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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (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 Whiting Gardens Rehabilitation and Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3000 Hilltop Road Whiting, NJ 08759 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| F 0689 Level of Harm - Actual harm Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page) |

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.

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

TITLE

(X6) DATE

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| F 0689 Level of Harm - Actual harm Residents Affected - Few | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 transferred with two staff members via mechanical lift. Instead, the resident was transferred by one staff member from their bed to a shower stretcher on 9/30/25, which resulted in the resident falling and sustaining a left upper extremity humeral fracture. 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 Licensed Nursing Home Administrator (LHNA), a copy of the Facility Reportable Event (FRE) that was reported to the New Jersey Department of Health (NJDOH) for Resident #2. On 11/6/25 at 9:55 AM, the surveyor reviewed the FRE provided by the LHNA that indicated that on 9/30/25 at 9:10 AM, the Certified Nursing Assistant (CNA#1) was transferring the resident from the bed to a shower stretcher using a pull sheet without help of another staff member or the use of the mechanical lift as care planned. During transfer the resident fell to the ground when the shower stretcher moved away from the bed landing on their back. 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 9/30/25 by the Unit Manager to the emergency room revealed the resident sustained a humeral head (upper arm ball shaped bone which forms the shoulder joint) fracture. A review of the admission Record showed Resident #2 was admitted to the facility with medical diagnoses which included but were not limited to; heart disease, end stage renal disease, diabetes, and osteoporosis. A review of the admission Minimum Data Set (MDS), an assessment tool, dated 3/22/25 revealed under Section GG-functional abilities that the resident was dependent in tub/shower transfer meaning the helper does all the effort, resident does none of the effort to complete activity, or the assistance of two or more helpers is required for the resident to complete the activity. Resident #2 had a Brief Interview of Mental Status of 15/15, meaning the resident was cognitively intact. Review of the Nursing admission assessment dated [DATE] showed that the resident was extensive assistance for personal hygiene. Review of the Individualized Comprehensive Care Plan (ICCP) showed a focus of functional ability performance initiated on 12/30/24 and revised on 10/11/25. Interventions included but were not limited to Hoyer (mechanical) lift transfer, initiated on 7/11/25. A review of the progress notes dated 9/30/25, indicated that at 9:13 AM the nurse heard yelling from Resident #2 room. The nurse entered the room, and the resident was on the floor laying on their back next to the bed. CNA #1 was in the room. CNA #1 informed the nurse that he was transferring the resident from their bed to a shower bed and lowered the resident to the floor. The resident was unable to perform range of motion without complaints of pain. Vital signs were assessed and 911 called and the resident was sent to the hospital. A review of the radiology imaging from the hospital dated 9/30/25 at 10:17 AM, revealed the resident sustained a left proximal humerus fracture (left upper arm). 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 transfer resulting in the increased risk for falls. CNA #1 accepted responsibility and was terminated from employment. On 11/6/25 at 12:15 PM, the surveyor interviewed Resident #2 regarding the fall. The resident told the surveyor that the aide lined up the shower stretcher next to the bed and when the aide pulled the resident with the sheet the stretcher moved away and I fell on the floor, I knew my arm was broke. 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 mechanical lift down the hallway. The surveyor asked about the procedure for use of the lift. 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 assistance for transfer. The surveyor asked if they would ever have a problem getting a second person to help them for a two-person assistance resident and CNA#3 said never because the Unit Manager (UM) would always help. On 11/6/25 at 12:30 PM, the surveyor interviewed the unit Licensed Practical Nurse (LPN) regarding CNA assignments. She told the surveyor that before every shift the CNAs are handed an assignment sheet which included the resident assistance requirements for transfers. On 11/6/25 at 1:10 PM, the surveyor interviewed the UM of the South unit. The UM stated that the lead CNA or herself fill out the CNA assignment sheets, and it includes transfer assistance requirements for residents. All</p> | | |