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 09/12/2025

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 Survey Dates: 09/09/25 – 09/12/25 Survey Census: 80 Sample Size: 26 A Recertification Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.	F0000		11/18/2025
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen	F0550	Immediate corrective action for residents affected by this deficient practice: CNA 2 was immediately re-educated on proper [redacted] techniques, including sitting at eye level with residents when assisting with [redacted]. A chair was placed in R85's room and staff confirmed seating is available at bedside for [redacted]. Nursing staff verified that R85 was safe, and [redacted] identified related to the incident. The Director of Nursing immediately conducted observations on all units during meals to ensure no other residents were fed by standing staff. Identify those individuals who could be affected by this deficient practice: All residents who require assistance with eating could be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected:	10/17/2025

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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F0550 SS = D	Continued from page 1 or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure dignity during dining for one of 26 sampled residents (Resident (R)85) when staff stood while NJ Exec Order the resident. This failure could cause NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, and NJ Exec Order 2 the risk of NJ Exec Order and/or NJ Exec Order 26.4b1 or NJ Exec O into the NJ Exec Or Findings include: Review of R85's quarterly "Minimum Data Set (MDS)" assessment, located under the "MDS" tab of the electronic medical record (EMR) and with an "Assessment Reference Date" (ARD) of NJ Ex Order 26, 4, revealed R85 admitted to the facility on NJ Ex Order 26, 4 with diagnoses that included NJ Ex Order 26, 4B1 [redacted] It was recorded R85 scored NJ Ex Order 26, 4B1 on the "Brief Interview for Mental Status (BIMS)," which indicated the resident was NJ Ex Order 26, 4B1 . It was recorded R85 received a NJ Ex Order 26, 4B1 . Review of R85's "Care Plan," revised NJ Ex Order 26, 4 and located in the EMR under the "Care Plan" tab, revealed, "[R85] presents with pre-existing ADL [activities of daily living] function and NJ Exec Order 26.4b1 related to NJ Ex Order 26, 4B1 ." An intervention included, ". . . Eating: The resident requires NJ Exec Order 26.4b1 x 1 staff occasionally for NJ Exec Or . . ." Review of R85's " NJ Exec Order," dated NJ Ex Order 26, 4 and located in the "Order" tab of the EMR, revealed, ". . . NJ Exec Order 26.4b1 NJ Ex Order 26, 4B1 [redacted] . . ." Review of R85's "Care Plan," dated NJ Ex Order 26, 4 and located in the EMR under the "Care Plan" tab, revealed, ". . . The resident has a NJ Ex Order 26, 4B1 [redacted] An intervention included, ". . . Monitor/document/report PRN [as needed] any s/sx NJ Ex Order 26, 4B1 [redacted] . . ." Review of R85's "eMAR (Electronic Medication Administration Record)-Medication Administration Note,"	F0550	Continued from page 1 All CNAs and licensed nursing staff were re-educated the Assistant Director of Nursing on the facility policy, “Promoting/Maintaining Resident Dignity”, emphasizing dignity and safety during meal assistance. Feeding assistance competencies were conducted by the Assistant Director of Nursing on 9.15.25 for all staff who assist with meals, including positioning, eye-level feeding, and use of safe swallow strategies. Administrator/designee will conduct audits to ensure that an adequate number of chairs are available in resident rooms and dining areas for staff use when assisting with feeding at meals. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Director of Nursing/designee will conduct dining observation audits of at least 5 residents requiring meal assistance. Audits will be completed 2x per week x4 weeks then 1x per week x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI and Quarterly Quality Assurance Meetings over the duration of the audit process to ensure compliance and reassessed for further action.	

