STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315228	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT COURT HOUSE, LLC	**144 MAGNOLIA DRIVE , CAPE MAY COURT HOUSE, New Jersey, 08210**

(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 #: NJ392375, #392378 Survey Date: 12/02/2025 CENSUS: 99 SAMPLE SIZE: 5 The NJDOH conducted a complaint survey on 10/28/2025. The survey was officially completed on 12/02/2025. A complaint survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. No deficiencies were cited for this survey. THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.	F0000		12/03/2025

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: 060507	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT COURT HOUSE, LLC	**144 MAGNOLIA DRIVE , CAPE MAY COURT HOUSE, New Jersey, 08210**

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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		12/07/2025
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: Based on 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 identified for 2 day shifts out of 14 shifts reviewed, as evidenced by the following: 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: One Certified Nurse Aide (CNA) to every eight residents	S0560	The facility is actively recruiting for all Certified Nursing Assistant (CNA) shifts to comply with New Jersey State Mandated ratios. Schedules are created with ratios of 1:8 Day shift; 1:10 Evening shift and 1:14 night shift. A daily meeting is held to review the schedule and determine if any vacancies need to be filled. Weekends are reviewed on Fridays and monitored by the weekend supervisor. Open positions have been posted in surrounding communities to increase applicant pools. All residents have the potential to be affected by the deficient practice. The facility will continue to develop recruitment and retention strategies. Identify vacant positions and attempt to fill with current regular and per-diem staff. Review vacant shifts to create full-time and part-time positions where available. The Human Resources Director will meet weekly with corporate recruiters to advertise and track applicants. The Administrator/Designee will audit the effectiveness of strategies to include open positions filled, new hires, turnover and retention rates. Audits of daily staffing ratios will be conducted 1x daily for four weeks then continue 1x weekly for 3 moths. Results of the audits will be reviewed at the monthly Quality Assurance and Performance Improvement Meeting through March 2026 to ensure compliance and re-assessed for further action.	12/26/2025

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: 060507	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S0560	Continued from page 1 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. 1. For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: -10/12/25 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. -10/25/25 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs. 2. For the 2 weeks of AAS-12 staffing, there were no deficient practices identified for staffing for required resident services as submitted. During an interview on 10/28/2025 at 2:00 PM with the surveyor, the Licensed Nursing Home Administrator stated that he feels the facility tries to meet staffing requirements and is doing the best it can to maintain adequate staffing. A review of a facility policy dated 10/15/2025 titled "Staffing", revealed that, " Facilities will provide qualified and appropriate staffing levels to meet the needs of the resident population. The staffing plan will include all shifts, seven days per week. The Facility meets or exceeds the staffing levels mandated by state and federal staffing requirements."	S0560		

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 12/26/2025 in relation to the 10/28/2025 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		01/01/2026

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