STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT SHORROCK	**75 OLD TOMS RIVER ROAD , BRICK, New Jersey, 08723**

(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
F0000	INITIAL COMMENTS A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). Complaints:376563, 376584, 376585, 376589, 376590, 376599, 376600, 425811, 2630821, 2689027 Survey Dates: 01/05/26 – 01/08/26 Survey Census: 152 Sample Size: 44 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 RECERTIFICATION AND COMPLAINT VISIT.	F0000		01/22/2026
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by:	F0600	F600 Free from Abuse and Neglect Immediate corrective action for residents affected by deficient practice: Residents were immediately separated following the occurrence with no [NJ Ex Order 26.4(b)(1)]. Resident 64 was assessed on [NJ Ex Order 26.4(b)(1)] and no concerns were noted. Resident 129 was assessed on [NJ Ex Order 26.4(b)(1)] and no concerns noted, Resident 106 was assessed on [redacted] with no concerns noted. Resident 24s care plan was updated on [NJ Ex Order 26.4(b)(1)] to prevent future occurrences. No additional incidents occurred. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected.	02/25/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

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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) COMPLETION DATE
F0600 SS = D	Continued from page 1 Based on record review and interview, the facility failed to protect the resident's right to be free from NJ Ex Order 26.4(b)(1) by NJ Ex Order 26.4(b)(1) for three of five residents (Resident (R) R64, R129 and R106) reviewed for NJ Ex Order out of 44 sampled residents. This had the potential for continued NJ Ex Order to the residents. Findings include: 1. Review of R24's "Face Sheet" located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was readmitted to the facility on NJ Ex Order 26.4(b) with diagnoses of NJ Ex Order 26.4 [redacted], NJ Ex Order 26. and NJ Ex Order 26.4(b)(1). Review of R24's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4 and located in the EMR under the "MDS" tab revealed a "Brief Interview for Mental Status (BIMS)" score of NJ E out of 15, which indicated the resident's NJ Ex Order 26.4(b) was NJ Ex Order 26.4(b)(1). Review of R24's "Care Plan" dated NJ Ex Order 26.4(and located in the EMR under the "Care Plan" tab revealed, "I am NJ Ex Order 26.4(b) when I speak and can be NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) when I am talking NJ Ex Order 26.4(b)(1). I can become NJ Ex Order 26.4(b)(1) with other residents at times." Interventions included, Monitor for NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b NJ Ex Order 26.4(b)(1) from other residents if I begin to NJ Ex Order 26.4(b... Monitor/record occurrence of for target NJ Ex Order 26.4(symptoms (Specify: NJ Ex Order 26.4(b)(1) [redacted] etc.) 2. Review of R129's "Face Sheet" located in the EMR under the "Profile" tab revealed the resident was admitted to the facility on NJ Ex Order 26.4(b) with diagnoses of NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). Review of R129's annual "MDS" with an ARD of NJ Ex Order 26.4 and located in the EMR under the "MDS" tab revealed a "BIMS" score of NJ Ex Ord out of 15, which indicated the resident's NJ Ex Order 26.4(b) was NJ Ex Order 26.4(b)(1). Review of the "Incident Report" dated NJ Ex Order 26.4(b) at 10:00 PM provided by the facility revealed staff alerted by NJ Ex Order 26.4(b)(1) R129 NJ Ex Order 26.4 R24. Immediately went to residents and NJ Ex Order 26.4(b) them. As R24 was immediately being NJ Ex Order 26.4(b)(1) R24's NJ Ex Order 26.4(b)(1) with R129's NJ Ex Order 26.4(b	F0600	Continued from page 1 Measures put in place to ensure the deficient practice will not occur for those residents affected: Re-education for all facility staff initiated on 1/08/2026 by the Licensed Nursing Home Administrator on the requirements of protecting the residents' right to be free from abuse and on the following policies: Abuse, Neglect and Exploitation Prevention Program. Director of Nursing initiated an audit on 1/08/2026 to ensure all behavioral care plans have appropriate interventions. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Licensed Nursing Home Administrator or designee will interview 2 residents weekly for 4 weeks, then 2 residents monthly for 2 months to ensure that all residents are free from abuse. All findings will be presented to the QAPI committee to review and determine the need for additional audits	02/25/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

