



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

www.nj.gov/health

DR. RAYNARD E. WASHINGTON
Commissioner

In Re Licensure Violation:	:	
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Complete Care at Whispering Woods	:	DIRECTED PLAN OF
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	:	CORRECTION
	:	
	:	
(NJ Facility ID# NJ50A006)	:	
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TO: Michele Chihadeh - Administrator
 Complete Care at Whispering Woods
 62 James Street
 Edison, New Jersey 08820
Michele.Chihadeh@ccwhisperingwoods.com

Dear Ms. Chihadeh:

As you were notified by verbal order on June 25, 2026, effective on that date, the Department of Health ("Department") is imposing a Directed Plan of Correction (DPOC) requiring Complete Care at Whispering Woods ("Complete Care" or the "facility") to retain the services of a Consultant Director of Nursing and a Consultant Dietician.

These enforcement actions are being taken in accordance with the provisions set forth at N.J.A.C. 8:43E-2.4 (Plan of Correction) and 3.1 (Enforcement Remedies Available), after staff from the Department's Health Facility Survey and Field Operations (HFS&FO or Survey) were on site at the facility and found significant deficiencies in the facility's measures to address facility safety and administration.

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Assisted living residence facilities are licensed in accordance with N.J.S.A. 26:2H-1 and N.J.A.C. 8:36. Pursuant to the Act and N.J.A.C. 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, and N.J.A.C. 8:43E, General Licensure Procedures and Standards Applicable

to All Licensed Facilities, the Commissioner of the Department of Health (the "Department") is authorized to inspect all assisted living facilities and to enforce N.J.A.C. 8:36.

LICENSURE VIOLATIONS

1. A-0935 Administration of Medications - N.J.A.C. 8:36-11.4(b) - ("All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.")

On June 17, 2026, the surveyor conducted a medication pass observation with a Licensed Practical Nurse (LPN), LPN #1. The surveyor observed LPN #1 administer medications to Resident #1, and then attempted to prepare medications for another resident, Resident #3. The surveyor asked LPN #1 if she documented that she administered Resident #1's medications, and LPN #1 stated that she did. LPN #1 then opened Resident #1's Medication Administration Record (MAR), which revealed that the medications were not signed out.

Further, while LPN #1 prepared to administer medications to Resident #3, LPN #1 stated that she administered Resident #3's Carbidopa-Levodopa (used to treat Parkinson's disease) at 9:00 a.m. because it was a time sensitive medication, and that she forgot to document it. LPN #1 then preceded to document that the Carbidopa-Levodopa was administered at 11:19 a.m., two hours and 19 minutes after the medication was administered.

On June 18, 2026, at 9:46 a.m., the surveyor went to conduct a medication pass observation with a Certified Medication Aide (CMA), and observed the CMA exit the medication room with pre-poured medications that were labeled with the apartment numbers of Resident #10 and Resident #11. The surveyor interviewed the CMA to inquire the reason she did not take the medication cart to the apartments of Residents #10 and #11. The CMA stated that Residents #10 and #11 were located on the first floor and that she did not take the medication cart because she woke up with a headache. The surveyor observed the CMA take an elevator to the first floor, administer medications to Resident #10 and then Resident #11, and then take an elevator back up to the third floor. Once back on the third floor, the surveyor asked the CMA if she signed out the medications for Residents #10 and #11, and the CMA stated that she signed out the medications before she administered them and that she was not supposed to do so.

The surveyor reviewed Resident #10's Medication Administration Record (MAR), which revealed that the CMA documented Resident #10's medications as administered at 9:44 a.m.

The surveyor reviewed Resident #11's MAR, which revealed that the CMA documented Resident #11's medications as administered at 9:41 a.m.

On June 18, 2026, the surveyor reviewed pharmacy consultant reports provided by the Director of Nursing (DON), dated March 24, 2026, April 23, 2026, and May 21, 2026, which revealed that the pharmacy consultant identified the following:

- a. (1) medication error for Resident #15 on April 8, 2026.
- b. (3) medication errors for Resident #16 on March 2, 2026, March 3, 2026, and March 18, 2026.
- c. (3) medication errors for Resident #17 on March 3, 2026, March 13, 2026, and March 17, 2026.

