficient practice was evidenced by the following:</p> <p>On 1/23/2024 at 9:45 a.m., Surveyor #2 reviewed the resident census list which indicated that three residents were currently in the hospital.</p> <p>At 11:36 a.m. surveyor #2 interviewed the Wellness Director who stated when a resident goes to the hospital, rooms are locked as long as the resident has a hold on the room.</p> <p>At 12:08 p.m., Resident #5, one (1) of the three (3) residents listed at the hospital. Surveyor #1 and Surveyor #2 approached the apartment door which was closed, however, the door was noted unlocked.</p> <p>At 12:12 p.m., Surveyor #1 and Surveyor #2 noted that a second resident, who was indicated on the facility census as being in the hospital; however, both surveyorss observed the resident sitting in a wheelchair in his/her apartment.</p> <p>At 12:17 p.m., both surveyors noted that the apartment door was locked for the third resident listed to be in the hospital.</p> <p>On 1/24/2024 at 2:34 p.m., Surveyor #2 made the</p>	A 407		



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A 607	<p>Continued From page 3</p> <p>Continued surveyor review of the Progress Notes section of Resident #3's MR revealed that on [REDACTED], the resident was <b>NJ EX Order. 264b1</b> [REDACTED]. The physician was notified and gave an order to transfer the resident to the hospital. The resident was transferred to the hospital. However, surveyor's further review of resident's records revealed no documented evidence that the family was notified of the resident's condition and that the resident was transferred to the hospital. In addition, there was no documentation the resident's MR to confirm that the RN was notified.</p> <p>On 01/24/2024 at 10:07 a.m., Surveyor #2 reviewed Resident #1's MR which revealed that the resident moved into the facility on 1 [REDACTED] with diagnoses which included [REDACTED] <b>NJ EX Order. 264b1</b> [REDACTED].</p> <p>Upon continued surveyor review of Resident #1's Progress Notes, revealed that on [REDACTED] <b>NJ EX Order. 264b1</b> the resident experienced [REDACTED] <b>NJ EX Order. 264b1</b> in [REDACTED] <b>NJ EX Order. 264b1</b> and was transported to the hospital via ambulance for evaluation; however, there was no documented evidence that the RN was notified of the resident's condition and complaints.</p> <p>At 10:32 a.m., Surveyor #1 reviewed Resident #4's MR which revealed that the resident moved into the facility on [REDACTED] <b>NJ EX Order. 264b1</b> with diagnoses which include <b>NJ EX Order. 264b1</b> [REDACTED].</p> <p>Resident #4's MR revealed that on 1/16/2024, the resident experienced <b>NJ EX Order. 264b1</b>, and was transported to the hospital via ambulance for evaluation. Further review of resident's MR</p>	A 607		

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A 607	<p>Continued From page 4</p> <p>revealed that there was no documentation to confirm that the RN was notified of the resident's condition and transfer.</p> <p>At 11:13 a.m., Surveyor #2 reviewed the policy and procedure titled, "Incidents and Accidents" which revealed that the facility's policy does not specify the notification of a Registered Nurse when an incident or accident occurs.</p> <p>On 1/24/2024 at 2:34 p.m., Surveyor #1 and Surveyor #2 made the Wellness Director and the Administrator aware of the concern and finding.</p> <p>The facility failed to ensure family notification after the resident acquired an acute illness requiring medical care and transfer to the hospital. The facility further failed to ensure the notification of the RN to ensure residents were assessed and did not need additional interventions to address any nursing or medical care needs.</p>	A 607		
A1057	<p>8:36-15.4 Resident Records</p> <p>All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint: NJ00162507</p> <p>Based on interview and record review it was determined that the facility failed to provide the</p>	A1057		

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A1057	<p>Continued From page 5</p> <p>surveyor with a closed record for 1 of 5 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 1/23/2024 at 9:30 a.m., Surveyor #2 requested the current census and a list of discharges from <b>NJ EX Order: 264b1</b> to present.</p> <p>At 9:52 a.m., Surveyor #2 was provided with an incomplete discharge list.</p> <p>At 10:45 a.m., Surveyor #2 requested an updated discharge list.</p> <p>At 11:00 a.m., the Regional Nursing Director stated that they have no access to previous records, prior to the sale of the facility and were trying to contact the previous ownership to receive access to the information requested.</p> <p>At 12:45 p.m., Surveyor #2 was provided an admission and discharge book marked <b>NJ EX Order: 264b1</b>, which identified that Resident #2 had been sent to hospital on <b>NJ EX Order: 264b1</b>.</p> <p>At 1:00 p.m., Surveyor #2 requested from the Wellness Director (WD), the closed medical record of Resident #2.</p> <p>At 2:21 p.m., the WD stated they were searching but were unable to locate the MR for Resident #2 at that time.</p> <p>On 1/24/2023 at 9:36 a.m., the Regional Nursing Supervisor, stated they were unable to locate Resident #2's MR; however, they were able to find an incident report dated <b>NJ EX Order: 264b1</b> and a statement from the previous Director of Nursing regarding the incident that led to Resident #2's hospitalization. The facility was not able to</p>	A1057		

