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 02/20/2026

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: 2736805, 2745688, 2736902 Survey date: 02/20/2026 Census: 146 Sample Size: 8 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		03/11/2026

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: 061342	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments COMPLAINT #: 2736805, 2736902, 2745688 CENSUS:146 SAMPLE SIZE:8 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		03/11/2026
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: Complaint #: 2736805, 2736902, 2745688 Based on review of facility documents on 03/02/2026 it was determined that the facility failed to ensure staffing ratios were met for 13 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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	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 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.	03/12/2026

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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 02/20/2026

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 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 2 weeks of complaint staffing from 02/1/2026-02/14/2026, the facility was deficient in CNA staffing for 13 of 14 day shifts as follows: On 02/01/2026 had 15 CNAs for 156 residents on the day shift, required at least 19 CNAs. On 02/02/2026 had 17 CNAs for 153 residents on the day shift, required at least 19 CNAs. On 02/03/2026 had 18 CNAs for 151 residents on the day shift, required at least 19 CNAs. On 02/04/2026 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. On 02/05/2026 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. On 02/06/2026 had 17 CNAs for 147 residents on the day shift, required at least 18 CNAs. On 02/07/2026 had 17 CNAs for 144 residents on the day shift, required at least 18 CNAs. On 02/08/2026 had 17 CNAs for 144 residents on the day shift, required at least 18 CNAs. On 02/10/2026 had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs. On 02/11/2026 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs. On 02/12/2026 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs. On 02/13/2026 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.	S0560	Continued from page 1 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.	03/12/2026

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S0560	Continued from page 2 On 02/14/2026 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.	S0560		03/12/2026

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 03/24/2026

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 03/24/2026 in relation to the 02/20/2026 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		03/25/2026

Office of Primary Care and Health Systems Management

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