| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/25/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **COMPLETE CARE AT BEY LEA, LLC** | **1351 OLD FREEHOLD ROAD , TOMS RIVER, New Jersey, 08753** |

| (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 |
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| F0000 | INITIAL COMMENTS<br><br>Complaint #: NJ00181912 (414550), NJ00188170 (414560), 2565108, 2573201, 2577978<br><br>Census: 99<br><br>Sample Size: 5<br><br>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. | F0000 | | 09/11/2025 |
| F0658<br>SS = B | Services Provided Meet Professional Standards<br><br>CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br><br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br><br>(i) Meet professional standards of quality.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint #: NJ181912 (414550), 2565108,<br><br>Based on interviews, record review and review of pertinent facility documentation on 8/21/25 and 8/25/25, it was determined that the facility failed to: follow Physician Orders and consistently document [redacted] care on residents on the Treatment Administration Records (TAR) in accordance with the professional standards of nursing practice. This deficient practice was identified for 3 of 5 residents (Resident #1, Resident #3 and Resident #4), reviewed for [redacted]. This deficient practice is evidenced by the following:<br><br>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board The nurse practice act for the State of New Jersey states, "The practice of nursing as a registered professional nurse is defined | F0658 | F658- Services Provided Meet Professional Standards<br><br>Residents affected by deficient practice:<br><br>Resident#1, Resident #3 and Resident #5 were assessed on [redacted] with [redacted] noted related to their [redacted] status.<br><br>Identify those individuals who could be affected by the deficient practice:<br><br>All residents receiving catheter care have the potential to be affected.<br><br>A facility wide audit was conducted on 8/25/25 to ensure that all residents receiving catheter care have accurate Treatment Administration Records. No concerns identified<br><br>What corrective action will be accomplished for those residents affected by the deficient practice:<br><br>Education on the policy Documentation in Medical Record and proper documentation in the “Treatment Admission Record (TAR)” was reviewed with license nurses by the | 10/17/2025 |

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 reverse for further 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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/25/2025 |
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| F0658 SS = B | Continued from page 1<br>as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."<br><br>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states, "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."<br><br>1. According to the Admission Record, Resident #1 with diagnoses that included but not limited to [redacted]<br><br>According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated the resident had NJ Exec Order 26.4b1 .<br><br>A review of the [redacted] Physicians Orders Sheet (POS) for Resident #1 revealed the following orders:<br><br>Change NJ Exec Order 26.4b1 weekly and as needed (PRN) every day shift every Friday for [redacted] with an order date of [redacted]<br><br>Monitor [redacted] output every shift with an order date of [redacted].<br><br>A review of Resident #1's Care Plan revealed that Resident #1 had a [redacted] initiated on [redacted]<br><br>A review of Resident #1's "Treatment Admission Record," a form utilized for documentation of physician ordered treatments by the nurses for [redacted], showed blank spaces indicating the tasks were not completed as | F0658 | Continued from page 1<br>Assistant Director of Nursing on 9/12/25.<br><br>Measures or systemic changes to ensure that the deficiencies will not recur:<br><br>Director of Nursing or designee will audit 2 medical charts for complete Treatment Admission Records (TAR) for residents receiving catheter care weekly x 4 weeks then monthly x 2 months<br><br>Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.<br><br>Date of Completion:<br><br>10/17/25 | |

