STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315276	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	**69 MAPLE ROAD , WEST MILFORD, New Jersey, 07480**

(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 #s 387367 COMPLAINT SURVEY: 10/27/25 CENSUS: 103 SAMPLE SIZE: 3 A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities.	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061612	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD , WEST MILFORD, New Jersey, 07480

(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
S0000	Initial Comments THE FACILITY WAS 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		11/20/2025
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 for 13 of 14 day shifts as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:	S0560	No residents were immediately affected by this deficiency. All residents have the potential to be affected by this deficiency. The Director of Nursing provided in-service to the staffing coordinator on appropriate staffing levels. The facility added per diem, and part time staff to meet the minimum staff to resident ratios. The facility has conducted an open house, and partnered with local schools for newly certified aides. The facility will be conducting CNA classes in the facility at the start of the new year. The facility has advertised open jobs through online recruitment platforms. The Director of Nursing or designee will review the CNA daily staffing schedule daily for 8 weeks to ensure the staffing requirements are met and will audit staffing levels 3x weekly for 8 weeks. All findings will be reported and reviewed monthly at the Quality Assurance and Performance Improvement meeting.	11/20/2025

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: 061612	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD , WEST MILFORD, New Jersey, 07480

(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
S0560	Continued from page 1 (1) one certified nurse aide to every eight residents for the day shift; (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two-week period beginning 10/12/25 to 10/25/25 revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements. The facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:	S0560		

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S0560	Continued from page 2 -10/12/25 had 10 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/14/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/15/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/16/25 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/17/25 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/18/25 had 10 CNAs for 105 residents on the day shift, required at least 13 CNAs. -10/19/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/20/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/21/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/22/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/23/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/24/25 had 12 CNAs for 104 residents on the day shift, required at least 13 CNAs. -10/25/25 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs.	S0560		
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of:	S1680	No Residents were affected by this deficient practice All Residents have the potential to be affected by this deficient practice. Additional per diem, part time and fulltime were scheduled to meet minimum staff to resident ratios. Licenses/ certifications were verified by the staffing manager/ Human Resources for current licensed certified staff. DON / Designee to in-service Staffing Coordinator on appropriate staffing levels. The facility has advertised open jobs through online recruitment platforms as well as traditional recruitment firms.	11/20/2025

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S1680	Continued from page 3 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of the Nurse Staffing Reports for the weeks of 10/12/2025 to 10/25/2025, the facility was deficient in staffing for required resident services on 3 of 14 days. The required staffing hours and actual staffing hours are as follows: For the 2 weeks of AAS-12 staffing from 10/12/2025 to 10/25/2025, the facility was deficient in staffing for required resident services on 3 of 14 days as follows: For the week of 10/12/25 Required Staffing Hours: 311 -10/12/25 had 280 actual staffing hours, for a difference of -31 hours. -10/18/25 had 288 actual staffing hours, for a difference of -23 hours.	S1680	Continued from page 3 The facility has raised the rates across the board to attract more staff. The facility conducted an open house and offered bonuses for shift pickup. The Scheduling manager or designee will audit weekly x4 weeks and monthly x2 months to ensure staffing levels are within the mandated ratios. All identified concerns will be corrected immediately. The results of the audits will be reviewed in QAPI monthly.	

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S1680	Continued from page 4 For the week of 10/19/25 Required Staffing Hours: 315.25 -10/25/25 had 312 actual staffing hours, for a difference of -3.25 hours.	S1680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315276	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT MILFORD MANOR LLC	69 MAPLE ROAD , WEST MILFORD, New Jersey, 07480

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/4/25 in relation to the 11/7/25 complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		12/10/2025

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

New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **061612**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/04/2025**

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/4/25 in relation to the 11/7/25 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		12/10/2025

Office of Primary Care and Health Systems Management

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