STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315365	A. BUILDING _____ B. WING _____	C 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	**160 S MAIN ST OCEAN GROVE, NJ 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
F 000	INITIAL COMMENTS COMPLAINTS#: NJ00171706, NJ00171459, NJ00172188, NJ00172527, NJ00173104, and NJ00174056 CENSUS: 98 SAMPLE SIZE:4 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.	F 000		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in	F 755		8/7/24

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

Electronically Signed | 08/05/2024

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 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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F 755	Continued From page 1 the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00173104 Based on interviews and record review, as well as a review of pertinent facility documents on 06/27/24 and 06/28/24, it was determined that the facility failed to administer the medications in accordance with the acceptable standard of nursing practice and follow the facility policy on Administering Medications for 2 of 4 sampled residents (Residents#1 and #2), reviewed for medication administrations. This deficient practice was evidenced by the following: 1. According to the "ADMISSION RECORD" (AR), Resident #1 was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1 [redacted] A review of the Minimum Data Set (MDS), an assessment tool dated [redacted], revealed that Resident #1 had a Brief Interview of Mental Status (BIMS) NJ Exec Order 26.4b1 indicating that Resident #1 had NJ Exec Order 26.4b1 and required assistance with Activity of Daily Living (ADLs). A review of Resident #1's "Medication Review Report" (MRR) revealed an order for the	F 755	a. The facility is unable to retroactively administer medications timely for R1 and R2. b. Residents residing in the facility have the potential to be affected by this deficient practice. Director of Nursing/designee will review medication administration times over the last 3 days to determine if medications were administered within the ordered time frame. Physicians will be notified of any discrepancies. c. The Director of Nursing/designee will in-service the Licensed Nurses on the Medication administration policy and physician notification for medications not administered within the ordered time frame. d. The Director of Nursing/designee will randomly audit 6 residents medication administration audit report weekly x 4 weeks and then monthly x 2 months to identify medications that were not administered within the ordered time frame and physician notification of discrepancies identified. Results of these audits will be forwarded to the QAPI	

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F 755	Continued From page 2 following: On NJ Exec Order 26.4b1 milligram (mg), give NJ Exec Order 26.4b1 every NJ E hours for NJ Exec Order 26.4b1. On NJ Exec Order 26.4b1 mg NJ Exec Order 26.4b1 every NJ hours for NJ Exec Order 26.4b1 A review of Resident #1's "Medication Administration Report" (MAR) for NJ Exec Order 26. confirmed the medications were scheduled and to be administered as follows: NJ Exec Order 26.4b1 A review of Resident #1's "Medication Admin Audit Report" (MAAR) from U.S. FOIA (b)(6) indicated that the aforementioned medications were not administered according to the scheduled time. The medications were administered as follows: NJ Exec Order 26.4b1 was scheduled to be administered at NJ Exec Order 26.4b1 however, it was administered as follows: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 was scheduled to be	F 755	committee monthly x 3 months for further recommendations.	

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F 755	Continued From page 3 administered at [NJ Exec Order 26.4b1]., however, it was administered on [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] by mouth was scheduled to be administered at [NJ Exec Order 26.4b1] however, it was administered as follows: [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] by mouth was scheduled to be administered at [NJ Exec Order 26.4b1] however, it was administered on [NJ Exec Order 26.4b1] A review of Resident #1's progress notes (PN) from [NJ Exec Order 26.4b1], there was no indication in the PN that the Resident's [US FOIA (b)(6)] was notified that the aforementioned medications were not administered according to the scheduled time. In addition, there was no documented evidence of harm to the Resident from the late administration of medications. 2. According to the AR, Resident #2 was admitted with diagnoses including but not limited to [NJ Exec Order 26.4b1]. A review of the MDS dated [NJ Exec Order 26.4b] revealed that Resident #2 had a BIMS score of [NJ Exec] indicating that Resident #2 had [NJ Exec Order 26.4b1] and required assistance with ADLs.	F 755		

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F 755	Continued From page 4 A review of Resident #2's CP, initiated on [redacted] and revised on [redacted] indicated that Resident #2 had [redacted] Intervention included but were not limited to give [redacted] as ordered. A review of Resident #2's Order Summary Report (OSR), dated [redacted], revealed an order for [redacted], give [redacted] give [redacted] A review of Resident #2's MAR for the month of [redacted] confirmed the abovementioned medications were scheduled and to be administered as follows: [redacted], give [redacted] to be administered at [redacted] [redacted], give 1 [redacted] to be administered at [redacted] A review of Resident #2's MAAR indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows: [redacted] was schedule to be administered at [redacted] however, it was administered as follows: [redacted]	F 755		