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| F0658 SS = B | Continued from page 2<br>follows:<br><br>Monitor [NJ Exec Order 26.] output every shift on [NJ Exec Order 26.] [redacted] on the day shift. On NJ Exec Order 26.4b1 [redacted] on the night shift.<br><br>Monitor NJ Exec Order 26.4b1 for signs and symptoms of [NJ Exec Order 2] every shift for monitoring on NJ Exec Order 26.4b1 [redacted] on the day shift.<br><br>A review of Resident #1's "Treatment Admission Record," a form utilized for documentation of physician ordered treatments by the nurses for NJ Exec Order 26.4b1, showed blank spaces indicating the tasks were not completed as follows:<br><br>Monitor NJ Exec Order 26.4b1 every shift on [NJ Exec Order 26.] and [NJ Exec Order 26.4] on the day shift.<br><br>Monitor NJ Exec Order 26.4b1 for signs and symptoms of infection every shift for monitoring on [NJ Exec Order 26.4b] on the day shift.<br><br>Change NJ Exec Order 26.4b1 weekly and as needed (PRN) every day shift every Friday for [NJ Exec Order 26] on NJ Exec Order 26.4b1 .<br><br>A review of the NJ Exec Order 26.4b1 progress notes for Resident #1 did not include documentation for the aforementioned dates related to the [NJ Exec Order 26.4]<br><br>2. According to the Admission Record (AR), Resident #3 had diagnoses which included but were not limited to NJ Exec Order 26.4b1 [redacted] .<br><br>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of Care, dated [NJ Exec Order 26.4], Resident #3 had a Brief Interview for Mental Status (BIMS) score of [NJ Exec], which indicated the resident had NJ Exec Order 26.4b1 [redacted]<br><br>A review of the NJ Exec Order 26.4b1 Physician's Order Summary Report (OSR) for Resident #3 revealed the following orders:<br><br>Document NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1 [redacted] with an order date of NJ Exec Order 26.4b1 | F0658 | | |

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| F0658 SS = B | Continued from page 3<br><br>Maintain NJ Exec Order 26.4b1 at all times every shift with an order date of NJ Exec Order 26.4b1.<br><br>Monitor NJ Exec Order 26.4b1 every shift for s/s o NJ Exec Order 26 every shift with an order date of NJ Exec Order 26.4b1.<br><br>Render NJ Exec Order 26.4b1 every shift and PRN as needed for care with an order date of NJ Exec Order 26.4b1<br><br>A review of Resident #3's Care Plan revealed that Resident #3 had a NJ Exec Order 26.4b1 initiated on NJ Exec Order 26.4. Interventions included but were not limited to monitor and document intake and output.<br><br>A review of Resident #3's "Treatment Admission Record," a form utilized for documentation of physician ordered treatments by the nurses for NJ Exec Order 26.4b1, showed blank spaces indicating the tasks were not completed as follows:<br><br>Document NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 on the day shift. On NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on the evening shift.<br><br>Maintain NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 on the day shift.<br><br>Monitor NJ Exec Order 26.4b1 on NJ Exec Order 26.4 and NJ Exec Order 26.4b1 on the day shift<br><br>Render NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 on the day shift.<br><br>A review of the NJ Exec Order 26.4b1 progress notes for Resident #3 did not include documentation for the aforementioned dates related to the NJ Ex Order 26.4(b<br><br>3. According to the Admission Record, Resident #4 had diagnoses that included but not limited to NJ Exec Order 26.4b1<br>[redacted]<br><br>According to the Minimum Data Set (MDS), an assessment | F0658 | | |

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| F0658 SS = B | Continued from page 4<br>tool dated [redacted], Resident #4 had a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated the resident had [redacted].<br><br>A review of the [redacted] Order Summary Report (OSR) for Resident #4 revealed the following orders:<br><br>Change [redacted] daily, monitor for signs and symptoms of infection with order date of [redacted]<br><br>Flush [redacted] to maintain [redacted] with order date on [redacted]<br><br>Maintain [redacted] at all times every shift with an order date of [redacted].<br><br>Document [redacted] every shift with an order date of [redacted]<br><br>Monitor [redacted] every shift for s/s of [redacted] every shift for [redacted] with an order date of [redacted].<br><br>Render [redacted] every shift and PRN every shift for care with an order date of [redacted]<br><br>A review of Resident #4's “Treatment Admission Record,” a form utilized for documentation of physician ordered treatments by the nurses for [redacted] showed blank spaces indicating the tasks were not completed as follows:<br><br>Change [redacted] daily, monitor for signs and symptoms of [redacted] on [redacted] on the day shift.<br><br>Flush [redacted], to maintain [redacted] on the day shift.<br><br>Document [redacted] every shift on [redacted] on the day shift. On [redacted] on the night shift.<br><br>Maintain [redacted] at all times every shift on [redacted] on the day shift.<br><br>Monitor [redacted] every shift for s/s of [redacted] every shift for [redacted] on [redacted] on the day shift. | F0658 | | |

