STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315349	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT INGLEMOOR, LLC	**333 GRAND AVE , ENGLEWOOD, New Jersey, 07631**

(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 #: 402155 (187551) and 402154 (187228) Complaint survey: 11/7/25 Census: 62 Sample Size: 3 The NJDOH conducted a Complaint survey on 11/7/25. The facility is not in substantial compliance with the requirements of 42 CFR PART 483, Subpart B, for Long-Term Care Facilities. Deficiencies were cited for this survey.	F0000		11/17/2025
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).	F0580	1) Resident number 1 no longer resides at the facility. 2) All Residents have the potential to be affected by the deficient practice. 3) Education was provided to nursing staff by the DON on 11/10/25 regarding the Notification of changes in policy. Ensuring that the emergency contact and the physicians are notified of any changes in condition. The DON/Designee will conduct 10 audits on residents with a change in condition to ensure the emergency contact and the physician has been notified. 4) Audits will be completed weekly x 4 weeks then monthly x 2 months. They will be monitored and brought to QAPI by the DON. Audits will be submitted, reviewed and discussed during the monthly Quality Assurance Performance Improvement (QAPI) meeting.	12/08/2025

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: 315349	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

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F0580 SS = D	Continued from page 1 (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Complaint #402154 (187228) Based on interviews, review of the closed medical records, and pertinent facility documents, it was determined that the facility failed to notify the US FOIA (b)(6) and Resident's Representative (RR) of resident's NJ Exec Order 26.4b1 . This deficient practice was identified for 1 of 3 sampled residents (Resident #1), and was evidenced by the following: A review of the closed medical record for Resident #1 revealed: A review of the Admission Record (AR) or face sheet (an admission summary) reflected that Resident #1 was	F0580		

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F0580 SS = D	Continued from page 2 admitted to the facility with a diagnoses that included but were not limited to; NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) , and NJ Ex Order 26.4(b)(1) Further review of the AR revealed that the resident had two RR, Emergency Contact #1 (EC #1) and Emergency Contact #2 (EC #2). A review of the comprehensive Minimum Data Set (MDS), an assessment tool, with an assessment reference date (ARD) of NJ Ex Order 26.4(b)(1) reflected a brief interview for mental status (BIMS) score of NJ Ex Order 26.4(b)(1) which indicated that the resident's NJ Exec Order 26.4b1 was NJ Ex Order 26.4(b)(1) A review of the Progress Notes (PN) revealed: Registered Nurse #1 (RN #1) documented on NJ Ex Order 26.4(b)(1) at 9:51 PM that Resident #1 was in the dining area, NJ Ex Order 26.4(b)(1) remained NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) took all due medications (meds) well, was NJ Exec Order 26.4b1 with staff in the hallway with NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). Registered Nurse #2 (RN #2) documented on NJ Ex Order 26.4(b)(1) at 6:41 AM that Resident #1 NJ Ex Order 26.4(b)(1), noted NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)) held this morning and was endorsed to morning shift nurse to communicate this side effects to physician or NJ Ex Order 26.4(b)(1) for meds adjustment. RN #1 documented on NJ Ex Order 26.4(b)(1) at 11:26 PM that Resident #1 remained NJ Ex Order 26.4(b)(1) needed to NJ Ex Order 26.4(b)(1) during dinner and meds. RN #1 documented on NJ Ex Order 26.4(b)(1) at 10:13 PM that the resident was received in bed NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) , remained NJ Ex Order 26.4(b)(1) through the shift, and all	F0580		

