

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>315333</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/30/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>COMPLETE CARE AT ARBORS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1750 ROUTE 37 WEST , TOMS RIVER, New Jersey, 08757</b>	
(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 Survey</p> <p>Complaint #: # 2617236</p> <p>Survey Dates: 10/30/2025</p> <p>Survey Census: 104</p> <p>Sample Size: 3</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		11/17/2025

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

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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		11/17/2025
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 #: 2617236  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 shifts as mandated by the state of New Jersey. This was evident for the 4 weeks of complaint staffing from 09/07/2025 to 09/20/2025 and 10/12/2025-10/25/2025.  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 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:	S0560	Immediate corrective action for residents affected by deficient practice:  The facility continues to actively fill all open CNA (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with the Human Resource Director and Staffing Coordinator, who were both able to reiterate minimum staffing requirements for nursing homes.  Identify those individuals who could be affected by the deficient practice:  All residents have the potential to be affected by the deficient practice.  Measures put in place to ensure the deficient practice will not occur for those residents affected:  The facility will continue to focus recruitment and retention strategies as follows: identify vacant positions daily and attempt to fill positions with current CNA staff or agency.  The Administrator and Director of Nursing will work diligently with Corporate Recruiters to advertise, recruit and hire sufficient CNA staff.	12/14/2025

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S0560	<p>Continued from page 1 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 4 weeks of AAS-11 staffing, the facility was deficient as follows:</p> <p>For the 2 weeks of Complaint staffing from 09/07/2025 to 09/20/2025, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts and deficient in total staff for residents on 4 of 14 overnight shifts as follows:</p> <p>-09/07/25 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-09/07/25 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff.</p> <p>-09/08/25 had 9 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-09/08/25 had 7 total staff for 106 residents on the overnight shift, required at least 8 total staff.</p> <p>-09/09/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/10/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/11/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>-09/12/25 had 7 total staff for 109 residents on the overnight shift, required at least 8 total staff.</p> <p>-09/14/25 had 11 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p>	S0560	<p>Continued from page 1</p> <p>Administrator to continue work with Human Resources and Staffing Manger to offer shift bonuses and flexible work schedules.</p> <p>Administrator and Human Resources will continue to focus on recruitment and employer sponsorship of qualified candidates for enrollment in a Certified Nursing Assistant Training and Competency program.</p> <p>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.</p> <p>The Administrator will educate the Staffing Coordinator on the process to project staffing needs based on facility census fluctuations to meet mandated ratios.</p> <p>The Administrator and Human Resources will conduct a wage analysis in order to offer competitive compensation to CNA staff to improve CNA recruitment and retention.</p> <p>The Administrator will implement daily meetings with Staffing Coordinator, Human Resources, and Director of Nursing to address daily staffing schedules, verify compliance with New Jersey State mandated ratios, and any other concerns related to staffing.</p> <p>Monitoring of measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>Administrator/Designee to audit the effectiveness of hiring strategies to include open CNA 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 1x weekly x4 weeks then continue 1x weekly x2 months.</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>	

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S0560	<p>Continued from page 2</p> <p>-09/14/25 had 7 total staff for 109 residents on the overnight shift, required at least 8 total staff.</p> <p>-09/15/25 had 12 CNAs for 109 residents on the day shift, required at least 14 CNAs.</p> <p>-09/17/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-09/20/25 had 10 CNAs for 104 residents on the day shift, required at least 13 CNAs.</p> <p>For the 2 weeks of Complaint staffing from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>-10/12/25 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>-10/18/25 had 11 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-10/19/25 had 12 CNAs for 102 residents on the day shift, required at least 13 CNAs.</p> <p>-10/21/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-10/22/25 had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-10/23/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>-10/25/25 had 10 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>During and interview on 10/30/2025 at 1:52 PM with the surveyor the Licensed Nursing Home Administrator said she feels they are generally meeting staffing requirements.</p> <p>The facility failed to provide a staffing policy.</p>	S0560		

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F0000	<p><b>INITIAL COMMENTS</b></p> <p>An offsite/desk review of the facility's Plan of Correction was conducted on 12/23/2025 in relation to the 10/30/2025 complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p>	F0000		

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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S0000	Initial Comments  An offsite/desk review of the facility's Plan of Correction was conducted on 12/23/2025 in relation to the 10/30/2025 State of New Jersey Re-Licensure 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		

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