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| F0658 SS = B | Continued from page 5<br>Render NJ Exec Order 26.4b1 every shift and PRN on NJ Exec Order 26.4 on the day shift.<br><br>A review of Resident #4's "Treatment Admission Record," a form utilized for documentation of physician ordered treatments by the nurses for NJ Exec Order 26.4b1 showed blank spaces indicating the tasks were not completed as follows:<br><br>Change NJ Exec Order 26.4b1 weekly on 11-7 shift every Thursday for NJ Exec Order 26.4b1 on NJ Exec Order 26.4b on the night shift.<br><br>Document NJ Exec Order 26.4b1 every shift on NJ Exec Order 26.4 on the day shift.<br><br>A review of the NJ Exec Order 26.4b1 progress notes for Resident #4, did not include documentation for the aforementioned dates related to the NJ Exec Order 26.4<br><br>During an interview with the surveyor on 08/25/2025 at 12:16 PM, the U.S. FOIA (b)(6) ) confirmed that there were blanks on the TARs for the aforementioned residents and stated that the nurses should have documented on the TAR for all tasks as ordered to ensure that the proper care was provided to the residents. She further stated that the expectation was for documentation to be completed at minimum, each shift.<br><br>During an interview with the surveyor on 08/25/2025 at 1:23 PM, the U.S. FOIA stated, "I do not have anything further in writing that proved the treatments were completed."<br><br>During an interview with the surveyor on 08/25/2025 at 1:59 PM, the U.S. FOIA (b)(6) ) confirmed the blanks on the TAR and stated, "there should be no blanks because we take care of the patients and if it was not documented, it was not done." The U.S. F further stated that the U.S. FOIA (b)(6) were responsible to oversight the nurses to ensure the documentations were completed.<br><br>During an interview with the surveyor on 08/25/2025 at 2:17 PM, the NJ Exec Order 26.4b1 ) confirmed the blanks on the TAR and stated that there should be no blanks. The U.S. F stated that staff should have documented because it is a medical record, it may have had an effect on the | F0658 | | |

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| F0658 SS = B | Continued from page 6<br>resident's well-being."<br><br>A review of a facility policy titled, "Catheter Care," received from the DON at 1:23 PM, with a date implemented on 9/1/2024, revealed under Policy, "It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use." The policy also reflected under Policy Explanation the following:<br><br>1. Catheter care will be performed every shift and as needed by nursing personnel.<br><br>2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use.<br><br>8. Empty drain bags every shift as needed.<br><br>A review of a facility policy titled, "Documentation in Medical Record," received from the DON at 1:23 PM, with a date implemented on 10/1/2024, revealed under Policy that, "Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. The policy also reflected under Policy Explanation and Compliance Guidelines the following:<br><br>1. Licensed staff and interdisciplinary team members shall document all assessments, observation, and services provided in the resident's medical record in accordance with the state law and facility policy.<br><br>2. Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred.<br><br>NJAC 8:39-27.1(a) | F0658 | | |
| F0677 SS = B | ADL Care Provided for Dependent Residents<br><br>CFR(s): 483.24(a)(2)<br><br>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;<br><br>This REQUIREMENT is NOT MET as evidenced by: | F0677 | F677- ADL Care Provided for Dependent Residents<br><br>Residents affected by deficient practice:<br><br>Resident#1, Resident#2, Resident #3, Resident#4 and Resident #5 were assessed on [redacted] with [redacted] noted. | 10/17/2025 |