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F0580 SS = D	Continued from page 3 due meds were NJ Exec due to NJ Ex Order 26.4(Registered Nurse #3 (RN #3) documented on NJ Ex Order 26. at 12:59 PM that the resident was seen by the NJ Ex Order 26.4(b)(1 US FOIA (b)(6) with new orders obtained and was carried out. Licensed Practical Nurse #1 (LPN #1) documented on NJ Ex Order 2 at 11:16 PM that resident's afternoon and evening meds were NJ Exec and NJ Exec Order 26.4b1 lunch, except for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) RN #1 documented on NJ Ex Order at 6:51 AM that the resident remained NJ Ex Order 26.4(b)(1) was NJ Exec this morning. A review of the physician orders (PO) revealed: Date ordered NJ Ex Order 26.4(b)(1) , to give one tablet (tab) by mouth at HS (bedtime) for NJ Ex Order 26.4(b)(1). The order was discontinued (dc'd) on NJ Ex Order 2 Date ordered NJ Ex Order 26.4(b)(1) , to give one tab by mouth at HS for NJ Ex Order 26.4(b)(1) The order was dc'd on NJ Ex Order 2 Date ordered NJ Ex Order 26.4(b)(1), to give one tab by mouth at HS for NJ Ex Order 26.4(b)(1) The order was dc'd on NJ Ex Order 2 Date ordered NJ Ex Order 26.4(b)(1) , to give one tab by mouth at HS for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b Date ordered NJ Ex Order 26.4(b)(1) , give two capsules (caps) for total of NJ Ex Order 26 3x/day (three times a day) for NJ Ex Order 26.4(b)(1) The order was dc'd on NJ Ex Order 2 Date ordered NJ Ex Order 26.4(b)(1) , give three caps NJ Ex Order 26) 3x/day. Date ordered NJ Ex Order 26.4(b)(1) give 1 tab by mouth every 8 hours for NJ Ex Order 26.4(b)(hold dose for	F0580		

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F0580 SS = D	Continued from page 4 NJ Ex Order 26.4(	F0580		

Date ordered NJ Ex Order 26.4(b)(1) to give one tab by mouth every six hours PRN (as needed) for NJ Ex Order 2 for 30 days.

Further review of the above PN revealed that there was no documented evidence that EC #1 and EC #2 were notified of the NJ Exec Order in resident's NJ Exec Order 26.4 when the resident was noted NJ Ex Order 26.4 meds were held, NJ Ex Order 26.4(and there were changes in resident's meds. There were no documented evidence that the physician was notified of resident's NJ Exec Order 26.4b1 on NJ Ex Order 26.4(b)(1) , and NJ Ex Order 2

On 11/7/25 at 1:33 PM, the surveyors met with the U.S. FOIA (b) (6) who informed the surveyor that any residents who had NJ Exec Order 26.4b1, including NJ Ex Order 26 or NJ Ex Order 26.4 that was not in their norm, it was an expectation that the nurse would notify the RR and the physician, and documented in the PN.

At that same time, the surveyor notified the US FOIA of the above findings and concerns that there were no documented evidence that the RR and the physician were notified of the change in the condition of the resident. The surveyor also asked for the facility's policy with regard to notification of change in condition.

A review of the facility's "Notification of Changes Policy" that was provided by the DON, with a date reviewed/revised of 9/1/25, revealed that the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the RR when there is a change requiring notification. Definitions:… "clinical complications," examples…recurrent episodes of delirium… "need to alter treatment significantly," means a need to stop a form of treatment because of adverse consequences, or commence a new form of treatment to deal with a problem…

Compliance Guidelines: The facility must inform the resident, consult with the resident's physician and/or notify the RR when there is a change requiring such notification. Circumstances requiring notification include:…

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F0580 SS = D	Continued from page 5 2. Significant change in the resident's physical, mental, or psychological condition such as deterioration in health, mental or psychosocial status… 3. Circumstances that require a need to alter treatment. This may include: a. New treatment. b. Discontinuation of current treatment due to adverse consequences, acute condition… On 11/7/25 at 2:51 PM, the surveyors met with the DON and the Vice President of Clinical Services, and there were no additional information provided by the DON. NJAC 8:39-4.1(a)2; 13.1 (c), (d)	F0580		
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 #NJ187551 (402155)	F0692	1) Resident number 1 no longer resides at the facility. 2) All Residents have the potential to be affected by the deficient practice. 3) Education was provided to nursing staff and U.S. F by the DON on 11/10/2025 on the weight monitoring policy. Staff were educated on ensuring weights are obtained on admission, then weekly x weeks or if clinically indicated daily than monthly. The DON/Designee will conduct 10 audits on Admission/readmission weights and to ensure compliance on weights being taken by nursing staff. 4) Audits will be completed weekly x 4 weeks then monthly x 2 months. Audits will be monitored and brought to the QAPI meeting by the DON. Audits will be submitted, reviewed and discussed during the monthly Quality Assurance Performance Improvement (QAPI) meeting.	12/17/2025

