STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315252	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Bayshore LLC	**715 NORTH BEERS STREET , HOLMDEL, New Jersey, 07733**

(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 Complaint #s 2619711,2633264,2655509, 399912, 399919 COMPLAINT SURVEY: 10/31/2025 & 11/3/2025 CENSUS: 145 SAMPLE SIZE: 4 The NJDOH conducted a Complaint survey on 10/31/2025 & 11/3/2025. The survey was officially completed on 11/17/2025. The survey was to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The facility was in compliance. No deficiencies were cited for this survey.	F0000		11/17/2025

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061342	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments The facility is not 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		11/25/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and review of pertinent facility documents, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 13 out of 14 day shifts reviewed. This deficient practice was evidenced by the following: 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 at 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: 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a	S0560	Residents affected by deficient practice: The facility failed to comply with applicable Federal, State, and local laws, rules, and regulations by not ensuring staffing ratios were met. No residents were identified to be affected by this deficient practice. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected by this deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice: The Administrator, Director of Nursing, and Staffing Coordinator were re-educated on the minimum staffing requirements. The facility has contracted with multiple staffing agencies to supplement their staff for the missing shifts in an effort to meet the staffing ratios. Measures or systemic changes to ensure that the deficiencies will not recur: The administrator/designee will participate in a weekly call for 3 months with a recruitment team to review open positions and recruitment tactics to improve hiring outcomes to meet the required staffing ratio.	11/28/2025

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: 061342	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Bayshore LLC	**715 NORTH BEERS STREET , HOLMDEL, New Jersey, 07733**

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S0560	Continued from page 1 CNA 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. The surveyor requested staffing for the weeks of 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows: -10/12/25 had 14 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/13/25 had 14 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/14/25 had 15 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/15/25 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/16/25 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/17/25 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. -10/18/25 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs. -10/19/25 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs. -10/20/25 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs. -10/21/25 had 12 CNAs for 138 residents on the day shift, required at least 17 CNAs. -10/22/25 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. -10/24/25 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs. -10/25/25 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs. A review of the undated facility's policy "Nursing Services and Sufficient Staff" revealed Policy Explanation and Compliance Guidelines: 1. The facility will supply services by sufficient numbers of each of the following personnel types on a 24-hour	S0560	Continued from page 1 The Administrator/designee will review the staffing sheets daily to ensure compliance with the staffing ratios. Results of audit will be shared by administrator or designee and reviewed with the IDT team at the Monthly Quality Assurance Meetings and any recommended actions will be implemented, as necessary.	11/28/2025

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S0560	Continued from page 2 basis to provide nursing care to all residents in accordance with resident care plans: a. Except when waived, licensed nurses; and b. other nursing personnel, including but not limited to nurse aides.	S0560		11/28/2025

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061342	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Bayshore LLC	**715 NORTH BEERS STREET , HOLMDEL, New Jersey, 07733**

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/4/2025 in relation to the 11/3/2025 State of New Jersey complaint 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		12/04/2025

Office of Primary Care and Health Systems Management

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