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F0600 SS = D	Continued from page 2 Review of R24 and R129 "Nurse's Note" dated NJ Ex Order 26.4(b)(1) revealed no documentation related to the incident that occurred on NJ Ex Order 26.4(b During an interview on 01/07/26 at 3:05 PM, Licensed Practical Nurse (LPN)4 revealed on NJ Ex Order 26.4(b) he/she was supervising, and LPN7 reported to him/her that he/she saw R24 and R129 NJ Ex Order 26.4(b)(1). R129 said that R24 was trying to NJ Ex Order 26.4(b)(1), and R24 NJ Ex Order 26 him/her to try and NJ Ex Order 26.4(b)(1). She said LPN7 heard the incident, interviewed and NJ Ex Order 26.4(b)(them. R129 was brought into his/her room and R24 was brought to the nurse's station. 3. Review of R64's "Face Sheet" located in the EMR under the "Profile" tab revealed the resident was admitted to the facility on NJ Ex Order 26.4(with diagnoses of NJ Ex Order 26.4(b) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). Review of R64's quarterly "MDS" with an ARD of NJ Ex Order 26.4(b and located in the EMR under the "MDS" tab revealed a "BIMS" score of NJ Ex (out of 15, which indicated the resident's NJ Ex Order 26.4(b was NJ Ex Order 26.4 Review of the "Incident Report" dated NJ Ex Order 26.4(b at 8:15 PM provided by the facility revealed, "Notified by staff nurse that [R24] had a NJ Ex Order 26.4(b)(1) with another resident and when staff NJ Ex Order 26.4(b)(R24 NJ Ex Orde the resident R24's NJ Ex Order 26.4(b)(1) with R64. Review of R24's "Nurse's Note" dated NJ Ex Order 26.4(at 7:15 PM and located in the EMR under the "Notes" written by LPN6 revealed, "NJ Ex Order 26.4(b)(1) at nurse's station." During an interview on 01/07/26 at 3:05 PM, LPN4 revealed on NJ Ex Order 26.4(, R24 was NJ Ex Order 26.4 with another resident but it was not R64. There was a NJ Ex Order R24 and that other resident. He/she went over to NJ Ex Order 26.4(b)(took R24 and NJ Ex Order 26.4(b)(her/him away, as he/she went to walk away, R24 NJ Ex Order 26.4(b)(1) R64 NJ Ex Order 26.4(b)(1). They were NJ Ex Order 26.4(b)(and R64 was assessed. 4. Review of R106's "Face Sheet" located in the EMR under the "Profile" tab revealed the resident was admitted to the facility on NJ Ex Order 26.4(with diagnoses of NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(NJ Ex Order 26.4(b)(NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). Review of R106's annual "MDS" with an ARD of	F0600		02/25/2026

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F0600 SS = D	Continued from page 3 NJ Ex Order 26.4 and located in the EMR under the "MDS" tab revealed a "BIMS" score of NJ Ex O out of 15, which indicated the resident's NJ Ex Order 26.4(b) was NJ Ex Order 26.4 [redacted] Review of the "Incident Report" dated NJ Ex Order 26.4(b) at 9:00 AM provided by the facility revealed, "While in hall in view of staff, [R24] NJ Ex Order 26.4(b)(1) with [R106's] NJ Ex Order 26.4(b)(1)." Review of R106's "Nurse's Note" dated NJ Ex Order 26.4(b) at 6:52 PM and located in the EMR under the "Notes" written by LPN8 revealed, "NJ Ex Order 26.4(b)(1) [redacted]." During an interview on 01/08/26 at 11:35 AM, LPN5 stated he/she was assigned to R106 on NJ Ex Order 26.4(b) who was sitting in her/his wheelchair in the hallway when R24 NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) in his/her NJ Ex Order 26.4(b)(1) with his/her NJ Ex Orde LPN5 said there was no NJ Ex Order 26.4(b)(1) between them, and it NJ Ex Order 26.4(b)(1) R106. During an interview on 01/08/25 at 5:12 PM, the U.S. FOIA (b) (6) who was the NJ Ex Order coordinator, stated they did not substantiate that NJ Ex Order occurred in any of the three incidents. He/she stated they felt it was more incidental and did not feel R24 was NJ Ex Order 26.4(b)(1) other residents. NJAC 8:39-4.1(a)(5)	F0600		02/25/2026
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in	F0609	F0609 Reporting of Alleged Violations Immediate corrective action for residents affected by deficient practice: Incident was reported to the state agency by the Licensed Nursing Home Administrator on 01/30/2026 Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected. Measures put in place to ensure the deficient practice will not occur for those residents affected:	02/25/2026

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COMPLETE CARE AT SHORROCK	75 OLD TOMS RIVER ROAD , BRICK, New Jersey, 08723