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F0692 SS = D	Continued from page 6 Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident received care and services for [NJ Ex Order redacted] consistent with a physician's order and professional standards of practice. This deficient practice was identified for 1 of 3 residents (Resident #1) reviewed for [NJ Ex Order 26.4]. This deficient practice was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 11/7/25 at 9:00 AM, the surveyor reviewed the Electronic Medical Record (EMR) forResident #1. A review of Resident 1's Admission Record (an admission summary) documented that the resident was admitted to the facility with diagnoses that included but were not limited to; NJ Ex Order 26.4(b)(1) [redacted], NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) [redacted], and NJ Ex Order 26.4(b)(1). A review of the progress notes indicated the resident was admitted/readmitted to the facility from a NJ Ex Order 26.4(b)(1) [redacted]	F0692		

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F0692 SS = D	Continued from page 7 A review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference (ARD) of NJ Ex Order, reflected a Brief Interview Mental Status (BIMS) score of out of 15, which indicated the resident had a NJ Ex Order 26.4(b)(1). Resident #1 was coded as having NJ Ex Order 26.4(b)(1). A physician's order (PO) dated NJ Exec Order indicated weekly NJ Ex Order 26 x 4 upon readmission/admission; A PO NJ Exec Orde dated NJ Ex Order 2 and PO for NJ Exec Order 26.4(b)1 two times a day for help NJ Exec Order 26.4(b)1 dated NJ Ex Order 2 A review of the documented NJ Ex Order 26 for Resident #1 revealed the following: -NJ Ex Order 26.4(b)(1) -NJ Ex Order 26.4(b)(1) A review of the electronic Medication Administration Record (eMAR) and the electronic Treatment Administration Record (eTAR) for NJ Ex Order 26.4(b), revealed that there were no entries for the resident's weekly NJ Ex Order 26.4 A review of a Medical NJ Ex Order 26.4(b)(1) Assessment by the U.S. FOIA (b) (6)) dated NJ Ex Order 26 indicated Resident #1 was assessed as NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) for their age. The U.S. FO recommended NJ Exec Orde twice a day and to honor the resident's NJ Exec preferences. On 11/7/25 at 2:05 PM, the surveyor interviewed the U.S. FOIA (b) (6)), who stated that NJ Ex Order 26 were completed upon admission, followed by one or two additional NJ Ex Order 26.4(b)(1) then weekly NJ Ex Order 26 for four weeks, and monthly NJ Ex Order 26 for all residents. The U.S. FOIA confirmed that weekly NJ Ex Order 26 had not been completed for Resident #1, as required by facility policy. On 11/7/25 at 2:14 PM, the surveyor conducted a telephone interview with the U.S. FO The U.S. F stated that the standard of practice was to obtain NJ Ex Order 26 for all residents upon admission and daily for two or three days, then weekly for four weeks, and then monthly. The U.S. F stated that she usually only monitored the residents' monthly NJ Ex Order 26.4 The U.S. F acknowledged that	F0692		

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F0692 SS = D	Continued from page 8 Resident #1's [NJ Ex Order 26] should have been monitored weekly by her and the nursing staff. On 11/7/25 at 2:30 PM, the surveyor notified the [U.S. FOIA] [U.S. FOIA (b) (6)], and [U.S. FOI] of the above observations and concerns. The [U.S. FOIA] acknowledged that the weekly [NJ Ex Order 26] were not done upon the resident's re-admission to the facility. A review of the facility's "Weight Monitoring Policy," dated 9/1/25, revealed under Compliance Guidelines: ... 5. A weight monitoring schedule will be developed upon admission for all residents: a. Newly admitted residents- Weight on admission and monitor weight weekly for four weeks b. If clinically indicated- monitor weight daily c. All others- monitor weight monthly ... NJAC 8:39-11.2(b); 27.1(a)	F0692		
F0842 SS = D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented;	F0842	1) Resident number 1 no longer resides at the facility. 2) All Residents have the potential to be affected by the deficient practice. 3) The medical records personnel and nursing staff were educated by the DON 11/10/2025 on maintaining residents' medical records in accordance with accepted professional standards of practice and retaining the medical records for 5 years from the date of discharge. The DON/Designee with complete 10 audits on medical records and ensuring compliance. 4) Audits will be completed weekly x 4 weeks then monthly x 2 months. Audits will be monitored and bought to QAPI by the DON. Audits will be submitted, reviewed and discussed during the monthly Quality Assurance Performance Improvement (QAPI) meeting.	12/17/2025

