STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315501	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Wall LLC	**1725 MERIDIAN TRAIL , WALL, New Jersey, 07719**

(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 Census: 75 Sample: 7 Complaint #: 2579537, 2740969, 2794629, 2993624 A complaint survey was conducted at Complete Care at Wall on 04/29/2026 through 05/08/2026, to determine compliance with 42 CFR Part 483 requirements for Long-Term Care Facilities. During the survey, a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.45(f)(2) F760, as the facility failed to ensure a nurse (Licensed Practical Nurse #1) identified a resident prior to administering medication to the resident. Resident #2 was given NJ Ex Order 26, 4B1 that was prescribed for another resident (Resident #1). On 12/25/2025, LPN #1 administered NJ Ex Order 26, 4B1 to Resident #2. The medication was prescribed for Resident #1. LPN #1 realized the error and immediately administered NJ Ex Order 26 to Resident #2. NJ Ex Order 26 is a medication designed to NJ Ex Order 26, 4B1 NJ Ex Order 26 Resident #2 was sent by ambulance to the hospital Emergency Department (ED) for evaluation and was admitted. The facility Administration was notified of the IJ and provided the IJ template on 04/29/2026 at 6:02 PM. The facility submitted an acceptable removal plan (RP) on 05/07/2026 at 4:27 PM, indicating the action the facility took to prevent serious harm from occurring or recurring. The RP included: On 12/25/2025, the facility administered NJ Ex Order 26 to Resident #2 and sent them to the ED. On 12/25/2025, other residents on LPN #1's	F0000		06/16/2026

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: 315501	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/08/2026

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F0000	Continued from page 1 assignment were evaluated, and no concerns were identified. On 12/25/2025, LPN #1 was removed from the assignment and blocked from returning to the facility. On 12/25/2025, house-wide education of licensed nurses on medication administration and medication errors was initiated and completed on 12/29/2025. The facility submitted an action plan on 05/08/2026 indicating further actions the facility took to prevent serious harm from occurring or recurring. The action plan included: On 12/25/2025, house-wide education of licensed nurses on name band identification was initiated and completed on 12/29/2025. On 12/25/2025, house-wide audits of name identification bands were initiated and continued weekly for 4 weeks, then monthly for two months. On 12/25/2025, house-wide education on [redacted] administration was initiated and completed on 12/31/2025. The IJ is Past Non-Compliance. The surveyor verified the implementation of the removal plan on site on 05/08/2026 and determined that there is sufficient evidence that the facility corrected the noncompliance on 12/31/2025 and is in substantial compliance at the time of the current survey for the specific regulatory requirement for F760.	F0000		06/16/2026
F0760 SS = SQC-J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Complaint #: 2993624 Based on interviews, medical record reviews, and review of other pertinent facility documents on 04/29/2026, it was determined that the facility failed to ensure a nurse (Licensed Practical Nurse #1)	F0760	"Past Noncompliance - no plan of correction required"	06/16/2026

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F0760 SS = SQC-J	Continued from page 2 identified a resident prior to administering medication to the resident. Resident #2 was given NJ Ex Order 26, 4B1 that was prescribed for another resident (Resident #1). On 12/25/2025, LPN #1 administered NJ Ex Order 26, 4B1 to Resident #2. The medication was prescribed for Resident #1. LPN #1 realized the error and immediately NJ Ex Order 26, 4B1 to Resident #2. NJ Ex Order 26, 4B1 Resident #2 was sent by ambulance to the hospital Emergency Department (ED) for evaluation and was admitted. The facility self-corrected and put themselves back in compliance to prevent serious harm from occurring or recurring on 12/31/2025 when house-wide education of licensed nurses was completed. The IJ was Past Non-Compliance (PNC). This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed for medication administration. The evidence was as follows: A review of the facility policy titled "Medication Administration" with a reviewed/revised date of 10/20/2025 revealed under "Policy" that medications were administered by licensed nurses, or other authorized staff, as ordered by the physician and in accordance with professional standard of practice. Under "Policy Explanation and Compliance Guidelines" the facility policy revealed "10. Ensure that the six rights of medication administration are followed: a. Right resident b. Right drug c. Right dosage d. Right route e. Right time f. Right documentation" A review of the facility policy titled "Medication Errors" with a reviewed/revised date of 10/01/2025 revealed under "Policy" that it was the policy of the facility to provide protection for the health, welfare, and rights of each resident by ensuring residents received care and services safely in an environment that was free of significant medication errors. Under "Definitions" the facility policy revealed that a significant medication error was one that caused a resident discomfort or jeopardized their health and safety. Under "Policy Explanation and Compliance Guidelines" the facility policy revealed, "1. The facility shall ensure medications will be administered as follows: a. According to physician's orders. […] c. In accordance with accepted standards and principles which apply to professionals providing services."	F0760		06/16/2026