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F0609 SS = D	Continued from page 4 accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and policy review, the facility staff failed to report an NJ Ex Order 26.4(b) [redacted] for one resident (Resident (R)105 against R177) of five residents reviewed for NJ Ex Order 2 immediately to the State Agency (SA). This had the potential to delay an investigation to determine whether NJ Ex Order occurred or not. Findings include: Review of R105's electronic medical record (EMR) titled "Admission Record" located under the "Profile" tab indicated the resident was admitted to the facility on NJ Ex Order 26.4(b) Review of R105's EMR quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4([redacted], indicated a "Brief Interview for Mental Status (BIMS)" score of NJ Ex [redacted] out of 15 which revealed the resident was NJ Ex Order 26.4(b)(1). R105's diagnoses included NJ Ex Order 26.4(b)(1) [redacted] Review of R177's admission "MDS" with an ARD NJ Ex Order 26 [redacted] revealed an admission date of NJ Ex Order 26.4 and a "BIMS" score of NJ Ex C [redacted] out of 15 indicating NJ Ex Order 2 [redacted] R107's diagnoses included NJ Ex Order 26.4(b)(1) [redacted]. The "MDS" indicated that resident received an NJ Ex Order 26.4(b)(1) [redacted] medication. Review of the EMR located under the "census" tab revealed R177 was discharged from the facility on NJ Ex Order 26.4(b [redacted] Review of an email sent to the facility dated NJ Ex Order 26.4(b) [redacted] provided by the U.S. FOIA (b)(6) indicated that R177 had NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4([redacted], with R105 at which time R105 NJ Ex Order [redacted] R177 and attempted to NJ Ex Order 26 [redacted] R177's NJ Ex Order [redacted] During an interview on 1/08/25 at 11:23 AM, the	F0609	Continued from page 4 The U.S. FOIA (b)(6) [redacted] was re-educated on 1/09/2026 by the Regional Licensed Nursing Home Administrator on the facilities policy of reporting abuse and neglect. An audit of grievances and incident reports was completed by the Director of Nursing and the Licensed Nursing Home Administrator on 1/09/2025 to identify any other unreported incidents. No other unreported incidents were found. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Licensed Nursing Home Administrator will audit 2 incident reports and 2 grievances to ensure that any allegations of abuse, neglect or exploitation are reported as required weekly for 4 weeks then monthly for 2 months. All findings will be presented to the QAPI committee to review and determine the need for additional audits.	02/25/2026

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F0609 SS = D	Continued from page 5 U.S. FOIA (b)(6) stated that the facility did not report the NJ Ex Order 26.4(b)(1) to the SA. During an interview on 1/08/25 at 1:00 PM, the [redacted] stated that after he/she became aware of the incident reported to him/her by the Unit Manager (UM)/Licensed Practical Nurse (LPN)2, the [redacted] spoke to the U.S. FOIA (b)(6)) and the U.S. FOIA (b)(6) regarding what was reported. During an interview on 1/08/25 at 1:13 PM, the U.S. FOIA (b)(6) stated that at the time the [redacted] was made there was a nurse that witnessed there was no contact made between the residents. Review of the facility's policy titled "Compliance with Reporting Allegations of Abuse/Neglect/Exploitation" revised 10/01/25 revealed, "…facility will report all alleged violations and all substantiated incidents to the state agency…" NJAC 8:39-9.4(f)	F0609		02/25/2026
F0610 SS = D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview and policy review, the facility failed to thoroughly investigate [redacted] for four of five residents (Resident (R)129, R64, R106 and R177) reviewed for [redacted] out	F0610	F0610 Investigate/Prevent/Correct Alleged Violation Immediate corrective action for residents affected by deficient practice: Administrator re-interviewed staff for the [redacted] to ensure a thorough investigation on 01/09/2026. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected. Measures put in place to ensure the deficient practice will not occur for those residents affected: Regional Licensed Nursing Home Administrator re-educated the U.S. FOIA (b)(6) [redacted] and U.S. FOIA (b)(6) on 1/9/2026 on completing a thorough investigation with more descriptive statements and ensuring that all staff involved are interviewed.	02/25/2026

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F0610 SS = D	Continued from page 6 of 44 sampled residents. This had the potential for continued NJ Ex Order to the residents. Findings include: 1. Review of R24's "Face Sheet" located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was readmitted to the facility on NJ Ex Order 26.4(b), with diagnoses of NJ Ex Order 26.4 [redacted] Review of R24's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b) [redacted] and located in the EMR under the "MDS" tab revealed a "Brief Interview for Mental Status (BIMS)" score of NJ E [redacted] out of 15, which indicated the resident's cognition was NJ Ex Order 26.4(b)(1). Review of R24's "Care Plan" dated NJ Ex Order 26.4([redacted], and located in the EMR under the "Care Plan" tab revealed, "I am NJ Ex Order 26.4(b) [redacted] when NJ Ex Order 26. [redacted] and can be NJ Ex Order 26.4(b)(1) [redacted]. I use NJ Ex Order 26.4(b)(1) [redacted] when I am talking for NJ Ex Order 26.4(b)([redacted] I can become NJ Ex Order 26.4(b)(1) [redacted] with other residents at times." Interventions included, "Monitor for NJ Ex Order 26 [redacted] and NJ Ex Order 26.4(b)(1) [redacted]. NJ Ex Order 26.4(b)(1) other residents if I begin to NJ Ex Order 26.4(b [redacted] Monitor/record occurrence of for target NJ Ex Order 26.4([redacted] symptoms (Specify: NJ Ex Order 26.4(b)(1) [redacted] 2. Review of R129's "Face Sheet" located in the EMR under the "Profile" tab revealed the resident was admitted to the facility on NJ Ex Order 26.4(b) [redacted] with diagnoses of NJ Ex Order 26.4(b)(1) [redacted] Review of R129's annual "MDS" with an ARD of NJ Ex Order 26.4([redacted] and located in the EMR under the "MDS" tab revealed a "BIMS" score of NJ Ex Ord [redacted] out of 15, which indicated the resident's cognition was NJ Ex Order 26.4(b)(1) [redacted] Review of the undated "Investigational Summary and Conclusion" provided by the facility, revealed on NJ Ex Order 26.4(b) [redacted] at 10:00 PM, R24 was being escorted by his/her nurse on the unit as he/she passed R129, R24's NJ Ex Order 26.4(b)(1) [redacted] R129's NJ Ex Order 26.4(b) [redacted] Further review revealed that following a thorough investigation, the facility has determined that there is no evidence to suggest NJ Ex Order [redacted] occurred as evidenced by the following: Assigned nurse was present at the time and was escorting R24 towards the common area. While leading R24, he/she	F0610	Continued from page 6 Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Licensed Nursing Home Administrator or designee will audit 2 investigative statements weekly times 4 weeks and monthly times two months to ensure they are descriptive and staff involved were interviewed. All findings will be presented to the QAPI committee to review and determine the need for additional audits.	02/25/2026