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| F0677 SS = B | Continued from page 7<br><br>C#: NJ181912 (414550), 2573201<br><br>Based on interviews, a review of the medical record, and other pertinent facility documents on 8/21/202 and 8/25/25, it was determined that the facility failed to provide documented evidence of care provided to residents (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5). The facility also failed to follow the Certified Nursing Assistant's job description, and its policy titled," Documentation in Medical Record" for 5 of 5 residents (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) reviewed. This deficient practice was evidenced by the following:<br><br>Review of the Electronic Medical Record (EMR) was as follows:<br><br>1. According to the Admission Record, Resident #1 with diagnoses that included but not limited to [redacted]<br><br>According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated the resident had [redacted]. The MDS also showed Resident #1 needed total assistance with [redacted]<br><br>Review of Resident #1's "Documentation Survey Report Version (v2)," a form utilized for documentation of ADLs care by the [redacted] for [redacted], showed blank spaces indicating the tasks were not completed as follows:<br><br>[redacted] documentation on [redacted] on the evening shift. On [redacted] on the night shift.<br><br>Review of Resident #1's "Documentation Survey Report Version (v2)" for [redacted] showed blank spaces indicating the tasks were not completed as follows: | F0677 | Continued from page 7<br><br>Identify those individuals who could be affected by the deficient practice:<br><br>All residents receiving ADL care have the potential to be affected.<br><br>A facility wide audit was conducted to ensure that all residents receiving assistance with meals and incontinence care have accurate Kardex information and Task triggers. No concerns identified<br><br>What corrective action will be accomplished for those residents affected by the deficient practice:<br><br>Education on the policy Documentation in Medical Record, the importance of completing timely documentation in "POC" and Certified Nursing Assistant's job description was reviewed by the Assistant Director of Nursing with all Certified Nurses aides on 9/12/2025<br><br>Measures or systemic changes to ensure that the deficiencies will not recur:<br><br>Director of Nursing or designee will audit POC compliance for 4 residents receiving care weekly x 4 weeks then monthly x 2 months<br><br>Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.<br><br>Date of Completion:<br><br>10/17/25 | |

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| F0677 SS = B | Continued from page 8<br>NJ Exec Order documentation on NJ Exec Order 26.4 on the day shift. On NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift.<br><br>2. According to the Admission Record (AR), Resident #2 had diagnoses which included but were not limited NJ Exec Order 26.4b1 .<br><br>A review of the MDS dated NJ Exec Order 26, Resident #2 had a BIMS score of NJ Exec, which indicated the resident had NJ Exec Order 26.4b1 . The MDS also showed Resident #2 needed total assistance with most U.S. FOIA (b)<br><br>Review of Resident #2's "Documentation Survey Report Version (v2)," a form utilized for documentation of NJ Ex Orde care by the U.S. FOIA (b)(6) ) for NJ Exec Order 26.4, showed blank spaces indicating the tasks were not completed as follows:<br><br>NJ Exec Order 26.4b1 at all meals on NJ Exec Order 26.4b1 on the evening shift. On NJ Exec Order 26.4b1 on the night shift.<br><br>NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and NJ Exec Order 26.4 on the evening shift.<br><br>NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 , and NJ Exec Order 26.4 on the evening shift.<br><br>Review of Resident #2's "Documentation Survey Report Version (v2)" for NJ Exec Order 26.4b1 showed blank spaces indicating the tasks were not completed as follows:<br><br>NJ Exec Order 26.4b1 resident at all meals on NJ Exec Order 26.4b1 and NJ Exec Order 2 on the evening shift. On NJ Exec Order 26.4b1 on the night shift.<br><br>NJ Exec Order 26.4 Meal Intake on NJ Exec Order 26.4b1 , and NJ Ex Order 26.4(b)( on the evening shift.<br><br>NJ Exec Order 26.4b1 (Night) Snack on NJ Exec Order 26.4b1 , and NJ Exec Order 26.4b on the evening shift<br><br>3. According to the Admission Record (AR), Resident #3 had diagnoses which included but were not limited to | F0677 | | |

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| F0677 SS = B | Continued from page 9<br>NJ Exec Order 26.4b1 [redacted]. | F0677 | | |

A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of Care, dated NJ Exec Order 26.4[redacted], Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Exec[redacted], which indicated the resident had NJ Exec Order 26.4b1[redacted]. The MDS also showed Resident #3 needed assistance with NJ Exec Order 26.4b1[redacted].

Review of Resident #3's "Documentation Survey Report Version (v2)," a form utilized for documentation of NJ Ex Orde[redacted] care by the NJ Exec Order 26.4b1[redacted] for NJ Exec Order 26.4b1[redacted], showed blank spaces indicating the tasks were not completed as follows:

NJ Exec Order[redacted]: Documentation on NJ Exec Order 26.4[redacted], and NJ Exec Order 26.4[redacted] on the day shift. On NJ Exec Order 26.4[redacted] on the evening shift. On NJ Exec Order 26.4b1[redacted], NJ Exec Order 26.4[redacted], and NJ Exec Order 26.4[redacted] on the night shift.