The surveyor reviewed the Medical Record (MR) of Resident #15, which revealed that on April 8, 2026, CMA #2 administered Midodrine (used to treat a sudden drop in blood pressure when standing up) to Resident #15 when the parameters ordered by the physician indicated that the medication should be held.

The surveyor reviewed the MR of Resident #16, which revealed that on March 2, 2026, March 3, 2026, March 18, 2026, and March 27, 2026, LPN #1, LPN #4, and CMA #3 administered spironolactone (used to treat high blood pressure, heart failure, and excess fluid retention) to Resident #16 when the parameters ordered by the physician indicated that the medication should be held.

2. A-0999 Storage and Control of Medications - N.J.A.C. 8:36-11.7(e) – (*“Discontinued or expired medications shall be destroyed within 30 days in the facility, or, if unopened and properly labeled, returned to the pharmacy for credit, if allowable, and in conformance with N.J.A.C. 13:39 and other State and Federal laws, codes, and regulations.”*)

On June 17, 2026, the surveyor conducted a narcotic count and medication cart audit in the Memory Care (MC) unit with LPN #1. The surveyor observed that Resident #2 had four syringes of Lorazepam 1 milligram (mg)/0.5 milliliter (mL), stored in the refrigerator that expired on June 10, 2026.

The surveyor reviewed Resident #2's "Controlled Drug Administration Record," which revealed that LPN #2 and LPN #3 administered the Lorazepam that expired on June 10, 2026 to Resident #2 on June 13, 2026 and June 14, 2026.

The surveyor interviewed LPN #2 to inquire if she checked all medications prior to administration to ensure that they were not expired, and LPN #2 stated "Yes". The surveyor then inquired the reason she administered expired Lorazepam to Resident #2 on June 13, 2026, and LPN #2 stated, "I missed it, didn't realize the date."

The surveyor interviewed the Director of Nursing (DON) and inquired the reason the expired medication for Resident #2 was not collected and wasted, and the DON stated, "I must have missed it."

The surveyor reviewed Resident #17's MAR for March of 2026, which revealed that on March 6, 2026, March 18, 2026, March 19, 2026, March 21, 2026, March 22, 2026, March 24, 2026, March 28, 2026, LPN #1, CMA #3, CMA #4, CMA #5 and CMA #6 administered Midodrine 5 mg to Resident #17 when the parameters ordered by the physician indicated that the medication should be held. Further, Resident #17's MAR revealed that on March 13, 2026 and March 17, 2026, LPN #5 and CMA #1 administered oxycodone (used to treat pain) to Resident #17 who had a pain level of seven, when the parameters indicated that the oxycodone was for moderate pain that ranged from four to six. Resident #17 had an order for morphine sulfate that was ordered for severe pain.

3. A-1217: Resident Environment -N.J.A.C. 8:36-17.3(b)(4), (*“All household and cleaning products used by facility staff shall be identified, labeled, and secured. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The telephone number of the poison control center shall be conspicuously posted in the facility;”*)

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On June 17, 2026 at 11:33 a.m., the surveyor toured the MC unit and observed that the laundry room door was unlocked. Inside the laundry room was a housekeeping cart, which contained the following chemicals:

- a. (1) 28 Fluid (fl) Ounce (oz) bottle of Calcium, Lime, and Rust Remover;
- b. (1) 34 fl oz bottle of Comet Cleaner with Bleach;
- c. (1) 32 oz bottle of Ecolab Rapid Multi Surface Disinfectant Cleaner;
- d. (1) 32 oz bottle of Multi-Clean Multi-Shine Glass and Surface Cleaner;
- e. (1) 16.5 oz can of Prestige Sparkle Furniture Polish;
- f. (2) 32 oz bottles of Solutions Plus Sparkle Glass and Surface Cleaner;
- g. (1) can of Momar S.S. Plus Metal Polish Cleanser.

The surveyor interviewed the housekeeper who worked on the MC unit to inquire the reason she did not lock the laundry room where she stored her cart that contained chemicals. The housekeeper stated that she never locked the laundry room door. The surveyor informed the housekeeper that her cart contained cleaning products that could be potentially harmful to residents on the MC unit if they were to come into contact with them, and the housekeeper stated that she did not know the door needed to be locked.

When interviewed by the surveyor, LPN #1, who worked on the MC unit, to inquire if the laundry room door was to be kept locked, and LPN #1 stated, "Yes."

On June 18, 2026, the surveyor interviewed the Executive Director (ED) to inquire how chemicals were supposed to be stored. The ED stated that chemicals were supposed to be stored in a locked area.

4. A-0903: Requirements for Dining Services - N.J.A.C. 8:36-10.5 (c) (5), ("Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: ...

5. Diets served shall be consistent with the diet manual, the dietitian's instructions, and, if applicable for special diets, shall be served in accordance with physicians' orders;")

On June 17, 2026, during the kitchen tour, the surveyor observed there was no diet and allergy list identifying resident's physician-ordered diets, food allergies, and dietary restrictions maintained in the kitchen for dietary staff reference.

The surveyor interviewed Cook #1, who stated that there was no diet or allergy list available in the kitchen. Cook #1 stated dietary staff were verbally informed of residents' diet orders by the Food Service Director (FSD).

Cook #2 was interviewed by the surveyor, who stated that nursing staff notified the FSD of diet orders, allergies and diet changes and the FSD verbally communicated the information to dietary staff.

The surveyor interviewed the FSD, who stated that nursing staff provided diet orders and diet changes, and she verbally communicated the information to dietary staff.

The surveyor interviewed Dietary Aide #1, who stated that there was no diet or allergy list available in the kitchen. Dietary Aide #1 stated that staff relied on information provided by the cooks regarding resident diets and only knew residents' dietary needs based on information verbally communicated by residents and other dietary staff.

The Director of Nursing (DON) was also interviewed by the surveyor, who stated that resident diet orders and allergies were maintained in the physician order section of the Medical Record (MR). The DON further explained that if there are any diet changes, she tells the FSD and gave the FSD a copy of the physician order.

The surveyor reviewed the physician order section of the medical records of 10 sampled residents receiving physician-ordered diets which revealed Resident #'s 1, 2, 9 and 15 had Regular Diets (RD); Resident #4 had a renal, low salt diet; Resident #'s 6 and 16 had No Added Salt (NAS) diets; Resident #'s 7 and 8 had No Concentrated Sweets (NCS) diets; and Resident #'s 16 and 17 had Consistent Carbohydrate Diet (CCD). However, **there was no maintained diet and allergy list, identifying residents receiving special physician-ordered diets, food allergies, and dietary restrictions available in the kitchen for dietary staff reference.**

The surveyor reviewed the facility policy titled "Dining Services," last reviewed February 6, 2018, which revealed, "... II. PROCEDURE: ... 8. Diets are served and consistent with the Diet Manual, dietician's instructions, physician's orders (for therapeutic diets), and/or resident's preference... 13.

In summary, the facility failed:

1. To ensure that residents receive medications as ordered;
2. To ensure that medications administered to residents are not expired;
3. To ensure that medications are administered within the parameters ordered by the physician indicating when the medication should be held;
4. To lock the laundry room door where a housekeeping cart was kept, which contained cleaning products and chemicals that could be potentially harmful to residents on the MC unit if they were to come into contact with the residents; and
5. To provide a diet and allergy list identifying resident's physician-ordered diets, food allergies, and dietary restrictions maintained in the kitchen for dietary staff reference.

DIRECTED PLAN OF CORRECTION

The Department of Health directs the following plan of correction pursuant to N.J.A.C. 8:36-11.4(b), N.J.A.C. 8:36-11.7(e), N.J.A.C. 8:36-17.3(b)(4) and N.J.A.C. 8:36-10.5 (c)(5).