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F0550 SS = D	Continued from page 2 dated [redacted] and located in the EMR under the "Progress Note" tab, revealed, ". . . Pt [patient] requires NJ Exec Order 26.4b1 at all [redacted] to [redacted] safety. Utilize NJ Ex Order 26, 4B1 and employ NJ Ex Order 26, 4B1 [redacted] . . ." During an observation on [redacted] at 12:16 PM, R85 was observed in [redacted] room, NJ Exec Order 26.4b1. Certified Nurse Aide (CNA) 2 was [redacted] R85 NJ Exec Order 26.4b1. CNA2 was observed standing while [redacted] R85 NJ Exec Order 26.4b1 with a fork. R85 was served baked NJ Exec Order 26.4b1 [redacted] CNA2 was asked if she was supposed to stand while [redacted] R85 and was there a chair for her to sit in. CNA2 looked around the room for a chair. CNA2 stated she was not supposed to stand, but there was no chair available. At 12:33 PM, CNA2 was observed still standing while feeding R85 [redacted]. During an interview on 09/12/25 at 10:36 AM, Unit Manager (UM)1 was informed CNA2 was NJ Exec Order 26.4b1 R85 on [redacted] at lunch and was asked if staff should stand to [redacted] residents. UM1 stated, "No, [CNA2] should be at the same level." UM1 acknowledged R85 had a [redacted] During an interview on 09/12/25 at 12:18 PM, U. S. FOIA (b) (2) [redacted] was asked if staff should stand while [redacted] R85, [redacted] confirmed CNAs should not be standing when [redacted] R85 as it is a dignity and safety issue. Review of the facility policy titled. "Promoting/Maintaining Resident Dignity," dated 09/01/24 revealed, ". . . It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment that maintains or enhances resident's quality of life by recognizing each resident's individuality . . ." NJAC 8:39-4.1(a)	F0550		
F0578 SS = D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the	F0578	Immediate corrective action for residents affected by this deficient practice: The U. S. FOIA (b) (2) immediately corrected R78's electronic medical record to reflect the current [redacted] status of NJ Ex Order 26, 4B1 with [redacted] signed advance directive. The conflicting "[redacted]" order was discontinued. Resident R78 was interviewed by the U. S. FOIA (b) (2) to reaffirm [redacted], which matched the corrected record.	10/17/2025

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F0578 SS = D	Continued from page 3 requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interviews, and review of the facility's policy, the facility failed to ensure the code status was updated in the electronic medical record (EMR) to match the NJ Exec Order 26 4b1 ordered for one of 26 sample residents (Resident (R) 78) reviewed for NJ Exec O NJ Ex Order. The deficient practice could result in a resident who did not want to be NJ Ex Order 26, 4B1 receiving NJ Ex Order 26, 4B1 . Findings include: Review of R78's "Admission Record," located under the "Profile" tab of the EMR, revealed the resident was admitted to the facility on NJ Ex Order 26, 4B and readmitted on NJ Ex Order 26, 4B with diagnoses that included a NJ Ex Order 26, 4B1 . Review of R78's "Care Plan," located under the "Care Plan" tab of the EMR and dated NJ Ex Order 26, 4B revealed the resident's advance directive was a NJ Ex Order 26, 4B1 , NJ Ex [redacted]" Review of R78's "Profile" screen, located under the "Profile" tab, and "Physician's Orders," located under the "Orders" tab of the EMR, revealed NJ Ex Order 26, 4B1" ordered on NJ Ex Order 26, 4B . NJ Ex Order 26	F0578	Continued from page 3 Identify those individuals who could be affected by this deficient practice: All residents could be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: All licensed nurses and providers were re-educated by the Assistant Director of Nursing on the policy “Advanced Directives”, with emphasis on: Ensuring that any new code status order requires discontinuation of the prior conflicting order. Verifying that the electronic medical record profile tab, orders tab, and advance directive documentation all match. Medical Providers were re-educated by the Director of Nursing to document advance directive discussions and update electronic medical record orders in real time. Admission/re-admission checklist was revised to include a mandatory code status verification step by admitting nurse and Unit Manager within 24 hours. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Social Services/designee will conduct weekly code status audits of at least 5 different residents. Audits will be completed 2x per week x4 weeks then 1x week x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI and Quarterly Quality Assurance Meetings over the duration of the audit process to ensure compliance and reassessed for further action.	

