

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20C100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2025
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT VICTORIA COMMONS, L	STREET ADDRESS, CITY, STATE, ZIP CODE 610 TOWNBANK ROAD NORTH CAPE MAY, NJ 08204
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(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
A 000	<p>Initial Comments</p> <p>Initial Comments: CENSUS: 66 SAMPLE SIZE: 5</p> <p>TYPE OF SURVEY: Standard Survey of 70 residential units</p> <p>The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p> <p>A Life Safety Code Survey was conducted by the State Agency on 11/18/2025. The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs.</p>	A 000		
A1225	<p>8:36-17.3(b)(8)(i-ii) Housekeeping-Sanitation-Safety-Maintenance</p> <p>(b) The following safety conditions shall be met:</p> <p>8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition;</p>	A1225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/14/26

New Jersey Department of Health

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A1225	<p>Continued From page 1</p> <p>i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and</p> <p>ii. The written statement shall be available for review by the Department during survey.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and facility document review, the facility failed to ensure a licensed electrician annually inspected and provided a written statement that all electrical circuits/wiring were in safe condition. This deficient practice had the potential to affect all 70 residents who currently resided in the facility.</p> <p>Findings included:</p> <p>An "Annual Electrical Inspection Certificate" dated 08/11/2017 revealed an electrical contractor performed a visual electrical inspection at the facility. The certificate indicated it was good for one year from the date listed.</p> <p>During an interview on 11/18/2025 at 11:00 AM, the Director of Maintenance (DOM) stated he was not aware that an annual electrical inspection was</p>	A1225		

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A1225	Continued From page 2 required. He stated he did not have documentation of an annual electrical inspection for 2024 and indicated the last documented inspection in the facility's life safety code binder was dated 08/11/2017. During an interview on 11/18/2025 at 2:04 PM, the Administrator stated she was aware that an annual electrical inspection was required to be completed and thought it had been done in 2024; however, she stated the only documentation the facility had was for 08/11/2017. She stated she did not have a policy regarding annually inspecting the electrical system. She stated she expected the facility to follow all National Fire Protection Association (NFPA) codes and standards.	A1225		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility	A1249		

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A1249	<p>Continued From page 3</p> <p>document review, the facility failed to ensure a diesel fuel quality analysis test was conducted annually for 22 of 22 months, failed to ensure an annual inspection of fire door assemblies was completed for 22 of 22 months, and failed to ensure the sprinkler heads in 1 of 1 kitchen and 3 of 3 resident laundry rooms were free of corrosion and debris. These deficient practices had the potential to affect all 70 residents who currently resided in the facility.</p> <p>Findings included:</p> <p>A "Preventative Maintenance Check List," dated 11/13/2024 and 10/31/2025, revealed an inspection of the generator was completed; however, there was no documented evidence that a diesel fuel quality analysis test was performed.</p> <p>The facility's life safety code binder, presented by the Director of Maintenance (DOM) revealed no documented evidence that an annual inspection of the fire door assemblies was completed for 2024.</p> <p>An observation on 11/18/2025 at 12:13 PM revealed eight sprinkler heads in the kitchen had a green coating of oxidation/corrosion and dust build-up.</p> <p>An observation of the D Wing laundry room on 11/18/2025 at 12:24 PM revealed one sprinkler head was covered with lint build-up.</p> <p>An observation of the first-floor laundry room on 11/18/2025 at 1:16 PM revealed one sprinkler head was covered with lint build-up.</p> <p>An observation of the second-floor laundry room on 11/18/2025 at 1:35 PM revealed one sprinkler</p>	A1249		

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A1249	<p>Continued From page 4</p> <p>head was covered with lint build-up.</p> <p>During an interview on 11/18/2025 at 1:45 PM, the DOM stated he was not aware of the requirement to ensure an annual diesel fuel quality analysis test was completed for the generator. He stated that a diesel fuel quality analysis test was not completed in 2024 and had not yet been completed in 2025. The DOM stated he was also not aware that the fire door assemblies required annual inspections. He stated he had no documentation that the fire door assemblies were inspected in 2024 or in 2025. The DOM stated he was aware that the eight sprinkler heads in the kitchen should not have corrosion, and three sprinkler heads in each of the resident laundry facilities should not have lint build-up. He stated he expected to follow all life safety codes (LSC) and New Jersey Administrative Code (NJAC) requirements.</p> <p>During an interview on 11/18/2025 at 2:04 PM, the Administrator stated that a diesel fuel quality analysis test was not performed during 2024 and had not yet been completed in 2025. She stated she was not aware of the requirement to ensure an annual diesel fuel quality analysis test was completed on diesel fuel for the generator. She also stated she was not aware that the annual inspection of the fire door assemblies was not completed in 2024 and had no documented evidence that an annual fire door assemblies' inspection was completed for 2024. The Administrator stated she was aware that sprinkler heads should not be corroded or covered with lint build-up. She stated she did not have a policy on annually testing the diesel fuel quality, on annually inspecting fire door assemblies, or on maintaining the sprinkler heads free of corrosion and lint build-up.</p>	A1249		

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POC# 2 received 1/21/26
Accepted 1/21/26

Tel: 609.898.0044
info@cc.victoriacommons.com

610 Town Bank Road
North Cape May, NJ 08204

Complete Care at Victoria Commons

Plan of Correction

Standard Survey November 18, 2025

St-A-0000 Initial Comment

A Standard Survey was conducted on 11/18/2025 at Complete Care at Victoria Commons by the New Jersey Department of Health.