NJ Exec Orde[redacted] on NJ Exec Order 26.4[redacted] and NJ Exec Order 26.4[redacted] on the day shift. On NJ Exec Order 26.4[redacted] on the evening shift. On NJ Exec Order 26.4b1[redacted], NJ Exec Order 26.4[redacted] on the night shift.

NJ Exec Order 2[redacted]: Meal Intake on NJ Exec Order 26.4b1[redacted] on the day shift. On NJ Exec Order 26.4b1[redacted] on the evening shift.

Review of Resident #3's "Documentation Survey Report Version (v2)" for NJ Exec Order 26.4b1[redacted] showed blank spaces indicating the tasks were not completed as follows:

NJ Exec Order[redacted]: Documentation on NJ Exec Order 26.4b1[redacted] on the day shift. On NJ Exec Order 26.4b1[redacted] on the evening shift. On NJ Exec Order 26.4b1[redacted], and NJ Exec Order 26.4b1[redacted] on the night shift.

NJ Exec Orde[redacted] on NJ Exec Order 26.4b1[redacted] on the day shift. On NJ Exec Order 26.4b1[redacted] on the evening shift. On NJ Exec Order 26.4b1[redacted] on the night shift.

NJ Exec Order 2[redacted]: NJ Ex Order 26.4(b)(1)[redacted] on NJ Exec Order 26.4b1[redacted] on the day shift. On NJ Exec Order 26.4b1[redacted] on the evening shift.

4. According to the Admission Record, Resident #4 had

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/25/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMPLETE CARE AT BEY LEA, LLC | 1351 OLD FREEHOLD ROAD , TOMS RIVER, New Jersey, 08753 |

| (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 |
|---|---|---|---|---|
| F0677 SS = B | Continued from page 10<br>diagnoses that included but not limited to NJ Exec Order 26.4b1 [redacted]<br><br>According to the Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26, Resident #4 had a Brief Interview for Mental Status (BIMS) score of U.S. FOIA (, which indicated the resident had NJ Exec Order 26.4b1 [redacted] The MDS also showed Resident #4 needed assistance with NJ Exec Order 26.4b1 [redacted]).<br><br>Review of Resident #4's "Documentation Survey Report Version (v2)," a form utilized for documentation of ADLs care by the NJ Exec Order 26.4b1 [redacted] for NJ Exec Order 26.4, showed blank spaces indicating the tasks were not completed as follows:<br><br>NJ Exec Order2 Documentation on NJ Exec Order 26.4b1 [redacted] on the day shift. On NJ Exec Order 26.4b1 [redacted], and NJ Exec Order 26.4b on the evening shift. On NJ Exec Order 26.4b1 [redacted] on the night shift.<br><br>Review of Resident #5's "Documentation Survey Report Version (v2)" for NJ Exec Order 26.4b1 showed blank spaces indicating the tasks were not completed as follows:<br><br>NJ Exec Order2 Documentation on NJ Exec Order 26.4 on the day shift. On NJ Exec Order 26.4b1 [redacted] on the evening shift. On NJ Exec Order 26.4b1 [redacted] on the day shift.<br><br>5. According to the Admission Record (AR), Resident #5 had diagnoses which included but were not limited to NJ Exec Order 26.4b1 [redacted].<br><br>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of Care, dated NJ Exec Order 26, Resident #5 had a Brief Interview for Mental Status (BIMS) score of NJ Exec, which indicated the resident had NJ Exec Order 26.4b1 [redacted]. The MDS also showed Resident #5 needed NJ Ex Order 26.4(b)(1) with | F0677 | | |

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| COMPLETE CARE AT BEY LEA, LLC | 1351 OLD FREEHOLD ROAD , TOMS RIVER, New Jersey, 08753 |