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F 755	Continued From page 5 NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1, was schedule to be administered at NJ Exec Order 26.4b1., however, it was administered as follows: NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1, give NJ Exec Order 26.4b1 was schedule to be administered at NJ Exec Order 26.4b1 [redacted]., however, it was administered follows: NJ Exec Order 26.4b1 [redacted]	F 755		

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F 755	Continued From page 6	F 755		

NJ Exec Order 26.4b1 [redacted]

A review of Resident #2's PN from NJ Exec Order 26.4b1 [redacted] there was no indication in the PN that the Resident's US FOIA (b) [redacted] was notified that the aforementioned medications were not administered according to the scheduled time. In addition, there was no documented evidence of harm to the Resident from the late administration of medications.

During an interview with the Registered Nurse (RN #1) on 6/27/24 at 12:06 p.m., the U.S. FOIA [redacted] stated that the nurses were to administer the medications according to the schedule, one hour before and one hour after. RN #1 further stated that if the medications were not administered on scheduled time, the nurse was to notify the Doctor and document in the residents' medical records (MR) for continuity of care and to avoid errors.

During an interview with the NJ Exec Order 26.4b [redacted] Unit Manager/RN (UM/RN #2) on 6/27/24 at 12:47 p.m., the UM/RN#2 stated that the nurses were expected to administer the medications according to the schedule, one hour before and one hour

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F 755	Continued From page 7 after. The UM/RN #2 further stated that if the medications were not administered on scheduled time, the nurse was to notify the doctor and document in the residents' (MR). The UM/RN explained that "if not documented means it didn't happen, the Doctor was not notified." A review of the facility's policy titled "Medication Administrations," dated on 10/2022, revealed "Medications shall be administered in a safe and timely manner, and as prescribed...2. Medications must be administered in accordance with the orders, including any required time frame. 3. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified...11. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication will document in medication administration record..." NJAC 8:39-29.2 (d)	F 755		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(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(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident	F 842		8/7/24

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F 842	Continued From page 8 that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(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(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(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(i)(5) The medical record must contain-	F 842		

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F 842	Continued From page 9 (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (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: C #: NJ00173104 and NJ00171706 Based on interviews, medical record review, and review of other pertinent facility documents on 6/27/24 and 6/28/24, it was determined that the facility staff failed to consistently document in the "Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status and care provided to the resident according to the facility policy and protocol for 2 of 4 residents (Resident #1 and Resident #3) reviewed for documentation. This deficient practice was evidenced by the following: 1. According to the "ADMISSION RECORD" (AR), Resident #1 was admitted with diagnoses including but not limited to NJ Exec Order 26.4b1 [redacted] A review of the Minimum Data Set (MDS), an assessment tool dated [redacted], revealed that Resident #1 had a Brief Interview of Mental Status (BIMS) score of [redacted] indicating that Resident #1 had NJ Exec Order 26.4b1 and required assistance with ADLs.	F 842	a. The facility is unable to retroactively complete AADL documentation for R1 and R3. b. Residents residing in the facility have the potential to be affected by this deficient practice. c. The Director of Nursing/designee will in-service the certified nursing assistants and agency certified nursing assistants on documenting the ADL care provided in the POC. d. The Director of Nursing/designee will audit POC documentation weekly x4 weeks and then monthly x 2 months for completion of ADL documentation, discrepancies will be addressed with certified nursing assistants. Results of these audits will be forwarded to the QAPI committee monthly x 3 months for further recommendations.	

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F 842	Continued From page 10	F 842		

Resident #1's Care Plan (CP) initiated on [redacted] and revised on [redacted] indicated that Resident #1 had a [redacted] performance [redacted] related to [redacted].

The form DSR (ADL Record), dated [redacted] for completion of ADL under "Intervention/Task" did not indicate that the [redacted] and [redacted] were provided to the Resident on the following dates and time:

[redacted]

During 7:00 a.m. to 3:00 p.m. shift, on [redacted] to [redacted].

During 3:00 p.m. to 11:00 p.m. shift, on [redacted] to [redacted].