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F0610 SS = D	Continued from page 7 NJ Ex Order 26.4(b)(1) with R129's NJ Ex Order 26.4(b Both residents were NJ Ex Order 26.4(b)(1) with no signs of NJ Ex Order 26.4(b)(1) at the time. This event has been classified as NJ Ex Order 26.4 Both residents were interviewed with no recall of the incident. Further review revealed no resident interviews or NJ Ex Ord audits were completed for other residents on the unit. Review of staff statements revealed there was no specific information about what specifically occurred, other than "NJ Ex Order 26.4(b)(1)" or "an incident" was reported. There was no way of knowing what "NJ Ex Order 26. meant and staff did not specify what specifically was reported to them. 3. Review of R64's "Face Sheet" located in the EMR under the "Profile" tab revealed the resident was admitted to the facility on NJ Ex Order 26.4(b with diagnoses of NJ Ex Order 26.4(b)(1) Review of R64's quarterly "MDS" with an ARD of NJ Ex Order 26.4(, and located in the EMR under the "MDS" tab revealed a "BIMS" score of NJ Ex (out of 15, which indicated the resident's cognition was NJ Ex Order 26.4 Review of the undated "Investigational Summary and Conclusion" provided by the facility, revealed on 10/01/25, staff responded to a verbal altercation between two residents (R24 and R64), immediately redirected and while moving away R24 made contact with R64. No injuries noted. Further review revealed that after a thorough investigation conducted by the facility, the facility has concluded that the event was not premeditated with both residents with no memory of the event shortly after. While at the nurse's station R24 became verbally agitated speaking with her hands; staff immediately intervened, when moving R64, R24 made contact with R64. Skin and pain assessments immediately completed with no new findings. Further review revealed no resident interviews or body audits were completed for other residents on the unit. Review of staff statements revealed there was no specific information about what specifically occurred, other than "contact made" or "an incident" was reported. There was no way of knowing what "contact" meant and staff did not specify what was specifically was reported to them. 4. Review of R106's "Face Sheet" located in the EMR under the "Profile" tab revealed the resident was admitted to the facility on NJ Ex Order 26.4(, with diagnoses which included NJ Ex Order 26.4(b)(1)	F0610		02/25/2026

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COMPLETE CARE AT SHORROCK	75 OLD TOMS RIVER ROAD , BRICK, New Jersey, 08723

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F0610 SS = D	Continued from page 8 Review of R106's annual "MDS" with an ARD of [redacted], and located in the EMR under the "MDS" tab revealed a "BIMS" score of [redacted] out of 15, which indicated the resident's cognition was [redacted] Review of the undated "Investigational Summary and Conclusion" provided by the facility, revealed on [redacted] while in the hall in view of staff, R24 [redacted] R106's [redacted] Immediately NJ Ex Order 26.4(b)(1) assessments without [redacted] Further review revealed, after a thorough investigation conducted by the facility, the facility has concluded that the event was not premeditated with both residents with NJ Ex Order 26.4(b)(1) shortly after. R24 and R106 NJ Ex Order 26.4(b)(1) in the hallway when they became [redacted] R24 [redacted] with R106 with no noted [redacted] or reported [redacted] Residents immediately [redacted] and R24 placed NJ Ex Order 26.4(b)(1). Further review revealed no resident interviews or [redacted] audits were completed for other residents on the unit. Review of staff statements revealed there was no specific information about what specifically occurred, other than "NJ Ex Order 26.4(b)(1) or "an incident" was reported. There was no way of knowing what [redacted] meant and staff did not specify what was specifically reported to them. The staff who were the only persons to witness the incident were not interviewed and did not provide a written statement. During an interview on 01/08/25 at 5:12 PM the U.S. FOIA (b)(6) who was the NJ Ex Order 26.4(b)(1), stated he felt the investigations were thorough. He/she stated the person who witnessed the incident would need to write a more [redacted] statement and that staff who the [redacted] was reported to only needed to write that an [redacted] was reported to them. He/she was unable to state why all the investigations used the word [redacted] and did not go into detail about what happened. He/she stated he/she did not know why the nurse who witnessed the [redacted], [redacted] was not interviewed and asked to provide a statement. He/she stated that they did not interview any other residents since many residents on the unit had [redacted] BIMS score. 5. Review of R177's EMR located under the "MDS" tab revealed an admission "MDS" with an ARD of [redacted] revealed an admission date of [redacted], and a "BIMS" score of [redacted] out of 15 indicating a NJ Ex Order 26.4(b)(1).	F0610		02/25/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