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| F0677 SS = B | Continued from page 11<br>NJ Exec Order 26.4b1<br><br>Review of Resident #5's "Documentation Survey Report Version (v2)," a form utilized for documentation of ADLs care by the U.S. FOIA (b)(6) for NJ Exec Order 26.4, showed blank spaces indicating the tasks were not completed as follows:<br><br>NJ Ex Order 26.4(b)(1) on NJ Exec Order 26.4b1 , and NJ Exec Order 26.4b1 on the day shift at 0800. On NJ Exec Order 26.4b1 on the day shift at 1200. On NJ Exec Order 26.4b1 on the evening shift at 1700.<br><br>NJ Ex Order 26.4(b)(1) on NJ Exec Order 26.4b1 on the evening shift at 2000.<br><br>Review of Resident #5's "Documentation Survey Report Version (v2)" for NJ Exec Order 26.4b1 showed blank spaces indicating the tasks were not completed as follows:<br><br>NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1) on NJ Exec Order 26.4b1 , and NJ Exec Order 26.4b1 on the day shift at 0800. On NJ Exec Order 26.4b1 on the day shift at 1200. On NJ Exec Order 26.4b1 on the evening shift at 1700.<br><br>NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1) on NJ Exec Order 26.4b1 on the evening shift at 2000.<br><br>During an interview with the surveyor on 08/25/2025 at 12:16 PM, the U.S. FOIA (b)(6) ) confirmed that there were blanks on the NJ Ex Or sheets for the aforementioned residents and stated, “we need to be able to show the care was provided to our residents.” She further stated that the U.S. FOIA (b) should have ensured that the documentation was completed for the shift.<br><br>During an interview with the surveyor on 08/25/2025 at 1:23 PM, the U.S. FOIA stated, “I do not have anything further in writing that proved the NJ Ex Orde were completed.”<br><br>During an interview with the surveyor on 08/25/2025 at | F0677 | | |

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| F0677 SS = B | Continued from page 12<br>1:59 PM, the U.S. FOIA (b)(6) confirmed the blanks on the TAR and stated, “there should be no blanks because we take care of the patients and if it was not documented, it was not done. The U.S. FOIA should have documented.” The U.S. FO further stated that the nurses were responsible to oversight the U.S. FOIA and to ensure tasks were completed.<br><br>During an interview with the surveyor on 08/25/2025 at 2:08 PM, the U.S. FOIA confirmed blanks on residents’ NJ Ex Of Sheets. She stated that there should be no blanks on the NJ Ex Of sheets because it is important to show documentation of the care that was provided to the residents throughout the shift. She further stated that the U.S. FOIA should have documented the care provided by the end of the shift.<br><br>During an interview with the surveyor on 08/25/2025 at 2:17 PM, the U.S. FOIA (b)(6) ) confirmed the blanks on the TAR and stated that there should be no blanks. The U.S. FO stated that staff should have documented because it is a medical record, it may have had an effect on the resident’s well-being.”<br><br>A review of the residents' medical records showed no further evidence that the tasks mentioned above were completed.<br><br>At the time of the survey, the facility could not provide evidence that the aforementioned tasks were completed.<br><br>A review of a facility policy titled, "Documentation in Medical Record," received on 8/25/2025 from the DON at 1:23 PM, with a date implemented on 10/1/2024, revealed under Policy that, “Each resident’s medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident’s progress through complete, accurate, and timely documentation. The policy also reflected under Policy Explanation and Compliance Guidelines the following:<br><br>1. Licensed staff and interdisciplinary team members shall document all assessments, observation, and services provided in the resident’s medical record in accordance with the state law and facility policy.<br><br>2. Documentation shall be completed at the time of | F0677 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **COMPLETE CARE AT BEY LEA, LLC** | **1351 OLD FREEHOLD ROAD , TOMS RIVER, New Jersey, 08753** |

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| F0677 SS = B | Continued from page 13<br>service, but no later than the shift in which the assessment, observation, or care service occurred.<br><br>A review of the Certified Nurse Assistant under Major Duties and Responsibilities included but were not limited to:<br><br>Assist residents with or performs activities of daily living for resident in accordance with care plans and established policies and procedures.<br><br>Coordinates dining room services at assigned meal times, including set-up and clean up, meal tray delivery, feeding assistance, and documentation of meal intake.<br><br>Delivers nutritional supplements to residents at assigned times and provides assistance as necessary to ensure intake.<br><br>Completes flow sheets daily to indicate that the specified task was done.<br><br>N.J.A.C.: 8:39-27.1(a) | F0677 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061529 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/25/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **COMPLETE CARE AT BEY LEA, LLC** | **1351 OLD FREEHOLD ROAD , TOMS RIVER, New Jersey, 08753** |