During 11:00 p.m. to 7:00 a.m. shift, on [redacted] to [redacted]

[redacted]
During 7:00 a.m. to 3:00 p.m. shift, on [redacted] to 4/30/24

During 3:00 p.m. to 11:00 p.m. shift, on [redacted] to [redacted].

During 11:00 p.m. to 7:00 a.m. shift, on [redacted] [redacted].

2. According to the AR, Resident #3 was admitted with diagnoses that included but were not limited to: [redacted]

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F 842	Continued From page 11 The MDS, dated [redacted] indicated that Resident #3 was NJ Exec Order 26.4b1, indicating [redacted] and required [redacted] from staff with ADLs. Resident #3's CP initiated on [redacted] indicated that Resident #3 had limited NJ Exec Order 26.4b1 [redacted] Interventions included but not limited to: Providing NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 with [redacted] as needed, and document assistance as needed. Review of Resident #3's DSR and PN for the months of NJ Exec Order 26.4b1 there were no indication that the care was provided on the following dates and shifts which was not according to their policy. The form DSR, dated [redacted] for completion of ADL under "Intervention/Task" did not indicate that the NJ Ex Order 26.4b1 [redacted] were provided to the Resident on the following dates and time: U.S. FOIA (b)(6) [redacted]: During 7:00 a.m. to 3:00 p.m. shift, on [redacted] During 3:00 p.m. to 11:00 p.m. shift, on [redacted] to NJ Exec Order 26.4b1 [redacted]. During 11:00 p.m. to 7:00 a.m. shift, on [redacted] to NJ Exec Order 26.4b1 [redacted].	F 842		

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F 842	Continued From page 12 During an interview with the surveyor on 6/28/23 at 11:44 AM, the Certified Nursing Assistants (CNA #1), who took care of Resident #3, stated that CNAs are responsible for documenting the ADL care provided into the Point of Care (POC), a mobile-enabled app that runs on wall-mounted kiosks or mobile devices that enables care staff to document activities of daily living at or near the point of care to help improve accuracy and timeliness of documentation, at the end of the shift. CNA #1 explained that the ADLs provided to the residents had to be documented in POC to communicate to other staff that the care was done. During an interview with the surveyors on 6/28/24 at 12:47 P.M., the Unit Manager/Registered Nurse (UM/RN#1), stated that [redacted] were responsible for documenting the ADL care provided into the POC. The [redacted] further stated that the [redacted] need to document in the DSR even if the care was not provided due to refusal. He explained that the documentation must be completed in the residents' DSR by the end of each shift to show that the care was provided to the residents. Review of the facility policy titled "Charting and Documentation," dated 1/2022, reflected "POLICY Statement All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care...1. Documentation in the medical record may be electronic, manual or a combination. 2. The	F 842		

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F 842	Continued From page 13 following information is to be documented in the resident medical record...c. Treatment or services performed..." NJAC: 8:39-35.2 (d)(6)	F 842		

New Jersey Department of Health

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	061344	A. BUILDING: _____ B. WING _____	C 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	160 S MAIN ST OCEAN GROVE, NJ 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) COMPLETE DATE
S 000	Initial Comments Complaint #s: NJ00171706, NJ00172527, NJ00171459, NJ00172188, NJ00173104, and NJ00174056 Census: 98 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Compalint #: NJ00171706, NJ00172527, NJ00171459, and NJ00172188 Based on interviews, 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 the day shift as mandated by the State of New Jersey. This	S 560	1. All efforts to hire facility Certified Nursing Aide(s) will continue until there is adequate staff to serve all residents. Until the time, facility will utilize staffing agencies to fill any open spots in the schedule. Contracts with additional staffing agencies will be secured to supplement facility staff. Hiring and	8/7/24

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

Electronically Signed | 08/05/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 deficient practice was evidence by the following. shifts reviewed. 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 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. For the 4 weeks of Complaint staffing from 03/03/2024 to 03/30/2024, the facility was deficient in CNA staffing for residents on 27 of 28 day shifts and deficient in CNAs to total staff on 2 of 28 evening shifts as follows: -03/03/24 had 7 CNAs for 87 residents on the day shift, required at least 11 CNAs. -03/04/24 had 6 CNAs for 84 residents on the day shift, required at least 10 CNAs. -03/05/24 had 7 CNAs for 84 residents on the day	S 560	recruitment efforts including wage analysis and adjustments, pay for experience, online job listing, job fairs, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace and surrounding area. In addition, daily and weekly meetings with the staffing coordinator. No resident was affected by this deficient practice. 2. All residents have the potential to be affected by this deficient practice. Therefore, this applies to all residents (current and future). 3. Contracts with additional staffing agencies will be secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for experience, online job listings, job fairs, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace and surrounding area. In addition, daily and weekly meetings with the staffing coordinator. 4. The results of these reviews will be submitted to the (Quarterly Assurance Performance Improvement (QAPI) committee for review. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting/review.	