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F0610 SS = D	Continued from page 9 Review of the EMR located under the "census" tab revealed R177 was discharged from the facility on [redacted] Review of R105's EMR located under the "MDS" tab revealed a quarterly "MDS" with an ARD of [redacted], with an admission date of [redacted], and a "BIMS" score of [redacted] out of 15 indicating a [redacted] Review of an email sent to the facility on [redacted] provided by the [redacted] indicated that R177 had [redacted] on [redacted] with R105 at which time R105 [redacted] R177 and attempted to [redacted] R177's [redacted] During an interview on 01/08/25 at 11:23 AM, the [redacted] stated that the facility did not investigate the [redacted] made by the [redacted] because the nurse that witnessed the [redacted] stated that at the time of the [redacted] there was [redacted] between the two residents. The [redacted] also stated that the nurse wrote a statement indicating the only thing that was discussed with the [redacted] was discharge plans and a fall. During an interview on 01/08/25 at 1:00PM, the [redacted] stated that after he/she became aware of the incident reported to him/her by the Unit Manager (UM)/Licensed Practical Nurse (LPN)2, the [redacted] spoke to the [redacted]) and the [redacted] regarding what was reported. Review of the facility's policy titled, "Abuse, Neglect and Exploitation," revised 10/14/25, indicated, ". . . It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation…Investigation of Alleged Abuse, Neglect and Exploitation: An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur. The policy requires that an immediate investigation be initiated upon suspicion or report of abuse, neglect, or exploitation, and that the facility will take steps to protect residents from physical and psychosocial harm, including preventing further abuse during and after the investigation." NJAC 8:39-9.4(f)	F0610		02/25/2026

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F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section.	F0628	F0628 Discharge Process Immediate corrective action for residents affected by deficient practice: Resident 18 was readmitted to the facility on [redacted NJ Ex Order 26.4(b)(1)]. Resident 20 was readmitted to the facility on [redacted NJ Ex Order 26.4(b)]. Resident 158 was readmitted to the facility on [redacted NJ Ex Order 26.4(b)(1)] Identify those individuals who could be affected by the deficient practice: All residents who discharge or transfer out of the facility have the potential to be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: Social Workers and Licensed Nurses were educated on 1/9/2026 by the Licensed Nursing Home Administrator on notifying residents of their right to appeal prior to discharge from the facility. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Administrator or designee will audit two patient transfers weekly times four weeks and monthly times two months to verify the appropriate notice is given to residents prior to discharge. All findings will be presented to the QAPI committee to review and determine the need for additional audits.	02/25/2026

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F0628 SS = D	Continued from page 11 §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and	F0628		02/25/2026

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F0628 SS = D	Continued from page 12 developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding	F0628		02/25/2026

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F0628 SS = D	Continued from page 13 bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and policy review, the facility failed to ensure three of three residents and their resident representatives (Resident (R)18, R20 and R158) reviewed for emergent hospital transfer out of a total sample of 44 residents were provided with a written bed hold policy and transfer notice. This failure had the potential to affect the resident and their resident representative (RR) by not having the knowledge of how to appeal the transfer, if desired, and had the potential to contribute to the possible denial of re-admission and [redacted] following a [redacted] for residents transferred to the hospital. This had the potential to affect all residents who resided at the facility in the event they were transferred out of the facility.	F0628		02/25/2026

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F0628 SS = D	Continued from page 14 Findings include: 1.Review of R20's "Admission Record" located under the "Resident" tab in the electronic medical record (EMR) revealed admitted to the facility on [redacted] Review of R20's "Progress notes" dated [redacted] revealed R20 was transferred to the hospital due to [redacted] and returned to the facility on [redacted] Review of R20's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted], revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated R20 was [redacted] 2.Review of R158's "Admission Record" under the "Resident" tab in the EMR revealed admitted on [redacted] Review of R158's "Census" located under the "Census" tab in the EMR revealed on [redacted], "Hospital Leave Unpaid" and on [redacted] returned to the facility. Review of R158's EMR located under the "MDS" tab revealed the quarterly "MDS" with an ARD of [redacted] revealed a "BIMS" score of [redacted] out of 15 indicating [redacted]. Review of R158's "Progress Note" dated [redacted], located under the "Resident" tab of the EMR revealed R158 complained of [redacted] New order received to send to hospital for evaluation and treatment. Ambulance in to transport resident. Review of "Transfer/Bed Hold notice prior to Hospitalization or Therapeutic Leave" provided by the facility for R20 and R158 revealed that the document did not include the appeal process as indicated in the facility's policy. 3. Review of R18's "Admission Record" located in the "Profile" tab of the EMR revealed admission to the facility on [redacted], and was discharged to the hospital on [redacted] Review of R18's quarterly "MDS" under the "MDS" tab of the EMR, with an ARD of [redacted], revealed a "BIMS" score of [redacted] out of 15, which indicated the resident's cognition was [redacted]. Review of "Transfer/Bed Hold notice prior to Hospitalization or Therapeutic Leave" dated [redacted] and [redacted] provided by the facility revealed it did not include the appeal process on the form.	F0628		02/25/2026

