STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315252	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BAYSHORE LLC	**715 NORTH BEERS STREET HOLMDEL, NJ 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
F 000	INITIAL COMMENTS Complaint # NJ162248 Census: 132 Sample: 8 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		

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

Electronically Signed | 03/30/2023

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061342	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BAYSHORE LLC	715 NORTH BEERS STREET HOLMDEL, NJ 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) COMPLETE DATE
S 000	Initial Comments Complaint # NJ162248 Census: 132 Sample: 8 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: COMPLAINT # 162248 Based on observation, interview, and review of pertinent facility documentation, 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. This deficient practice was evidenced by the following. Reference: New Jersey Department of Health	S 560	* The Director immediately called a new staffing company for support. * The Director of Nursing called two current staffing agencies for additional support. * The staffing agency will block a schedule for the open positions to cover for the vacancies. * The Director of Nursing reviewed and provided the Staffing Coordinator a staffing ratio template with	3/31/23

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

Electronically Signed | 03/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061342	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BAYSHORE LLC	715 NORTH BEERS STREET HOLMDEL, NJ 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) COMPLETE DATE
S 560	Continued From page 1 (NJDOH) memo, dated 1/28/21, "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 2/01/21: One Certified Nurse Aide (CNA) to every eight residents for the day shift. A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the weeks of 02/26/2023 to 03/04/2023 and 03/05/2023 to 03/11/2023 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements in CNA staffing for residents on 13 of 14 day shifts as follows: -02/26/23 had 12 CNAs for 129 residents on the day shift, required 16 CNAs. -02/27/23 had 12 CNAs for 129 residents on the day shift, required 16 CNAs. -02/28/23 had 15 CNAs for 129 residents on the day shift, required 16 CNAs. -03/02/23 had 15 CNAs for 129 residents on the day shift, required 16 CNAs. -03/03/23 had 14 CNAs for 129 residents on the day shift, required 16 CNAs. -03/04/23 had 10 CNAs for 131 residents on the day shift, required 16 CNAs. -03/05/23 had 13 CNAs for 129 residents on the day shift, required 16 CNAs. -03/06/23 had 14 CNAs for 129 residents on the day shift, required 16 CNAs. -03/07/23 had 15 CNAs for 129 residents on the day shift, required 16 CNAs.	S 560	required staff per shift. All the residents may be affected by this practice. * The Regional Clinical Consultant will in-service the Staffing Coordinator on State Regulation S 560 Staffing. * The Director of Nursing and Administrator will maintain multiple contacts with staffing agencies to meet required staffing ratios and review as necessary. * The Director of Nursing will meet daily with the Staffing Coordinator to review the staffing ratios. * If staffing deficits on master staffing schedule are identified, the Staffing Coordinator will communicate all unfilled shifts to in-house staff for coverage 2 weeks in advance. * The Administrator and DON will partner with vocational schools. * The recruitment department will continue to offer a sign-on bonus for new hires. * Administrator will work with the recruitment department to simplify the hiring process and expedite the potential candidates, to enable us to hire upon interview. * The Administrator will continue to make efforts to retain staff by way of employee engagement events. * The Staffing Coordinator will audit the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061342	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BAYSHORE LLC	715 NORTH BEERS STREET HOLMDEL, NJ 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) COMPLETE DATE
S 560	Continued From page 2 -03/08/23 had 14 CNAs for 129 residents on the day shift, required 16 CNAs. -03/09/23 had 11 CNAs for 129 residents on the day shift, required 16 CNAs. -03/10/23 had 15 CNAs for 129 residents on the day shift, required 16 CNAs. -03/11/23 had 12 CNAs for 131 residents on the day shift, required 16 CNAs. During an interview with the surveyor on 3/13/23 at 12:40 PM, the staffing coordinator stated that the facility uses contracted agencies to meet the staffing demands. She continued to state she is aware of the mandated ratio and the CNA to resident ratio was not met for day shift today (3/13/23). The facility's Licensed Nursing Home Administrator, Director of Nursing, Regional Clinical Support, and Director of Clinical Services were informed of their deficient practice on 3/14/23 at 3:17 PM.	S 560	staffing for 6 shifts for 4 weeks then monthly for 3 months then quarterly. * The DON will submit the audit report to the Quality Assurance Improvement Committee.	