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COMPLETE CARE AT OCEAN GROVE LLC	160 S MAIN ST OCEAN GROVE, NJ 07756

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S 560	Continued From page 2	S 560		

shift, required at least 10 CNAs.
-03/06/24 had 6 CNAs for 84 residents on the day shift, required at least 10 CNAs.
-03/07/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.
-03/08/24 had 8 CNAs for 80 residents on the day shift, required at least 10 CNAs.
-03/09/24 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs.
-03/09/24 had 4 CNAs to 10 total staff on the evening shift, required at least 5 CNAs.

-03/10/24 had 6 CNAs for 78 residents on the day shift, required at least 10 CNAs.
-03/10/24 had 4 CNAs to 10 total staff on the evening shift, required at least 5 CNAs.
-03/11/24 had 8 CNAs for 78 residents on the day shift, required at least 10 CNAs.
-03/12/24 had 8 CNAs for 78 residents on the day shift, required at least 10 CNAs.
-03/13/24 had 9 CNAs for 78 residents on the day shift, required at least 10 CNAs.
-03/14/24 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs.
-03/15/24 had 9 CNAs for 80 residents on the day shift, required at least 10 CNAs.
-03/16/24 had 9 CNAs for 80 residents on the day shift, required at least 10 CNAs.

-03/17/24 had 9 CNAs for 79 residents on the day shift, required at least 10 CNAs.
-03/18/24 had 4 CNAs for 79 residents on the day shift, required at least 10 CNAs.
-03/19/24 had 7 CNAs for 78 residents on the day shift, required at least 10 CNAs.
-03/20/24 had 7 CNAs for 78 residents on the day shift, required at least 10 CNAs.
-03/22/24 had 9 CNAs for 78 residents on the day shift, required at least 10 CNAs.
-03/23/24 had 7 CNAs for 78 residents on the day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 3 shift, required at least 10 CNAs. -03/24/24 had 8 CNAs for 79 residents on the day shift, required at least 10 CNAs. -03/25/24 had 7 CNAs for 78 residents on the day shift, required at least 10 CNAs. -03/26/24 had 9 CNAs for 77 residents on the day shift, required at least 10 CNAs. -03/27/24 had 9 CNAs for 77 residents on the day shift, required at least 10 CNAs. -03/28/24 had 6 CNAs for 77 residents on the day shift, required at least 10 CNAs. -03/29/24 had 8 CNAs for 77 residents on the day shift, required at least 10 CNAs. -03/30/24 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs. For the 2 weeks of Complaint staffing from 06/09/2024 to 06/22/2024, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in CNAs to total staff on 1 of 14 evening shifts as follows: -06/09/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs. -06/10/24 had 6 CNAs for 96 residents on the day shift, required at least 12 CNAs. -06/10/24 had 9 total staff for 96 residents on the evening shift, required at least 10 total staff. -06/11/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. -06/12/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. -06/13/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. -06/14/24 had 8 CNAs for 95 residents on the day shift, required at least 12 CNAs. -06/15/24 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 4 -06/15/24 had 4 CNAs to 10 total staff on the evening shift, required at least 5 CNAs. -06/16/24 had 5 CNAs for 95 residents on the day shift, required at least 12 CNAs. -06/17/24 had 6 CNAs for 95 residents on the day shift, required at least 12 CNAs. -06/18/24 had 7 CNAs for 96 residents on the day shift, required at least 12 CNAs. -06/19/24 had 7 CNAs for 95 residents on the day shift, required at least 12 CNAs. -06/20/24 had 8 CNAs for 94 residents on the day shift, required at least 12 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061344 Y1	A. Building B. Wing Y2	8/9/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	160 S MAIN ST OCEAN GROVE, NJ 07756

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/07/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
6/28/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061344 Y1	A. Building B. Wing Y2	8/9/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT OCEAN GROVE LLC	160 S MAIN ST OCEAN GROVE, NJ 07756

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/07/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
6/28/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO