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 04/23/2026

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 #: 2986646, 2733412 Survey date: 04/22/2026 & 04/23/2026 Census: 57 Sample Size: 5 THE FACILITY WAS IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES.	F0000		05/01/2026

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: 060210	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/23/2026

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 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		05/04/2026
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: Based on review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the state of New Jersey for 7 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (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. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than	S0560	What Corrective action will be accomplished for those residents affected by the deficient practice? Administrator, DON and Staffing coordinator holds Weekly STAFFING meetings with corporate recruiter to review staffing openings for recruitment by using social media to advertise. Don and Administrator partners with local nursing and CNA schools to speak with graduating classes to recruit new hires. The company hired CNA instructor to host CNA training classes to train uncertified aides. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? The administrator, DON and Staffing Coordinator will meet daily to review the staffing ratio compliance.	05/04/2026

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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 04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0560	Continued from page 1 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. Review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the facility was deficient in CNA staffing for residents on 7 of 14-day shifts as follows: On 04/05/2026 had 6 CNAs for 57 residents on the day shift, required at least 7 CNAs. On 04/06/2026 had 5 CNAs for 57 residents on the day shift, required at least 7 CNAs. On 04/07/2026 had 5 CNAs for 57 residents on the day shift, required at least 7 CNAs. On 04/08/2026 had 6 CNAs for 57 residents on the day shift, required at least 7 CNAs. On 04/09/2026 had 6 CNAs for 57 residents on the day shift, required at least 7 CNAs. On 04/13/2026 had 5 CNAs for 59 residents on the day shift, required at least 7 CNAs. On 04/17/2026 had 6 CNAs for 59 residents on the day shift, required at least 7 CNAs.	S0560	Continued from page 1 The Staffing schedule will be complete 4 weeks in advanced. Staffing coordinator will use part time and perdiem staff to fill open position while we recruit. Staffing coordinator will implement an electronic sign-up web site for open shifts. 4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not re-occur? The scheduling coordinator or designee will audit weekly x4 weeks and 2x monthly to ensure staffing levels are within mandated ratios. All concerns will be corrected immediately and the results of the audits will be reviewed by QAPI committee monthly x 2 months.	05/04/2026

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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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F0000	INITIAL COMMENTS There was no federal citations for this survey.	F0000		05/07/2026

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New Jersey 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 05/07/2026

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 05/06/2026 in relation to the 04/23/2026 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		05/07/2026

Office of Primary Care and Health Systems Management

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