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F0628 SS = D	Continued from page 15 During an interview on 01/07/26 at 2:41 PM, the U.S. FOIA (b)(6) stated the facility has been providing the residents and the RR with a written transfer and discharge notice. The U.S. FOIA (b)(6) stated he/she was aware of the facility's policy that the transfer notice should include the appeal information to residents and the RR. During an interview on 01/08/26 at 3:15 PM, the U.S. FOIA (b)(6) stated the "Transfer/Bed Hold notice prior to NJ Ex Order 26.4(b)(1) " form was sent to the resident and RR. The confirmed that the form did not include the required information for appeal. He/she stated that he/she was unaware that the appeal information was required. Review of the facility's policy titled "Transfer and Discharge (including Against Medical Advise (AMA)" dated 03/10/25 indicated, "…3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided…d. An explanation of the right to appeal the transfer or discharge to the State. e. The name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests. f. Information on how to obtain an appeal form. g. Information on obtaining assistance in completing and submitting the appeal hearing request…" NJAC 8:39-4.1(a)(31)(32) NJAC 8:39-5.1(a)	F0628		02/25/2026
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or	F0656	F0656 Develop/Implement Comprehensive Care Plan Immediate corrective action for residents affected by deficient practice: Resident 166 was discharged from the facility. Identify those individuals who could be affected by the deficient practice: All residents in facility with indwelling urinary catheter have the potential to be affected by this deficient practice.	02/25/2026

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F0656 SS = D	Continued from page 16 maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and policy review, the facility failed to develop a comprehensive care plan that addressed the use of an [NJ Ex Order 26.4(b)] [redacted] for one of three residents (R)166) reviewed for [NJ Ex Order 26.4(b)(1)] in the sample of 44 residents. This failure had the potential to result in improper [NJ Ex Order 26.4(b)(1)] or maintenance. Findings include: Review of R166's "Admission Record" located in the electronic medical record (EMR) in the "Profile" tab revealed admitted on [NJ Ex Order 26.4] and re-admitted on [NJ Ex Order 26.4]. 	F0656	Continued from page 16 Measures put in place to ensure the deficient practice will not occur for those residents affected: The Infection Preventionist completed an audit of care plans on 01/09/2026 for all residents with indwelling catheters. No other discrepancies noted. Licensed nursing staff were reeducated on 01/09/2026 by the Director of Nursing on the facilities comprehensive careplan policy to include ensuring residents with foley catheters have a careplan in place Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing or designee will audit 3 residents with indwelling foley catheters to ensure they have an appropriate car e plan in place weekly times 4 weeks, and Monthly times 2 months. All findings will be presented to the QAPI committee to review and determine the need for additional audits.	02/25/2026

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F0656 SS = D	Continued from page 17 Review of R166's 5-Day "Modification Minimum Data Set (MDS)" under the "MDS" tab of the EMR with an Assessment Reference Date (ARD) of [redacted] revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 indicating R166 was [redacted]. Further review of the "MDS" revealed a diagnosis of NJ Ex Order 26.4(b)(1) and the NJ Ex Order 26.4(b)(1) Review of the "Treatment Administration Record (TAR)" dated [redacted] in the EMR under the "Reports" tab revealed that R166's [redacted] was [redacted] on [redacted]. Review of R166's undated comprehensive "Care Plan" located in the EMR under the "Care Plan" tab revealed the NJ Ex Order 26.4(b)(1) was not addressed as a focus area in the care plan. Interview on 01/08/26 at 10:47AM, the [redacted] stated that an NJ Ex Order 26.4(b)(1) should be care planned. Interview on 01/08/26 at 10:15AM, the Licensed Practical Nurse (LPN)/Nurse Manager (NM)1 stated that the care plan needs to be updated to reflect the NJ Ex Order 26.4(b)(1) Interview on 01/08/26 at 10:35AM, the [redacted]) stated that the care plan needs to be updated to reflect the [redacted]. Review of the facility's policy titled "Comprehensive Care Plan" revision date 03/01/25 revealed, "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, …to meet a resident's medical, nursing…and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality." NJAC 8:39-11.2(e) thru(i)	F0656		02/25/2026
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the	F0695	F0695 Respiratory/Tracheostomy Care and Suctioning Immediate corrective action for residents affected by deficient practice: Resident 169 NJ Ex Order 26.4(b)(1) settings were immediately adjusted on [redacted] to match Physician orders. Resident 169 was immediately assessed on [redacted] with no distress noted.	02/25/2026

