STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315365	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	**160 S MAIN ST , OCEAN GROVE, New Jersey, 07756**

(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: 2696252 & 2692885 Survey Dates: 1/6/26 Survey Census: 83 Sample Size: 6 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		02/06/2026
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Complaint: 2696252 & 2692885 Based on interviews, medical record review, and review of pertinent facility documentation on 1/6/26, it was determined that the facility failed to consistently document Activities of Daily Living (ADL) as being provided to residents for 2 of 6 residents reviewed for ADLs (Resident #1, Resident #6). The facility also failed to follow its policy titled, "ADLs". This deficient practice was evidenced by the following: Review of the Electronic Medical Record (EMR) was as follows: According to Resident #1's Admission Record (AR), the resident was admitted to the facility with diagnoses that included but were not limited to [redacted] NJ Ex Order 26.4(b)(1)	F0677	1, Resident #1 has been discharged from the facility. Resident #6 had a [redacted] assessment completed on [redacted] NJ Ex Order 26.4(b)(1), and weekly thereafter with no abnormal findings. 2. All residents have the potential to be affected by the same deficient practice. 3. Reeducation was initiated for all Certified Nursing Assistants on Friday, February 6, 2026, by the Director of Nursing on Activities of Daily Living (ADL) care bladder documentation and the policy entitled "Activities of Daily Living". Audit completed for all residents on ADL bladder documentation. All residents affected by missing documentation were assessed with no abnormal findings. 4. The Unit Manager/Designee will complete audits weekly x 3 months and will address any incomplete Activities of Daily Living documentation. Findings will be presented at the monthly Quality Assurance/Performance Improvement (QAPI) Meeting x 3 months at which time the QAPI committee will evaluate the effectiveness of the interventions and determine if continued auditing and reporting is needed.	02/27/2026

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: 315365	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	160 S MAIN ST , OCEAN GROVE, New Jersey, 07756

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F0677 SS = D	Continued from page 1 NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) According to the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1) Resident #1 had a Brief Interview of Mental Status (BIMS) score of NJ out of 15, which indicated the resident was NJ Ex Order 26.4(b)(1). A review of Resident #1's NJ Ex Order 26.4(b)(1) "Documentation Survey Report v2," a form used to document ADL care and often referred to as "Point of Care" (POC) included blank spaces indicating that the task was not completed as follows: Bladder Documentation on NJ Ex Order 26.4(b) on the day shift. On NJ Ex Order 26.4(on the evening shift. On NJ Ex Order 26.4(on the night shift. According to Resident #6's AR, the resident was admitted to the facility with diagnoses that included but were not limited NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) According to the MDS dated NJ Ex Order 26.4(b)(1), Resident #6 had BIMS score of NJ E out of 15, which indicated the resident was NJ Ex Order 26.4(b)(1). A review of Resident #6's NJ Ex Order 26.4(b)(1) "Documentation Survey Report v2," a form used to document ADL care included blank spaces indicating that the task was not completed as follows: NJ Ex Order 26. Documentation on NJ Ex Order 26.4(b)(1) on the day shift. On NJ Ex Order 26.4(b)(1) on the evening shift. On NJ Ex Order 26.4(b)(1) on the night shift.	F0677		02/27/2026

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F0677 SS = D	Continued from page 2 During an interview on 1/6/26 at 11:32 AM, the U.S. FOIA (b)(6)) stated that she documented ADL care on the POC and that facility expectation was to document 2 hours before her shift was over. When questioned as to why documentation on the POC was important the U.S. FOIA stated documentation is important because it was proof of care provided for residents. During an interview on 1/6/26 at 11:40 AM, with the Licensed Practical Nurse (LPN), the LPN stated that all documentation should be completed before a staff member leaves the facility. During an interview on 1/6/26 at 01:26 PM, with the U.S. FOIA (b)(6) the U.S. FOIA was given both Resident #1 and Resident #6's POCs. She acknowledged there were blanks and stated that facility expectation regarding ADL documentation is that the staff should document accurately and according to the numerical log listed. She further stated she expects her CNAs to fill out the ADL logs in its entirety in order to know a residents needs and expectations so the facility can perform them. Review of the facility's document titled "Activities of Daily Living (ADLs)", implemented on 09/01/24, revealed under "Policy Explanation and Compliance Guidelines": 2. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. NJAC 8:39-27.1 (a) NJAC 8:39-27.1 (b)	F0677		02/27/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061344	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	**160 S MAIN ST , OCEAN GROVE, New Jersey, 07756**

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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		02/06/2026
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: Complaints: 2696252 & 2692885 Based on interviews and review of facility documents on 1/6/26, it was determined that the facility failed to ensure staffing ratios were met for 15 of 21-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: 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 as 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 for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform	S0560	The Administrator, Human Resources Manager, Staffing Coordinator, and Director of Nursing will conduct Staff Recruitment meetings for eight weeks and monthly thereafter to review open positions, staffing needs, recruitment efforts, and any active applications or resumes. Direct care staff positions will be advertised through multiple channels, including the company website, online recruitment platforms, local vocational /technical schools, Certified Nursing Aide Training Programs and social media. Staffing agency contracts will be utilized as needed to supplement direct care coverage. All Residents have the potential to be affected by this deficient practice. When staffing ratio imbalance is identified, the facility will: -Contact available staff to work additional shifts, offering incentive bonus pay to volunteers. - Engage contracted staffing agencies to assist in filling open Certified Nursing Assistant positions as needed. -Additionally, Administrator, Director of Nursing, and Human Resources Manager will review wages to remain competitive and offer referral bonuses to current staff. The Staffing Coordinator and Director of Nursing will review the upcoming week's schedule to ensure compliance with regulatory staffing requirements. The Director of Nursing or Designee will review daily staffing levels and present the findings monthly for three months to the QAPI Committee. Any staffing level deficiencies will be addressed with appropriate	02/27/2026

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S0560	Continued from page 1 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. For the 3 weeks of complaint staffing from 12/14/25-1/3/26 the facility was deficient in CNA staffing for residents 15 of 21-day shifts as follows: -12/14/25 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAS. -12/15/25 had 8 CNAs for 91 residents on the day shift, required at least 11 CNAS. -12/17/25 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -12/18/25 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/19/25 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/21/25 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/22/25 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs. -12/23/25 had 10 CNAs for 86 residents on the day shift, required at least 11 CNAs. -12/26/25 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. -12/27/25 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -12/30/25 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs. -12/31/25 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -1/1/26 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -1/2/26 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs. -1/3/26 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.	S0560	Continued from page 1 corrective action. Human Resources will also report the outcomes of Staff Recruitment Meetings monthly for three months to the Quality Assurance Performance Improvement Committee.	02/27/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 3.4.26 in relation to the 1.6.26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		02/27/2026

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.

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New Jersey Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 3.4.26 in relation to the 1.6.26 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		02/27/2026

Office of Primary Care and Health Systems Management

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