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F0578 SS = D	Continued from page 4 NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 were ordered on NJ Ex Order 26, 4B1 Review of R78's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of NJ Ex Order 26, 4B1 and located under the "MDS" tab of the EMR, revealed R78 had a "Brief Interview for Mental Status (BIMS)" score of NJ Ex Order 26, 4B1 which indicated the resident was NJ Ex Order 26, 4B1. Review of R78's NJ Ex Order 26, 4B1 Protocol Form," located under the "MISC" tab of the EMR and dated NJ Ex Order 26, 4, had an "checkmark" next to NJ Ex Order and NJ Ex Orde and was signed by both R78 and the nurse practitioner. Review of R78's "Progress Note," located under the "Prog Notes" tab of the EMR and dated NJ Ex Order 26, 4B1, revealed US FOIA (b)(6)) 1 had documented, ". . . Discussed complex medical decisions and preferences for care. [R78] stated NJ Exe has a NJ Exec Order 26 and NJ Exec Order 26.4b is NJ Exec Order 26.4b1 . NJ Exec requests NJ Ex Order 26, 4B1 Facility NJ Ex Order 26, 4B1. Introduced NJ Ex Order 26, 4B1] document and reviewed differences between NJ Exec Order 26.4b1 . NJ Exec declined more information on NJ Exec Order All questions and concerns addressed . . ." During an interview on 09/10/25 at 1:49 PM, R78 stated NJ Exe had a NJ Ex Order 26, 4 and wished to be NJ Ex Orde and NJ Ex Order 26, 4B1 . During an interview on NJ Ex Order 26, 4B1, Licensed Practical Nurse (LPN) 1 stated, "[R78's] NJ Exec O is NJ Ex Order 26, 4B1 while looking in the EMR. NJ Exec stated, "I would initiate NJ Ex Order 26, until I could verify NJ Exec O status is clarified even though NJ Ex Order 26, 4B1 is included." During a follow-up interview on 09/10/25 at 2:23 PM, LPN1 stated "[R78's] advance directive and EMR were reviewed. When the advance directive was updated on NJ Ex Order 26, 4 by the U. S. FOIA (b) (2) the NJ Ex Order 26, order was not discontinued. The advance directive has been reviewed, and NJ Ex Order 26, 4 status has been NJ Exec Order 26.4b1 NJ Exe code status in the EMR is NJ Ex Order 26, 4B1." During an interview on 09/12/25 at 5:40 PM, the U. S. FOIA (b) (2) and U. S. FOIA (b) (2) stated, 'NJ Exec Order 26.4b1 can be found in the EMR, on NJ Exec Order and in the hard chart. If a resident had both NJ Ex Order 26, 4B1 on the profile screen of the EMR, CPR would be initiated until the NJ Exec O status could be clarified. All residents on admission are NJ Ex Order 26, until advance directives are verified. We have already completed a full audit of all residents' NJ Exec O status to verify that NJ Exec O status was entered correctly into the EMR." During an interview on 09/12/25 at 5:40 PM, the U. S. FOIA (b) (2) and U. S. FOIA (b) (2) stated she had conversation with NP1. She stated NP1 was able to recall the resident, R78, and recalled the conversation she had with R78 regarding NJ Exec O status. She stated that NP1 stated that normally she would NJ Exec Order 26.4b1 the	F0578		

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F0578 SS = D	Continued from page 5 previous [NJ Exec O] status order. The [U. S. FOIA (b) (2)] stated that she reminded NP1 to be conscientious of changing [NJ Exec O] status orders and to be sure to discontinue the old order. Review of the facility's policy titled, "Advance Directives," updated 12/01/24, included "Advance directives will be respected in accordance with state law and facility policy… Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record…The resident has the right to refuse treatment. whether or not he or she has an advance directive. A resident will not be treated against his or her own wishes. In accordance with current OBRA [Omnibus Budget Reconciliation Act] definitions and guidelines governing advance directives, our facility has defined advanced directives as preferences regarding treatment options and include but are not limited to…Do Not Resuscitate DNR - indicates that in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy. or representative (sponsor) has directed that no cardiopulmonary resuscitation (CPR) or other life-sustaining treatment or methods are to be used." NJAC 8:39-4.1(a)NJAC 8:39-27.1(a)	F0578		
F0655 SS = D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services.	F0655	Immediate corrective action for residents affected by this deficient practice: Resident #51's Care Plan was immediately reviewed and updated to reflect accuracy and include [NJ Ex Order 2] orders, interventions for [NJ Ex Order 26, 4B1] care, and monitoring instructions. Identify those individuals who could be affected by this deficient practice: All residents on dialysis 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: All nurses were re-educated on 9.16.25 by the [U.S. FOIA (b) (2)] [redacted] on the facility policy "Baseline Care Plan", emphasizing the requirement to include dialysis and any specialized treatments within 48-hours of admission. Director of Nursing/designee reviewed all new admissions within that last 30 days for base line care	10/17/2025