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F0695 SS = D	Continued from page 18 residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to administer [redacted] ordered for one Resident (R) 169 of 44 sampled residents. The facility failed to provide [redacted] according to physician orders, has the potential to contribute to the risk of [redacted]. Findings include: Review of R169's "face sheet", located under the "Census" tab of the electronic medical record (EMR) revealed the resident was admitted to the facility on [redacted], with diagnoses that included [redacted]. Observation of R169 on 01/06/26 at 10:46 AM, revealed the resident received [redacted] from [redacted]). The [redacted] was set to [redacted]). Review of R169's "physician orders" located under the "Orders" tab of the EMR revealed an order dated [redacted], that read, [redacted] every shift." Subsequent observations on 01/07/26 at 10:49 AM and 3:47 PM revealed the [redacted] was set at [redacted]. Interview on 01/07/26 at 4:53 PM, Licensed Practical Nurse (LPN)6 confirmed that the [redacted] was set to [redacted] and that the order was for [redacted]. During an interview on 01/08/26 at 5:14 PM, the [redacted] confirmed that he/she expects staff to follow physician orders. He/she added that there are times when nurses use their discretion in attempts to titrate a resident whose [redacted] is [redacted] before they contact a physician for updated orders but admitted that that process should be done over a few hours not days. Review of the facility's policy titled, "Oxygen Administration" dated 09/01/24 stated, "Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the residents' goals and preferences.	F0695	Continued from page 18 Identify those individuals who could be affected by the deficient practice: All Residents with active oxygen therapy orders have the potential to be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: All residents on oxygen therapy were audited on 1/9/2026 by the Infection Preventionist. No other discrepancies were identified. Licensed nursing staff were re educated by the Director of Nursing on 1/9/2026 on following provider orders to include oxygen therapy Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing or designee will audit 3 residents with oxygen therapy orders and verify flow rate on concentrators matches physician orders weekly times 4 weeks, and Monthly times 2 months. All findings will be reviewed by the QAPI committee to evaluate the need for additional audits.	02/25/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT SHORROCK	**75 OLD TOMS RIVER ROAD , BRICK, New Jersey, 08723**

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F0695 SS = D	Continued from page 19 Policy Explanation and Compliance Guidelines: 1. Oxygen is administered under orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control…12. Staff shall notify the physician of any changes in the resident's condition, including…oxygen concentrations, or evidence of complications associated with the use of oxygen." NJAC 8:39-27.1(a)	F0695		02/25/2026

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 656003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT SHORROCK	**75 OLD TOMS RIVER ROAD , BRICK, New Jersey, 08723**

(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
S0000	Initial Comments The facility is in compliance with the Standards in the New Jersey Administrative Code, Chapter 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.	S0000		01/22/2026

Office of Primary Care and Health Systems Management

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT SHORROCK	**75 OLD TOMS RIVER ROAD , BRICK, New Jersey, 08723**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 03/17/2026 in relation to the 01/08/2026 Recertification 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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 656003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/17/2026

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COMPLETE CARE AT SHORROCK	**75 OLD TOMS RIVER ROAD , BRICK, New Jersey, 08723**

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 03/17/2026 in relation to the 01/08/2026 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities	S0000		

Office of Primary Care and Health Systems Management

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - SHORROCK G...** B. WING	(X3) DATE SURVEY COMPLETED **01/08/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT SHORROCK	**75 OLD TOMS RIVER ROAD , BRICK, New Jersey, 08723**

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K0000 Bldg. 01	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 01/06/26 and the facility and was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Complete Care at Shorrock is a one-story building constructed in 1998. It is composed of Type V (111) construction and has 18 smoke compartments. The facility is fully sprinklered with a dry system (with five risers). The diesel generator powers 75% of the building. The number of occupied beds was 152 out of 180.	K0000		01/22/2026
K0353 SS = F Bldg. 01	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler	K0353	K0353 Sprinkler System - Maintenance and Testing Immediate corrective action for residents affected by deficient practice: Facility reached out to sprinkler vendor who confirmed that the annual test was in fact done and that the wrong document was submitted as a clerical error. Identify those individuals who could be affected by the deficient practice: All residents have the ability to be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected:	02/25/2026

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315453	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - SHORROCK G...** B. WING	(X3) DATE SURVEY COMPLETED **01/08/2026**

