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 12/29/2025

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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F0000	INITIAL COMMENTS Complaint #: 2693202, 187913 Survey Dates: 12/29/25 Survey Census: 147 Sample Size: 8 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		02/06/2026
F0838 SS = D	Facility Assessment CFR(s): 483.71(a)(1)(3)(b)(1)(c)(1)-(5) §483.71 Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. §483.71(a) The facility assessment must address or include the following: §483.71(a)(1) The facility's resident population, including, but not limited to: (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population, using evidence-based, data-driven "methods" that considering the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and	F0838	Based on interview and review of facility documents, it was determined that the facility failed to ensure that the facility-wide assessment identified the required services and procedures necessary for ventilator-dependent residents. No residents were negatively affected by this deficient practice. The Facility Assessment was updated to include specifics related to the ventilator dependent patients on our ventilator unit. All residents on the vent unit have the potential to be affected by this deficient practice. Facility leadership was in-serviced on the importance of ensuring that the Facility Assessment is comprehensive, and addresses all of the requirements needed to care for each specific population of residents at the facility. The facility assessment will be audited monthly times 3 months, then quarterly times 4 quarters by the Administrator or designee. Findings will be presented by the Administrator or designee and discussed with the QAPI team during monthly QAPI meetings. The QAPI committee will determine if any further action is needed.	02/06/2026

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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F0838 SS = D	Continued from page 1 informed by individual resident assessments as required under § 483.20; (iii) The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population; (iv)The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services. §483.71(a)(2) The facility's resources, including but not limited to the following: (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non- medical); (iii) Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies; (iv) All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. §483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1). § 483.71(b) In conducting the facility assessment, the facility must ensure:	F0838		

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F0838 SS = D	Continued from page 2 § 483.71(b)(1) Active involvement of the following participants in the process: (i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and (ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable. (iii) The facility must also solicit and consider input received from residents, resident representatives, and family members. §483.71(c) The facility must use this facility assessment to: §483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3). §483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population. §483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population. §483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff. §483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care. This REQUIREMENT is NOT MET as evidenced by: Based on interview and review of facility documents, it was determined that the facility failed to ensure that	F0838		

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F0838 SS = D	Continued from page 3 the facility-wide assessment identified the required services and procedures necessary for ventilator-dependent residents. This deficient practice was identified by the following: On 12/26/25, the surveyor requested a copy of the Facility Assessment (FA). On 12/30/25, the surveyor reviewed the FA dated completed 9/30/25. The FA under “Part 1: Our Resident Profile” indicated that the facility is licensed to provide care for 232 residents but did not specify that the facility has a license for 220 long-term care beds and 12 ventilator care beds. The FA under, “Diseases/conditions, physical and cognitive disabilities”, of the FA the facility identified under “Category”, respiratory system and under “Common Diagnoses”, Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure. Ventilator-dependent residents were not included. The FA under “Decisions regarding caring for residents with conditions not listed above”: 1.4 Complete Care at Bayshore will make every effort to make sound admission decisions regarding caring for residents with conditions not listed above. Facility administration and the clinical team will review all pertinent medical information of the pending admission. The facility team review will evaluate if the specific needs of the pending admission can be met and what resources will be needed to best meet their specific needs. The facility staff will receive continuing education of the new condition and all needed equipment (if applicable). Educational resources would not be limited to in-services education from the facility educator and will have additional educational support from any provisional vendor. Ventilator-dependent residents were not included. The FA under, “Resident support/care needs”, did not include ventilator-dependent residents. The FA under, “Staff training/education and competencies”, did not include ventilator-dependent residents. The FA under, “Physical environment and building/plant needs”: 3.8. Complete Care at Bayshore physical resources typically provided are listed below. Additional resources that are atypical may be provided	F0838		

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F0838 SS = D	Continued from page 4 on as-needed basis. This can be through rentals with various equipment rental agencies that the facility has a relationship with. The facility's purchasing department ensures our facility has adequate supplies through our ordering process and vendor relationships. Complete Care at Bayshore ensures equipment is maintained and monitored to protect and promote the health and safety of our residents… Ventilator-Dependent equipment was not included. On 12/29/25 at 12:07 PM, the surveyor interviewed the U. S. FOIA (b) (2)) with the U. S. FOIA (b) (2) and the U. S. FO . The U. S. FOIA (b) confirmed that the FA was up to date from 9/30/25 (?). The surveyor handed all three individuals the facility assessment and requested identification of vent specific or related assessments. The U. S. FOI stated this was covered under "respiratory". The surveyor requested identification for vent specific planning and licensing, the U. S. FOIA stated that overall capacity encompassed the ventilator specific licensing and was comprehensive. She further stated that the components regarding ventilator residents were present but that the FA could elaborate more. On 12/29/25 at 1:08 PM, in an interview at the exit conference that included the U. S. FOIA (b) (2) the surveyor informed the facility that there were concerns related to the FA. The U. S. FOI stated that federal regulations require one facility assessment and that there is nothing stating specifics regarding vents. She further stated that the facility would tighten up their FA but that they are not required to according to regulations. NJAC 8:39-5.1(a)	F0838		

