

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315284	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MONMOUTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE , LONG BRANCH, New Jersey, 07740	
(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	<p>INITIAL COMMENTS</p> <p>Complaint #s 413387, 413389</p> <p>COMPLAINT SURVEY: 10/29/2025</p> <p>CENSUS: 93</p> <p>SAMPLE SIZE: 4</p> <p>The facility is in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care facilities based on this complaint visit.</p>	F0000		11/20/2025

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
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061318	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
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S0000	Initial Comments Complaint #s 413387, 413389 COMPLAINT SURVEY: 10/29/2025 CENSUS: 93 SAMPLE SIZE: 4 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		12/11/2025
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 # 413387, 413389 Based on interview and review of pertinent facility documents, 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 for 6 out of 14 day shifts. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New	S0560	The facility was cited for non-compliance with NJ Department of Health minimum staffing ratios for direct care staff during the day shift on 5/18/25, 5/20/25, 5/21/25, 5/22/25, 5/23/25 and 5/26/25. The facility continues to actively fill all open shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with the Human Resource Director and Staffing Coordinator by the Administrator on 11/17/2025, who were both able to reiterate minimum staffing requirements for nursing homes. All residents have the potential to be affected by the deficient practice. The facility will continue to focus on recruitment and retention strategies as follows: identify vacant positions daily and attempt to fill positions with staff or agency. The Administrator and Director of Nursing will work with Corporate Recruiters to advertise, recruit and hire sufficient staff. The Administrator to continue work with Human Resources and	12/11/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 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:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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</p> <p>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.</p> <p>For the 2 weeks of Complaint staffing from 05/18/2025 to 05/31/2025, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>-05/18/25 had 6 CNAs for 74 residents on the day shift, required at least 9 CNAs.</p> <p>-05/20/25 had 4 CNAs for 71 residents on the day shift, required at least 9 CNAs.</p> <p>-05/21/25 had 7 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-05/22/25 had 7 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-05/23/25 had 5 CNAs for 70 residents on the day shift, required at least 9 CNAs.</p> <p>-05/26/25 had 5 CNAs for 71 residents on the day shift, required at least 9 CNAs.</p> <p>On 10/226/2025 at 3:08 PM, the surveyor interviewed the staffing coordinator, who state she was aware of the staffing ratio. She stated the facility was meeting them "97% of the time."</p> <p>A review of the facility's policy, "Facility Staff Tracking" revised 25/2025, revealed Policy: It is the policy of this facility to track/monitor certain metrics related to employees for purposes of ensuring</p>	S0560	<p>Continued from page 1 Staffing Manger to offer shift bonuses and flexible work schedules.</p> <p>The Administrator and Human Resources will continue to develop an employee retention program designed to engage employees, promote a positive work environment and enhance job satisfaction. The Administrator will educate the Staffing Coordinator on the process to project staffing needs based on facility census fluctuations to meet mandated ratios. The Director of Nursing will be attending local college open houses and job fairs to recruit new candidates.</p> <p>Daily meetings will be held with the Administrator, Director of Nursing and Staffing Coordinator to discuss staffing for the upcoming days. Weekly recruitment meetings will be held including the Administrator, Human Resources, Director of Nursing, Assistant Director of Nursing and Staffing Coordinator, to discuss ideas to attract new hires.</p> <p>The Administrator/Designee to audit the effectiveness of hiring strategies to include open positions vs. new hires, reporting on successful strategies-to-hire based on percentages, and turnover rates.</p> <p>The duration of all audits will consist of completion 1weekly for 3 months. The</p> <p>results of audits will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p> <p>Completion Date: 12/11/2025</p>	

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S0560	Continued from page 2 sufficient staff and ongoing improvement processes.	S0560		

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/16/2025 in relation to the 10/29/2025 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		01/09/2026

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