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K0353 SS = F Bldg. 01	Continued from page 1 system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by: Based on document review and interview, it was determined that the facility failed to ensure the sprinkler system's control valves, water flow alarms, and tamper switches or supervisory signals were inspected and/or tested annually in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems (2011 Edition) section 5.1.1.2 and 5.1.1.2 Table. This deficient practice had the potential to affect all 152 residents and was evidenced by the following: A review of the facility's untitled fire safety binder for 2024 and 2025 revealed the sprinkler system had been inspected quarterly; however, there was no documented evidence the sprinkler system was inspected annually in 2025. During an interview at the time of the observation, the U.S. FOIA (b)(6) confirmed the sprinkler system was tested quarterly and not annually in 2025. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K0353	Continued from page 1 Administrator educated the U.S. FOIA (b)(6) on 01/06/2026 to review documentation received from vendors to check for accuracy. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Administrator or designee will audit the sprinkler inspections each quarter for three quarters to ensure the proper documentation is being provided. All findings will be presented to the QAPI committee. QAPI committee will meet monthly to review, and determine the need for additional audits.	02/25/2026
K0372 SS = F Bldg. 01	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.	K0372	K0372 Subdivision of Building Spaces - Smoke Barrier Immediate corrective action for residents affected by deficient practice: Maintenance Director immediately on 01/06/2026 filled the penetration with fire rated caulk. Identify those individuals who could be affected by the deficient practice: All residents have the ability to be affected by this deficient practice. Measures put in place to ensure the deficient	02/25/2026

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K0372 SS = F Bldg. 01	Continued from page 2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable of restricting the transfer of smoke in accordance with NFPA 101 Life Safety Code (2012 edition) 8.5.2.2. This deficient practice had the potential to affect all 152 residents and was evidenced by the following: An observation on 01/06/26 at 3:10 PM of the smoke barrier located in the attic above Brighten rooms 216 and 217 revealed a two-inch circular electrical conduit and four low voltage wires penetrating the smoke barrier was not sealed. Continued observation revealed the smoke barrier was not protected by a system or material capable of restricting the transfer of smoke. During an interview at the time of the observation, the U.S. FOIA (b)(6) confirmed the penetrations in the smoke barrier were not protected by a system or material capable of restricting the transfer of smoke. NJAC 8:39-31.2(e)	K0372	Continued from page 2 practice will not occur for those residents affected: U.S. FOIA (b)(6) was educated by the facility administrator on 01/06/2026 regarding proper inspection and repair of smoke barrier penetrations. All other smoke barriers were inspected on 01/06/2026 by the Maintenance Director with no additional findings. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Maintenance Director will audit 3 smoke barriers weekly times four weeks and monthly times two months to check for penetrations. All audits will be brought to the QAPI committee, QAPI committee will meet monthly to review, and determine the need for additional audits.	02/25/2026
K0712 SS = F Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure the fire alarm system was used when conducting the fire drills between 06:00 AM and 09:00 PM in accordance with NFPA 101 Life Safety Code (2012 Edition) sections 19.7.1.6 and 19.7.1.4. This deficient	K0712	K0712 - Fire Drills Immediate corrective action for residents affected by deficient practice: This issue was identified through an audit conducted by the U.S. FOIA (b)(6) on 10/1/2025. Regional director of plant operations educated the contracted vendor and the facility U.S. FOIA (b)(6) on 10/2/2025 on the requirement of utilizing the fire alarm system when conducting fire drills between 6:00 AM and 9:00 PM. The facility ensured that the fire alarm system was used when conducting fire drills, on all fire drills conducted between 6:00 AM and 9:00 PM since 10/2/2025. Identify those individuals who could be affected by the deficient practice: All residents have the ability to be affected by this deficient practice.	02/25/2026

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K0712 SS = F Bldg. 01	Continued from page 3 practice had the potential to affect all 152 residents and was evidenced by the following: A review of the facility's untitled fire drill records provided by the facility revealed the facility conducted second shift fire drills on 02/24/25 at 06:30 PM and 05/25/25 at 05:15 PM; however, the facility failed to activate and use the fire alarm system during the drills. Additionally, the facility conducted first shift fire drills on 03/20/25 at 06:30 AM and 04/30/25 at 08:15 AM; however, it was documented the facility did not activate and use the fire alarm system during the fire drill. During an interview on 01/06/26 at 5:45 PM, the U.S. FOIA (b)(6) confirmed the fire drills were not conducted using the fire alarm system. NJAC 8:39-31.2(e)	K0712	Continued from page 3 Measures put in place to ensure the deficient practice will not occur for those residents affected: The U.S. FOIA (b)(6) was re-educated on 10/2/2025 by the regional director of plant operations on the requirement of utilizing the fire alarm system when conducting fire drills between 6:00 AM and 9:00 PM. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Maintenance Director or designee will audit the monthly fire drills for three months to ensure the fire alarm system is activated and used during drills. All audits will be brought to the QAPI committee, QAPI committee will meet monthly to review, and determine the need for additional audits.	02/25/2026

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 01/06/26. The facility was found to be in compliance with 42 CFR 483.73.	E0000		01/22/2026

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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 03/17/2026 in relation to the 01/08/2026 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		

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E0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 03/17/2026 in relation to the 01/08/2026 Emergency Preparedness survey. The facility was found to be in compliance with the requirement for participation in Medicare/Medicaid at 42 CFR, Subpart 483.73, Emergency Preparedness.	E0000		

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