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F0842 SS = D	Continued from page 9 (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided;	F0842		

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F0842 SS = D	Continued from page 10 (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review it was determined that the facility failed to maintain a complete record for 1 of 3 residents records reviewed (Residents #1). The deficient practice was evidenced by the following: A review of the closed medical record for Resident #1 revealed: A review of the admission record (AR) or face sheet (an admission summary) reflected that Resident #1 was admitted to the facility with a diagnoses that included but were not limited to; NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) , and NJ Ex Order 26.4 . A review of the comprehensive Minimum Data Set (MDS), an assessment tool, with an assessment reference date (ARD) of NJ Ex Order 2, reflected a brief interview for mental status (BIMS) score of NJ E which indicated that the resident's NJ Exec Order 28 was NJ Ex Order 26.4(b)(1). A review of the physician orders (PO) revealed: Date ordered NJ Ex Order 2 NJ Ex Order 26.4(b)(1) to give one tablet (tab) by mouth at HS (bedtime) for NJ Ex Order 26.4(b)(1). The order was discontinued (dc'd) on NJ Ex Order . The order was plotted in NJ Ex Order 26.4(b) electronic Medication Administration Record (eMAR) as administered except on NJ Ex Order 2 and NJ Ex Order 26 Licensed Practical Nurse #1 (LPN #1) on NJ Ex Order 2 documented "NJ E (hold/see Progress Notes) and LPN #2 on NJ Ex Order 2 documented "NJ E There were	F0842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315349	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT INGLEMOOR, LLC	333 GRAND AVE , ENGLEWOOD, New Jersey, 07631

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F0842 SS = D	Continued from page 11 no documented evidence that LPN #1 and LPN #2 documented in the Progress Notes (PN) as to why the medication (med) was held. Date ordered NJ Ex Order 26.4(b)(1) to give one tab by mouth at HS for NJ Ex Order 26.4(b)(1) The order was dc'd on NJ Ex Order . Date ordered NJ Ex Order 26.4(b)(1) , to give one tab by mouth at HS for NJ Ex Order 26.4(b)(1) The order was dc'd on NJ Ex Order . The order was plotted in NJ Ex Order 26.4(b eMAR as administered except on NJ Ex Order . LPN #1 on NJ Ex Order documented "NJ E and there were no documented evidence that LPN #1 documented in the PN as to why the med was held. Date ordered NJ Ex Order 26.4(b)(1) , to give one tab by mouth at HS for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b The order was plotted in NJ Ex Order 26.4(b)(eMAR as administered except on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26 . Registered Nurse #1 (RN #1) on NJ Ex Order 26. documented "NJ E and RN #2 on NJ Ex Order 26 documented "NJ E RN #2 on NJ Ex Order 26 documented "NJ E (meant resident was NJ Ex Order 26.4(b There were no documented evidence that RN #2 documented in the PN as to why the med was held on NJ Ex Order 26. Date ordered NJ Ex Order 26.4(b)(1) , give two capsules (caps) for total of NJ Ex Order 26 3x/day (three times a day) for NJ Ex Order 26.4(b)(1) The order was dc'd on NJ Ex Order 2 Date ordered NJ Ex Order 26.4(b)(1) , give three caps NJ Ex Order 26.4 3x/day. Date ordered NJ Ex Order 26.4(b)(1), give 1 tab by mouth every 8 hours for NJ Ex Order 26.4(b)(hold dose for NJ Ex Order 26.4(b Date ordered NJ Ex Order 26.4(b)(1) , to give one tab by mouth every six hours PRN (as needed) for anxiety for 30 days. The order was plotted in NJ Ex Order 26.4(b eMAR as administered except on the following dates and times were coded "NJ E and there were no documented evidence that nurses documented in the PN as to why the med was NJ Exec O NJ Ex Order 2200 (10:00 PM)	F0842		