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| S0560 | Mandatory Access to Care<br><br>CFR(s): 8:39-5.1(a)<br><br>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Complaint #: NJ00181912 (414550), NJ00188170 (414560), 2565108, 2573201, 2577978<br><br>Census: 99<br><br>Sample Size: 5<br><br>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 deficiency 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.<br><br>Complaint #: Complaint #: NJ00181912 (414550), NJ00188170 (414560), 2565108, 2573201, 2577978<br><br>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 deficiency 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.<br><br>Based on interviews and review of facility documents on 08/21/2025 and 08/25/2025, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. This deficient practice | S0560 | S0560<br><br>Residents affected by deficient practice:<br><br>No residents were identified<br><br>Identify those individuals who could be affected by the<br><br>deficient practice:<br><br>All residents have the potential to be affected.<br><br>What corrective action will be accomplished for those residents affected by the deficient practice:<br><br>All residents were monitored for any adverse effects with none noted.<br><br>The facility has implemented a competitive market rate for all nursing staff including Registered Nurses. The facility continues to utilize online recruitment with immediate interviews and contingency offers.<br><br>The Director of Nursing, Unit Managers, Staffing Coordinator and HR Director were re-educated by the Licensed Nursing Home Administrator on the minimum staffing hours plus acuity hours related to in-house census to ensure that sufficient staffing hours are maintained as required.<br><br>The Director of Nursing, Unit Managers, Staffing Coordinator and HR Director were re-educated by the Licensed Nursing Home Administrator on the facility policy titled Nurse Services and Sufficient Staff. on 9/13/2025<br><br>The facility implemented an expediated but robust onboarding process. The facility will use agency staff as needed to meet staffing, acuity and hours requirements.<br><br>Facility will continue to participate in a bi-weekly recruitment call to review open positions, recruitment tactics, and changes to improve outcomes. All these efforts will provide an opportunity to meet the required staffing minimums and acuity needs and hours. | 10/17/2025 |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S0560 | Continued from page 1<br>had the potential to affect all residents.<br><br>Findings include:<br><br>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:<br><br>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.<br><br>For the 2 weeks of staffing prior to complaint survey from 08/03/2025 to 08/16/2025, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts as follows:<br><br>On 08/03/25 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs.<br><br>On 08/04/25 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.<br><br>On 08/05/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.<br><br>On 08/06/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.<br><br>On 08/07/25 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs.<br><br>On 08/08/25 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs.<br><br>On 08/09/25 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs. | S0560 | Continued from page 1<br><br>Measures or systemic changes to ensure that the deficiencies will not reoccur:<br><br>Administrator/Designee will conduct 2 audits weekly for 4 weeks, then twice monthly for 2 months to ensure adequate staff is scheduled to meet resident needs.<br><br>The results of the audits will be discussed at the monthly Quality Assurance Performance Improvement Meeting and quarterly over the duration of the audit process(3 months). Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.<br><br>Completion date 10/17/25 | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COMPLETE CARE AT BEY LEA, LLC | 1351 OLD FREEHOLD ROAD , TOMS RIVER, New Jersey, 08753 |

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| S0560 | Continued from page 2<br><br>On 08/10/25 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs.<br><br>On 08/11/25 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs.<br><br>On 08/12/25 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs.<br><br>On 08/13/25 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.<br><br>On 08/14/25 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.<br><br>On 08/15/25 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs.<br><br>On 08/16/25 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. | S0560 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315264 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 12/05/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **COMPLETE CARE AT BEY LEA, LLC** | **1351 OLD FREEHOLD ROAD , TOMS RIVER, New Jersey, 08753** |

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| F0000 | INITIAL COMMENTS<br><br>An offsite/desk review of the facility's Plan of Correction was conducted on 12/5/25 in relation to the 8/21/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. | F0000 | | |

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 reverse for further 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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