St - A -1225 - 8:36-17.3(b)(i-ii) - Housekeeping-Sanitation-Safety-Maintenance

A licensed Electrical Contractor was contacted on 11/19/2025 to complete an annual electrical inspection.

A licensed Electrical Contractor completed a full electrical inspection at Complete Care at Victoria Commons on 11/20/2025 and a written statement was received stating that the facility electrical circuits and wiring are satisfactory and in safe condition. All residents had the potential to be affected by this deficient practice.

The Director of Maintenance (DOM) will be responsible for contacting the licensed Electrical Contractor to schedule the annual full electrical inspection and will maintain the statements in the Life Safety Book, located at the front desk.

The annual full electrical inspection will be completed each November and will be reviewed during the quarterly QAPI (Quality Assurance and Performance Improvement) meetings. QAPI is attended by the Administrator, Director of Nursing, Admissions Director, Activities Director, Maintenance Director, Dietary Director, and 1 member of the Nursing Staff.

This deficiency was corrected by 11/20/2025.

NJ Exec Order 26

Approved 1/21/26

St – A – 1249 – 8:36-17.7 – Housekeeping-Sanitation-Safety- Maintenance

Diesel Fuel Quality Analysis Test –

The Generator Company was contacted on 11/19/2025 regarding having a Diesel Fuel Quality Analysis Test completed now and annually. The Diesel Fuel Quality Analysis Test was completed on 11/26/2025 and the results should be received by 1/30/2026.

All residents had the potential to be affected by this deficient practice.

The contract with the Generator Company was amended to include an annual Diesel Fuel Quality Analysis Test on 11/26/2025.

This deficiency will be completed upon receipt of the Diesel Fuel Quality Analysis Test Results. The Director of Maintenance will coordinate with the Generator Company the date for their annual inspection and Diesel Fuel Quality Analysis Test. The results will be reviewed during the quarterly QAPI (Quality Assurance and Performance Improvement) meetings. QAPI is attended by the Administrator, Director of Nursing, Admissions Director, Activities Director, Maintenance Director, Dietary Director, and 1 member of the Nursing Staff.

This deficiency will be completed by 1/30/2026

Fire Door Assemblies

A locksmith was contacted on 12/15/2025 and came to the facility. He will be replacing the closure on the fire doors located in the lobby area of the facility. The parts have been ordered. The fire door closure will be replaced by 1/20/2026.

A full inspection of the fire door assemblies was started on 12/9/2025 and was completed by 12/11/2025. Inspection was completed by the facility Director of Maintenance (DOM). No additional issues/ concerns were found. All residents had the potential to be affected by this deficient practice.

Results of the Fire Door inspections will be reported annually during QAPI (Quality Assurance and Performance Improvement) meetings. QAPI is attended by the Administrator, Director of Nursing, Admissions Director, Activities Director, Maintenance Director, Dietary Director, and 1 member of the Nursing Staff.

The deficiency will be fully corrected by 1/20/2026.

Sprinkler Heads – Kitchen, D wing Laundry, 1st floor laundry, 2nd floor laundry

Tristate Fire Protection was contacted on 11/20/2025 to address the fire sprinkler heads in the kitchen.

On 11/26/25, Tristate Fire Protection conducted a full facility quarterly inspection of all sprinkler heads and replaced 12 fire sprinkler heads in the kitchen. All other sprinkler heads were in compliance and did not need to be replaced. The system was left in normal service. All residents had the potential to be affected by this deficient practice.

The sprinkler heads in D Wing Laundry, 1st floor laundry and 2nd floor laundry were addressed and cleaned on 1/5/2026. Maintaining the sprinkler heads in the laundry rooms has been added to the Maintenance Monthly Preventative List and will be reviewed during our Quarterly QAPI (Quality Assurance and Performance Improvement) meetings. QAPI is attended by the Administrator, Director of Nursing, Admissions Director, Activities Director, Maintenance Director, Dietary Director, and 1 member of the Nursing Staff.

The deficiency was fully corrected by 1/5/2026.

All areas of this deficiency will be fully completed by 1/30/2026.

NU Exec O

approved 1/21/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 20C100	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/21/2026
Y1		Y2
NAME OF FACILITY COMPLETE CARE AT VICTORIA COMMONS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 610 TOWNBANK ROAD NORTH CAPE MAY, NJ 08204

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A1225	Correction	ID Prefix A1249	Correction	ID Prefix	Correction
Reg. # 8:36-17.3(b)(8)(i-ii)	Completed	Reg. # 8:36-17.7	Completed	Reg. #	Completed
LSC	11/20/2025	LSC	01/30/2026	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/18/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		