STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315342	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT BRICK LLC	**415 JACK MARTIN BLVD , BRICK, New Jersey, 08724**

(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 A Complaint Survey was conducted on behalf of the New Jersey Department of Health. Complaint # : 425817, 425816, 425815, 425814, 425812 and 425810 Survey Dates: 08/18/25-08/20/25 Survey Census: 74 Sample Size: 9 THE FACILITY WAS FOUND TO BE IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		08/29/2025

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: 656001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

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S0000	Initial Comments CENSUS: 74 SAMPLE SIZE: 9 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		08/29/2025
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 review of pertinent facility documentation, on 08/20/2025, it was determined that the facility failed to ensure staffing ratios were met for 7 weeks of day shifts reviewed. This deficient practice had the potential to affect all residents. The 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 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	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 Senior Human Resources 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	09/19/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 656001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

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S0560	Continued from page 1 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 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. Staffing from 03/30/2025 to 04/05/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -03/30/25 had 8 CNAs for 77 residents on the day shift, required at least 10 CNAs. Staffing from 05/04/2025 to 05/10/2025, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -05/06/25 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs. Staffing from 08/03/2025 to 08/16/2025, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: -08/08/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs. -08/09/25 had 8 CNAs for 70 residents on the day shift, required at least 9 CNAs.	S0560	Continued from page 1 diligently with Corporate Recruiters to advertise, recruit and hire sufficient CNA staff. Administrator to continue work with Senior Human Resources Director and Staffing Manger to offer shift bonuses and flexible work schedules. Administrator and Senior Human Resources will continue to focus on recruitment and employer sponsorship of qualified candidates for enrollment is a Certified Nursing Assistant Training and Competency program. Administrator and Senior Human Resources Director 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. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Administrator/Designee to audit the effectiveness of hiring strategies to include open CNA and Licensed Nurse positions vs. new hires, reporting on successful strategies-to-hire based on percentages, and turnover rates. The duration of all audits will consist of completion 1x weekly x4 weeks then continue 1x weekly x2 months. All findings will be brought to the administrator and reviewed in Quality Assurance Meeting for recommendations. Results of audits will be reported to the Administrator and reviewed at the Monthly Quality Assurance Performance Improvement Meeting and Quarterly at the Quality Assurance Meeting.	

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COMPLETE CARE AT BRICK LLC	**415 JACK MARTIN BLVD , BRICK, New Jersey, 08724**

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 09/24/2025 in relation to the 08/20/2025 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	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.

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

New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 09/24/2025 in relation to the 08/20/2025 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		

Office of Primary Care and Health Systems Management

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