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F0760 SS = SQC-J	Continued from page 3 According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses including but not limited to NJ Ex Order 26, 4B1 [redacted]. A review of Resident #1's "Order Summary Report (OSR) which contained active, completed, and discontinued orders revealed a physician order (PO) for NJ Ex Order 26, 4B1 [redacted] give NJ Ex Order 2 [redacted] by NJ Ex Order 26, 4B1. The Medication Administration Record (MAR) for Resident #1 was reviewed for NJ Ex Order 26, 4B1. The MAR revealed that on NJ Ex Order 26, 4B1 the code "7" was entered by LPN #1 for Resident #1's 9:00AM NJ Ex Orde [redacted] Further review of the MAR revealed that the code "7" meant "Other/See Nurse Notes". Progress Notes (PN) for Resident #1 were reviewed. A medication administration note written by LPN #1 and dated NJ Ex Order 26.4(b)(1) at 8:50 AM revealed that Resident #1's 9:00 AM NJ Ex Order 26, 4B1 [redacted] was not available. According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses including but not limited to NJ Ex Order 26, 4B1 [redacted]. According to the comprehensive Minimum Data Set, an assessment tool dated NJ Ex Order 26, 4B1, Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26, 4B1 which indicated the resident's NJ Ex Order 26, 4B1 [redacted].	F0760		06/16/2026

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F0760 SS = SQC-J	Continued from page 4 A review of Resident #2's OSR which contained active, completed, and discontinued orders revealed no POs for NJ Ex Order 26, 4B1 [redacted] The PNs for Resident #2 were reviewed. A PN written by LPN #1 on NJ Ex Order 26.4(b)(1) at 12:03 PM revealed that Resident #2 received NJ Ex Order 26, 4B1 [redacted] he PN further revealed that NJ Ex Order 26, 4B1, and the resident was sent to the ED for evaluation. A facility incident report (IR) titled "Med error: (wrong resident)" dated NJ Ex Order 26.4(b)(1) at 10:00 AM was reviewed. The facility IR revealed that the resident involved was Resident #2 and the location was Resident #2's room. The IR revealed under "Incident Description" that the nurse asked Resident #2 if they were Resident #1 and Resident #2 stated "yes," then Resident #1 requested NJ Ex Order 26, 4B1. An "Incident/Accident Staff/Resident/Witness Statement" (IASRWS) form signed by LPN #1, with Resident #2's name and an incident date of NJ Ex Order 26, 4B1 on top was reviewed. The IASRWS revealed Resident #2 received NJ Ex Order 26, 4B1 [redacted] The IASRWS further revealed that the resident showed no NJ Ex Order 26, 4B1, the resident received NJ Ex Order 26, the physician was notified, and the resident was sent to the ED. A hospital physician note (HPN) dated NJ Ex Order 26, 4B1 [redacted], was reviewed. The HPN revealed that Resident #2 was admitted to the ED on NJ Ex Order 26, 4B1 NJ Ex Order 26, 4B1 due to NJ Ex Order 26, 4B1 [redacted]. The HPN revealed that the resident was very sleepy in the ED. The surveyor attempted to contact LPN #1 for an interview but was unsuccessful. An interview was conducted with the U. S. FOIA (b) (2) [redacted] on 04/29/2026 at 2:51 PM. The U. S. FOIA confirmed that on NJ Ex Order 26.4(b)(1) Resident #2 was administered NJ Ex Order 26, 4B1 that was ordered for Resident #1. The U. S. FOIA stated that the expectation was for medications to be administered according to physician orders and the six rights of medication administration. The U. S. FOIA stated that the expectation	F0760		06/16/2026

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F0760 SS = SQC-J	Continued from page 5 was that residents were identified by their identification bracelets and by their photo in the electronic medical record. The [U. S. FOIA] stated that if this was done, the medication error would not have occurred. The [U. S. FOIA] further stated that administering methadone to the wrong resident could result in lethargy, changes in mental status, changes in level of consciousness, and respiratory depression which could result in serious harm. A review of the facility document titled "Licensed Practical Nurse Job Description" revealed under "Major Duties and Responsibilities" that the LPN prepares and administers medications as per physicians' orders and observes adverse effects as indicated. The facility submitted an acceptable removal plan (RP) on 05/07/2026 at 4:27 PM, indicating the action the facility took to prevent serious harm from occurring or recurring. The RP included: On [NJ Ex Order 26.4(b)(1)] the facility administered [NJ Ex Order 26.] to Resident #2 and sent them to the [NJ Ex O] On [NJ Ex Order 26.4(b)(1)], other residents on LPN #1's assignment were evaluated, and no concerns were identified. On [NJ Ex Order 26.4(b)(1)], LPN #1 was removed from the assignment and blocked from returning to the facility. On 12/25/2025, house-wide education of licensed nurses on medication administration and medication errors was initiated and completed on 12/29/2025. The facility submitted an action plan on 05/08/2026 indicating further actions the facility took to prevent serious harm from occurring or recurring. The action plan included: On 12/25/2025, house-wide education of licensed nurses on name band identification was initiated and completed on 12/29/2025. On 12/25/2025, house-wide audits of name identification bands were initiated and continued weekly for 4 weeks, then monthly for two months. On 12/25/2025, house-wide education on [NJ Ex Order 26. 4B1] administration was initiated and completed on 12/31/2025.	F0760		06/16/2026