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S0000	Initial Comments 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.	S0000		02/06/2026
S0035	Licensure Procedure CFR(s): 8:39-2.4(c) The facility shall accept no more than that number of residents for which it is approved and/or licensed. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews and review of facility documentation, it was determined that the facility failed to comply with New Jersey licensure requirements under N.J.A.C. 8:39-2.4 (c), by operating beyond the scope of its licensed capacity and approved services. Specifically, the facility admitted and maintained ventilator-dependent residents more than the number of ventilator beds authorized on its current license. This deficient practice was identified for 7 of 7 ventilator-dependent residents reviewed. Review of the facility's New Jersey Department of Health license dated 4/1/25 revealed the facility was licensed for a total of 220 long-term care beds, including approval for 12 ventilator care beds. Review of the facility census, related to ventilator-dependent residents, dated November and December of 2025 showed the facility housed 13 ventilator-dependent residents, exceeding the licensed ventilator bed capacity by 1. This occurred on 18/59 days reviewed. Medical record review confirmed these residents required continuous mechanical ventilation.	S0035	Based on interviews and review of facility documentation, it was determined that the facility failed to comply with New Jersey licensure requirements under N.J.A.C. 8:39-2.4 (c), by operating beyond the scope of its licensed capacity and approved services. Specifically, the facility admitted and maintained ventilator-dependent residents more than the number of ventilator beds authorized on its current license. This deficient practice was identified for 7 of 7 ventilator-dependent residents reviewed. Review of the facility's New Jersey Department of Health license dated 4/1/25 revealed the facility was licensed for a total of 220 long-term care beds, including approval for 12 ventilator care beds. Review of the facility census, related to ventilator-dependent residents, dated November and December of 2025 showed the facility housed 13 ventilator-dependent residents, exceeding the licensed ventilator bed capacity by 1. This occurred on 18/59 days reviewed. Medical record review confirmed these residents required continuous mechanical ventilation. This deficient practice had been identified by the center and corrective action was taken to ensure that the center did not have more than 12 ventilator dependent residents on the unit. No residents were negatively affected by this deficient practice. All ventilator dependent residents had the potential to be affected by this deficient practice. Administrator, DON, Admissions Director, SW Director, Vent Unit Manager, Respiratory Therapy and Rehab Director were in-serviced by the RDO on the bed	02/06/2026

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S0035	Continued from page 1 On 12/29/25 at 10:41 AM, the surveyor interviewed the Director of Nursing (DON). The DON confirmed that she was familiar with the facility's license for ventilator-care beds and stated that the facility was licensed for 12. The DON originally denied that the facility had more than 12 ventilator care residents and stated, "We have not had more than 12 vented residents in the past week or two". The surveyor specified if the facility had more than 12 vented residents since the DON began in NJ Ex Order 26, 4B1 The DON acknowledged the facility had more than 12 vented residents when she started in NJ Ex Order 26 On 12/29/25 at 11:11 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA). The LNHA stated that the licensure for ventilator beds for the facility was for 12. He also acknowledged that he was aware that the facility operated outside of the authorized licensure for ventilator care beds. Operating beyond the licensed scope limited regulatory oversight and created risk to residents related to insufficient staffing, inadequate emergency preparedness, and lack of assurance that equipment, competencies, and resources required for ventilator-dependent care were available and approved. Ventilator-dependent residents require specialized staffing, monitoring, and emergency response capability, and the failure to operate within licensed parameters placed residents at risk for serious harm. The facility failed to maintain compliance with N.J.A.C. 8:39-2.4 (c), by operating outside the scope of its New Jersey Department of Health license. This failure resulted in the provision of care without appropriate licensure approval and created unsafe conditions for ventilator-dependent residents.	S0035	Continued from page 1 management process and ensuring that the center does not exceed their licensed capacity of 12 ventilator dependent patients. Administrator or designee will complete weekly audits times 4 weeks, then monthly times 3 months. Findings will be presented by the Administrator or designee and discussed with the QAPI team during monthly QAPI meetings. The QAPI committee will determine if any further action is needed.	
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 interviews and review of facility documents on 12/7/25-12/20/25, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include:	S0560	1. 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. 2. All residents have the potential to be affected by this deficient practice. 3. The Administrator, Director of Nursing, and Staffing Coordinator were re-educated on the minimum staffing requirements. The facility has contracted with multiple staffing	02/12/2026

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S0560	Continued from page 2 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: 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. For the complaint staffing from 12/7/25-12/20/25, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -12/7/25 had 14 CNAs for 157 residents on the day shift, required at least 20 CNAs. -12/8/25 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs. -12/9/25 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs. -12/10/25 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs. -12/11/25 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs. -12/12/25 had 16 CNAs for 153 residents on the day shift, required at least 19 CNAs. -12/13/25 had 17 CNAs for 153 residents on the day shift, required at least 19 CNAs. -12/14/25 had 10 CNAs for 153 residents on the day shift, required at least 19 CNAS. -12/15/25 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs.	S0560	Continued from page 2 agencies to supplement their staff for the missing shifts in an effort to meet the staffing ratios. 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.The Administrator/designee will review the staffing sheets daily to ensure compliance with the staffing ratios. 4. The administrator/designee will review the minutes from resident council to determine whether any concerns regarding care and services are identified monthly for three months and then quarterly or 4 quarters.Results of audit will be shared by Administrator or designee and reviewed with the IDT team at the Monthly Quality Assurance Meeting times 12 months. Any recommended actions from IDT team will be implemented as necessary.	

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S0560	Continued from page 3 -12/16/25 had 17 CNAs for 151 residents on the day shift, required at least 19 CNAs. -12/17/25 had 17 CNAs for 151 residents on the day shift, required at least 19 CNAs. -12/18/25 had 16 CNAs for 151 residents on the day shift, required at least 19 CNAs. -12/19/25 had 18 CNAs for 155 residents on the day shift, required at least 19 CNAs. -12/20/25 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs.	S0560		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 2.13.26 in relation to the 12.9.25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		02/13/2026

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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New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 2.13.26 in relation to the 12.29.25 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		02/13/2026

Office of Primary Care and Health Systems Management

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