1. The facility must retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN). The consultant shall have no previous or current ties to the facility's principals, management, and/or employers, or other related individuals of any kind, including, but not limited to employment, business, or personal ties. The Consultant DON shall be on-site for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The Consultant DON shall be responsible for ensuring that immediate corrective action is taken to ensure resident safety is not jeopardized and applicable state licensing standards are met.

2. The facility must retain the services of a Consultant Dietician who is a Licensed Dietician Nutritionist (LDN), who will oversee the whole dietary program. The Consultant Dietician shall have no previous or current ties to the facility's principals, management, and/or employers, or other related individuals of any kind, including, but not limited to employment, business, or personal ties. The Consultant Dietician shall

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be on-site for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The Consultant Dietician will assist with the review of menus, implementation of special diets, allergies and dietary restrictions, ensure physician ordered diets are followed, interdisciplinary communication between departments: nursing and dietary staff, food safety practices, portion control, staff training, and the facility's quality improvement process.

The Consultants shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by sending them to Barber, Erica [DOH] <erica.barber@doh.nj.gov>; Odulana, Ogunne [DOH] <Ogunne.Odulana@doh.nj.gov>; Jones, Jacqueline [DOH] <Jacqueline.Jones1@doh.nj.gov>; McCrayReid, Andrea [DOH] <andrea.mccrayreid@doh.nj.gov>; Byrd-Tillman, Tricia [DOH] <tricia.byrd-tillman@doh.nj.gov>, Rommel.Manuel@doh.nj.gov, Lisa.King@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov, by 12 p.m. on June 29, 2026.

The approved DON Consultant and Dietician Consultant shall be retained and begin work no later than the close of business on July 1, 2026.

Beginning on Friday, July 10, 2026, the facility should send weekly progress reports every Friday by 1 p.m. to Ogunne.Odulana@doh.nj.gov, Tricia.Byrd-tillman@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Andrea.McCrayreid@doh.nj.gov and Erica.Barber@doh.nj.gov. These weekly reports shall include timely status updates regarding.

1. Identified areas of non-compliance;
2. Corrective measures to address identified areas of non-compliance;
3. Status of corrective measures implementation;
4. Nurse Staffing Reports.

In addition, the facility is directed to maintain timely communication with the Department, as may be required. Department staff will monitor facility compliance with this order to confirm compliance with this order and Directed Plan of Correction and to determine whether corrective measures are implemented by the facility in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of penalties.

Please be advised that this DPOC shall remain in place until the facility is otherwise notified by the Department.

FORMAL HEARING:

The facility is entitled to challenge the issuance of the DPOC, by requesting a formal hearing at the Office of Administrative Law (OAL). The facility must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the findings and/or penalty.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests
Office of Legal and Regulatory Compliance, New Jersey Department of Health
P.O. Box 360, Trenton, New Jersey 08625-0360

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Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court.

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if the facility is owned by a corporation, representation by counsel is required. In the event of an OAL hearing, the facility is required to submit a written response to each and every charge as specified in this notice, which shall accompany its written request for a hearing.

Due to the emergent situation and the immediate and serious risk of harm posed to the residents, please be advised that the Department will not hold the DPOC in abeyance during any appeal of the curtailment.

Finally, be advised that Department staff will monitor compliance to determine whether corrective measures are implemented by the facility to comply with N.J.A.C. 8:36-11.4(b), N.J.A.C. 8:36-11.7(e), N.J.A.C. 8:36-17.3(b)(4) and N.J.A.C. 8:36-10.5 (c)(5).

Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of additional penalties. The Department also reserves the right to pursue all other remedies available by law.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please contact Lisa King, Office of Program Compliance at (609) 376-7742.

Sincerely,



Gene Rosenblum
Director, Office of Program Compliance
Division of Certificate of Need and Licensing

LK:RSM:nj
DATE: June 29, 2026
E-MAIL: michele.chihadeh@ccwhisperingwoods.com
REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED
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