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F0760 SS = SQC-J	Continued from page 6 This IJ is Past Non-Compliance. The surveyor verified the implementation of the removal plan on site on 05/08/2026 and determined that there is sufficient evidence that the facility corrected the noncompliance on 12/31/2025 and is in substantial compliance at the time of the current survey for the specific regulatory requirement for F760. NJAC 8:39-29.2 (d)	F0760		06/16/2026
F0692 SS = D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is NOT MET as evidenced by: COMPLAINT#: 2794629 Based on interview, review of medical records and other pertinent facility documents on 4/29/26, it was determined that the facility failed to monitor a resident's [NJ Ex Order 2] upon admission, and then weekly for 4 weeks in accordance with facility protocols and professional standards of practice. This deficient practice was identified for 1 of 3 residents (Resident #7) reviewed and was evidenced by the following:	F0692	1. Immediate corrective action for residents affected by deficient practice: Resident #7 discharged from the facility on [NJ Ex Order 26, 4B1] 2. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected by this deficient practice 3. Measures put in place to ensure the deficient practice will not recur for those residents affected: Director of Nursing or designee completed audit of residents currently in the facility for missing weights on [NJ Ex Order 26, 4] Director of Nursing or designee initiated in-services on 5/26/26 to [U. S. FOIA (b) (2)], Licensed nursing staff and Certified Nursing Assistants on facility Weight Assessment and Intervention policy. 4. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Registered Dietitian or designee will audit to ensure weights are received timely for residents daily for 5 days, weekly for 3 weeks, then monthly for 2 months. Results of audits will be reported to the Administrator and reviewed at the Quality	06/16/2026

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F0692 SS = D	Continued from page 7 Resident #7 was not at the facility at the time of the survey. A closed record review was conducted. A review of the Admission Record revealed that Resident #7 was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26, 4B1 According to the comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26, Resident #7 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26, 4B1 indicating the resident's NJ Ex Order 26, 4B1. Further review of the MDS revealed that a NJ Ex Order 2 of NJ Ex Order 26 was entered on NJ Ex Order 26 for the resident. A review of Resident #7's Nursing Comprehensive Assessment, dated NJ Ex Order 26, did not include a NJ Ex Order 2 for the resident. A review of Resident #7's electronic medical record revealed NJ Ex Order 26 for the resident as follows: -NJ Ex Order 26, 4B1] -NJ Ex Order 26, 4B1] A review of Resident #7's Progress Notes (PN) for NJ Ex Order 26, 4B1 revealed a NJ Ex Order 26 note dated NJ Ex Order 26, that indicated the resident's admission NJ Ex Order 2 was obtained for the resident on, "…1/13 = # NJ Ex Order NJ Ex Order 26, 4B NJ Ex O = NJ Ex Order." There were no additional NJ Ex Order 26 documented in the resident's medical record. An interview was conducted on 4/29/26 at 1:06 PM with Licensed Practical Nurse (LPN #2) who stated that a resident's NJ Ex Order 2 was to be obtained within twenty-four hours of admission, and then weekly for four weeks. She further stated that if a resident refused to be NJ Ex Order 26.4 that this should be documented by the nurse and reported to the U. S. FOIA (b) (2) In the presence of the surveyor, LPN #2 reviewed NJ Ex Order 26 for Resident #7 and stated that the resident was missing an admission NJ Ex Order 2 and a weekly NJ Ex Order 2 NJ Ex Order 26, 4B She stated that if the resident refused, that should have been documented in a nursing note, and it should have been reported to the U. S. FOIA (b) (2)	F0692	Continued from page 7 Assurance Meeting for three months and over the duration of the audit process to ensure compliance and reassessed for further action.	06/16/2026