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A1057	<p>Continued From page 6</p> <p>provide, but not limited to, the following: Face Sheet, Universal Transfer Sheet, signed and dated care plans, RN assessment, History and Physical, Nursing Notes, Physician Orders, or the Residency Agreement, as requested.</p> <p>The facility failed to maintain Resident #2's closed medical record for the period of 10 years after discharge, in accordance with State regulations.</p>	A1057		



COMPLETECARE  
AT WHISPERING WOODS

62 James Street  
Edison, NJ 08820  
Tel. 732.744.5541  
info@ccwhisperingwoods.com

2/14/24

**PLAN OF CORRECTION**

**8:36-4.1(a) (25)**

**A 407**

**Resident Rights**

**1. Problem Identified: The security of resident belongings upon discharge to the hospital. How the corrective action/ actions will be accomplished for those residents found to be affected by the practice:**

**Resident #5**

- Resident's room door was immediately locked.
- The family had video surveillance in the room and were able to say none of the residents' belongings were missing.

**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 in place or what systematic changes will be made to ensure that the deficient practice will not recur?**

- The Director of Wellness, Assistant Director of Wellness and the Administrator will in-service the nurses, Certified Home Health Aides, Certified Nurse Aides, on NJSA 8:36-4.1 (a) (25) A 407.
- The Admission Director and/or designee will lock the door of the resident upon DC to the hospital.

**4. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur. What Quality Assurance will be put in place?**

- The Director of Admission and/or designee will audit the three (3) DC resident's room weekly for 4 weeks then monthly for 3 months then quarterly.
- The Director of Wellness will submit the audit report to the Quality Assurance Improvement Committee on a quarterly basis.

**The Completion Date: 3/1/24**

**8:36-5:.15(a) (1)**

**A 607**

**Resident Rights**

- **Family Notification**
- **RN Notification**

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

**Resident #3**

- Son notified immediately.
- RN was notified immediately. Documentation entered on the chart.

**Resident #1**

- RN was notified immediately. Documentation entered on the chart.

**Resident #4**

- RN was notified immediately. Documentation entered on the chart.

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

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

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

- The Director of Wellness, Assistant Director of Wellness and/or designee will in-service the nurses, on 8:36-5.15 (a) (1) A 607.
- The nurse will notify the RN and the family, guardian or designated responsible party of a resident's acute illness requiring acute hospital transfer.
- The nurse and/or RN will document the notification in the resident's medical record.

**4. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur.**

- The Director of Wellness, Assistant Director of Wellness and/or designee will audit resident's the documentation who were transferred to the hospital for RN and family notification. The audit will be done weekly x 4 weeks then monthly for 3 months then quarterly.
- The Director of Wellness and/or designee will submit the audit report to the Quality Assurance Improvement Committee on a quarterly basis.

**Completion Date: 3/1/24.**

**8:36-15.4 A 1057**

**Resident Records**

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

**Resident #2**

- The Medical record could not be located in the facility. Resident #2 has been discharged since 12/26/22.
- The administrator immediately requested the records from Hackensack Meridian Medical Storage Facility.
- The Administrator notified the Vice President of post- acute from Hackensack Meridian who used to own the medical records of the resident.

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

- All residents have the potential of being affected by this practice.

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

- The Director of Nursing and the Administrator will in-service the Unit Secretary/Medical Record on NJSA 8:36-15.4 A 1057.
- The medical records of the resident are now fully electronic.
- The Unit Secretary/Medical Record and or designee will close the resident's medical records upon discharge ready for storage.
- The Unit Secretary/Medical Record and/or designee will maintain a medical record inventory of all the closed charts that will be sent to the storage facility.

**4. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur.**

- The Unit Secretary and/or Medical Record will audit the medical chart of discharge residents. The audit will be done weekly for 4 residents X 4 weeks then monthly for 3 months and then quarterly.
- The Unit Secretary and/or Medical Records will submit the audit report to the Quality Assurance Improvement Committee on a quarterly basis.

**Completion Date: 3/1/24**

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 50A006 <span style="float:right">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/10/2024 <span style="float:right">Y3</span>
NAME OF FACILITY COMPLETE CARE AT WHISPERING WOODS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 A0407	Correction	ID Prefix A0607	Correction	ID Prefix A1057	Correction
Reg. # 8:36-4.1(a)(25)	Completed	Reg. # 8:36-5.15(a)(1)	Completed	Reg. # 8:36-15.4	Completed
LSC	03/01/2024	LSC	03/01/2024	LSC	03/01/2024
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/24/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right"> <input type="checkbox"/> YES <input type="checkbox"/> NO                 </span>		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 50A006 <span style="float:right">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/10/2024 <span style="float:right">Y3</span>
NAME OF FACILITY COMPLETE CARE AT WHISPERING WOODS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 62 JAMES STREET EDISON, NJ 08820	

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ID Prefix A0407	Correction	ID Prefix A1057	Correction	ID Prefix _____	Correction
Reg. # 8:36-4.1(a)(25)	Completed	Reg. # 8:36-15.4	Completed	Reg. # _____	Completed
LSC _____	03/01/2024	LSC _____	03/01/2024	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/24/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right"> <input type="checkbox"/> YES <input type="checkbox"/> NO                 </span>		