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F0842 SS = D	Continued from page 12 NJ Ex Order 26 10:00 PM (10 PM) NJ Ex Order 26 0600 (6:00 AM) NJ Ex Order 26. 1400 (2:00 PM) NJ Ex Order 26 2:00 PM (2 PM) NJ Ex Order 26 10 PM NJ Ex Order 26. 2 PM and 10 PM (was coded 'NJ Ex On 11/7/25 at 1:33 PM, the surveyors met with the U.S. FOIA (b) (6)), and the surveyor notified the U.S. FOIA of the above findings and concerns. On that same date and time, the surveyor and the U.S. FOIA reviewed the unit assignments for NJ Ex Order 26.4(b) and NJ Ex Ord . The U.S. FOIA stated that the unit assignments were considered care of resident and part of medical records of the residents. The U.S. FOIA confirmed that the NJ Ex Order 26.4(b unit assignments for the second floor were incomplete and the only available dates for review of the surveyor were from dates: NJ Ex Order for 7-3 and 3-11 shifts, NJ Ex Order 26 for 7-3 shift, and NJ Ex Order 26. for 3-11 and 11-7 shifts. She also confirmed that the NJ Ex Order 2 for 3-11 and 11-7 shifts were missing. On 11/7/25 at 2:51 PM, the surveyors met with the U.S. FOIA and the U.S. FOIA (b) (6) , and there were no additional information provided by the U.S. FOIA The U.S. FOIA acknowledged that the resident's medical records of resident should be complete. There was no policy provided with regard to medical records. NJAC 8:39-35.2 (d)(5)(6)(e)(f)(k)	F0842		

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060210	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT INGLEMOOR, LLC	333 GRAND AVE , ENGLEWOOD, New Jersey, 07631

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S0000	Initial Comments 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.	S0000		12/17/2025
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 # NJ187551 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for 3 of 14 days of the day shift as mandated by the State of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for the following weeks as follows: 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 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 02/01/2021:	S0560	1) The facility will utilize a corporate Recruiter who is actively scouting through the local CNA schools to recruit newly graduated CNA. The company has hired a CNA instructor to assist with certified nursing assistant classes and graduating unlicensed personnel into Certified Nursing assistants for the facility. The facility continues to aggressively hire nursing staff to meet State staffing requirements. The facility will continue to facilitate Open House/Job fair events. The facility posted CNA positions with an outside hiring company online to recruit staff. 2) All Residents have the potential to be affected by the deficient practice. 3) Education was provided to the staffing coordinator on the state regulations for direct care staff on 11/10/2025. The staffing coordinator will submit the schedule a month in advance to identify staffing concerns as early as possible. The DON, Staffing Coordinator and Administrator, will meet every day to discuss the current census and staff requirements for the next day. Call outs will be reviewed and monitored for excessive nursing call outs to identify early and address staffing concerns. The DON/Designee will conduct audits daily on staffing to ensure compliance. When compliance isn't met interventions will be updated to reach compliance.	12/17/2025

Office of Primary Care and Health Systems Management

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: 060210	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

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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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA 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. As per the "Nurse Staffing Report" completed by the facility: For the 2 weeks of Complaint staffing from 10/19/2025 to 11/01/2025, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows: -10/21/25 had 6 CNAs for 60 residents on the day shift, required at least 7 CNAs. -10/23/25 had 7 CNAs for 61 residents on the day shift, required at least 8 CNAs. -10/27/25 had 6 CNAs for 60 residents on the day shift, required at least 7 CNAs. On 11/7/25 at 8:10 AM, the surveyor observed a posted Nursing Home Residents Care Staffing Report dated 11/6/25 for evening shift (3:00 PM–11:00 PM) that included CNA to resident's ratio of 1:10.2. On 11/7/25 at 12:38 PM, the surveyor interviewed the Staffing Coordinator regarding staffing, who informed the surveyor that she was aware of the NJ mandated law for staffing, CNA to resident ratio of 1:8 for 7:00 AM-3:00 PM shift, 1:10 for 3:00 PM-11:00 PM shift, and 1:14 for 11:00 PM-7:00 AM shift. She further stated that the facility did not utilize an agency staffing.	S0560	Continued from page 1 4) Audits will be completed weekly x 4 weeks then monthly x 2 months. Audits will be monitored by the DON and staffing coordinator and will be brought to QAPI by the DON. Audits will be submitted, reviewed and discussed during the monthly Quality Assurance Performance Improvement (QAPI) meeting.	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 1/7/2026 in relation to the 11/7/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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 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 1/7/2026 in relation to the 11/7/2025 State of New Jersey Re-Licensure 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		

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