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F0692 SS = D	Continued from page 8 An interview was conducted on 4/29/26 at 2:10 PM with the [redacted] who stated that resident's [redacted] is usually taken within twenty-four hours of admission, and weekly for four weeks, unless otherwise ordered. She further stated that obtaining resident [redacted] were important to monitor whether a resident was gaining and/or losing [redacted]. She stated that a list of residents needing their [redacted] to be checked is kept on each unit so that staff were aware to check the [redacted] and to document them. The [redacted] stated that staff were to inform her if any resident refused to be [redacted] so that she could follow-up. In the presence of the surveyor the [redacted] reviewed Resident #7's Face Sheet which indicated their admission date, along with her PN which showed the [redacted] were not in the medical record. The [redacted] confirmed that there was no [redacted] documented for Resident #7's initial twenty-four hours of admission and none for the week of [redacted]. The [redacted] stated that she was not sure if the [redacted] had been obtained, but that if they had they should have been documented. A joint interview was conducted on 4/29/26 at 4:37 PM with the [redacted] and the [redacted]. The [redacted] stated that an admission [redacted] was important to obtain because it established a baseline for the residents. She further stated that weekly [redacted] reflected the resident's [redacted] status which could affect their health status. The [redacted] stated that an admission [redacted] should have been obtained and documented and that weekly [redacted] should have been obtained for the first four weeks of the Resident #7's stay, including the week of [redacted]. She stated that she was not sure why these were not recorded for the resident because if the resident refused, this should have been documented. A review of the facility's undated "Weight Assessment and Intervention" policy revealed that weights should be obtained by staff at the time of admission and then weekly for four weeks. N.J.A.C. 8:39-27.1(a)	F0692		06/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13301	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/08/2026

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S0000	Initial Comments Census: 75 Sample: 7 Complaint #: 2579537, 2740969, 2794629, 2993624 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		06/16/2026
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 #: 2579537, 2740969, 2794629, 2993624 Based on review of facility documents on 05/19/2026 it was determined that the facility failed to ensure staffing ratios were met for 12 of 28 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 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:	S0560	1. Immediate corrective action for residents affected by deficient practice: The facility currently staffs according to New Jersey Regulations and based on care needs of residents. 2. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected by this deficient practice. 3. Measures put in place to ensure the deficient practice will not recur for those residents affected: Staffing Coordinator received re-education by Director of Nursing on 5/27/26 for state regulation of staffing ratios. The facility continues to actively fill all opened CNA (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with the Staffing Coordinator who was able to reiterate minimum staffing requirements for nursing homes. The facility Labor Management Team is focusing on recruitment and retention strategies by Identifying	06/16/2026

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

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Complete Care at Wall LLC	**1725 MERIDIAN TRAIL , WALL, New Jersey, 07719**

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S0560	Continued from page 1 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 1 week of complaint staffing from 01/25/2026 to 01/31/2026, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: On 01/25/2026 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs. On 01/26/2026 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. On 01/27/2026 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. On 01/31/2026 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs. For the 1 week of complaint staffing from 02/08/2026 to 02/14/2026, the facility was deficient in CNA staffing for resident son 3 of 7 day shifts as follows: On 02/12/2026 had 9 CNAs for 87 residents on the day shift, required at least 11 CNAs. On 02/13/2026 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. On 02/14/2026 had 6 CNAs for 87 residents on the day shift, required at least 11 CNAs. For the 2 weeks of staffing prior to survey from 04/12/2026 to 04/25/2026, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: On 04/12/2026 had 7 CNAs for 76 residents on the day shift, required at least 9 CNAs. On 04/17/2026 had 9 CNAs for 78 residents on the	S0560	Continued from page 1 vacant positions and attempting to fill positions with current CNA staff or agency. The Labor Management Team collaborates with the Corporate Recruiter to advertise, recruit, and hire sufficient CNA staff. The Labor Management Team continues to develop programs to attract and retain Certified Nursing Assistants. Examples of which include shift bonuses and collaborating with CNA schools to offer facility paid schooling. Partner with local CNA class instructors to identify potential students. In addition, the facility Labor Management Team promotes in-house programs to increase retention of current staff. 4. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Labor Management Team meets weekly to review the effectiveness of recruitment and retention programs and open labor positions. The findings from these meetings will be reviewed Monthly x 3 months to the Quality Assurance Committee. Based upon the results of the findings, the Quality Assurance Committee will determine whether ongoing submission and reporting is needed.	06/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13301	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Wall LLC	**1725 MERIDIAN TRAIL , WALL, New Jersey, 07719**

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S0560	Continued from page 2 day shift, required at least 10 CNAs. On 04/20/2026 had 8 CNAs for 78 residents on the day shift, required at least 10 CNAs. On 04/21/2026 had 9 CNAs for 78 residents on the day shift, required at least 10 CNAs. On 4/22/2026 had 9 CNAs for 78 residents on the day shift, required at least 10 CNAs.	S0560		06/16/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315501	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Wall LLC	**1725 MERIDIAN TRAIL , WALL, New Jersey, 07719**

(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 An offsite/desk review of the facility's Plan of Correction was conducted on 06/17/2026 in relation to the 05/08/2026 complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		06/17/2026

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13301	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 06/17/2026 in relation to the 05/08/2026 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		06/17/2026

Office of Primary Care and Health Systems Management

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