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F0655 SS = D	Continued from page 6 (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to develop and implement a baseline care plan that included instructions needed to provide effective and person-centered care related to [redacted] within 48 hours of admission for one of 26 sample residents (Resident (R) 51) reviewed for baseline care plans. Failure to develop and implement a baseline care plan could place residents at risk for unmet care needs. Findings include: Review of R51's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed the resident was re-admitted on [redacted] with diagnoses that included dependence on [redacted] and surgical aftercare following [redacted] Review of R51's "Physician's Orders," located under the "Orders" tab of the EMR, revealed an order, dated [redacted], for [redacted]. Review of R51's five-day "Minimum Data Set	F0655	Continued from page 6 plan completeness. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Director of Nursing/designee will conduct audits on all dialysis residents' baseline care plans. Audits will be completed 1x weekly x4 weeks, then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting 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.	

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F0655 SS = D	Continued from page 7 (MDS)," located under the "MDS" tab of the EMR and with an Assessment Reference Date (ARD) of [redacted], indicated the resident received [redacted] on admission and while a resident and had a "Brief Interview for Mental Status (BIMS)" score of [redacted], which indicated the resident was [redacted]. During an interview on 09/09/25 at 1:14 PM, R51 stated [redacted] had a [redacted] that had not been cleaned or cared for since [redacted] last had [redacted] R51's [redacted] was observed with the [redacted] from the [redacted] was [redacted]. Review of R51's "Baseline Care Plan," dated [redacted], located under the "Evaluations" tab of the EMR, revealed "Does resident require [redacted]" was marked "No." During an interview on 09/12/25 at 5:33 PM, the [redacted]) confirmed that [redacted] was not included on the baseline care plan and stated that the expectation was that [redacted] should have been included on the baseline care plan. Review of the facility's policy titled, "Baseline Care Plan," dated [redacted], revealed "The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care . . . The baseline care plan will: Be developed within 48 hours of a resident's admission . . . The admitting nurse, or supervising nurse on duty, shall gather information from the admission physical assessment, hospital transfer information, physician orders, and discussion with the resident and resident representative, if applicable . . . Interventions shall be initiated that address the resident's current needs including . . . Any special needs such as for intravenous (IV) therapy, dialysis, or wound care . . ." NJAC 8:39-11.2	F0655		
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical,	F0656	Immediate corrective action for residents affected by this deficient practice: Resident #51: The Comprehensive Care Plan was reviewed and updated on [redacted] to accurately reflect [redacted] services [redacted], [redacted] services, resident-specific needs, goals, and interdisciplinary interventions. Resident #5: A Comprehensive Care Plan was developed on [redacted] to include resident-centered goals, [redacted] information, [redacted], [redacted] services, and interdisciplinary approaches specific to the resident. Identify those individuals who could be affected by	10/17/2025

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F0656 SS = D	Continued from page 8 mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to develop person centered comprehensive care plans for NJ Exec Order 26.4b1 NJ Ex Order 26 and/or a NJ Ex Order 26, 4B1 for two of four residents (Resident (R)51 and R5) reviewed for care plans out of a total sample of 26. This placed the residents at risk for NJ Exec Order 26.4b1 and quality of care. Findings include: 1. Review of R51's "Admission Record," located under	F0656	Continued from page 8 this deficient practice: All residents on dialysis, with dialysis catheters, and participating in Outpatient Therapy 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 Director of Nursing re-educated Nursing Staff, social work, and therapy on 9.13.25 on policies entitled Comprehensive Care Plans and Documentation in Medical Record. An audit was conducted of all Resident Care plans for accurate reflection of resident care to ensure that all residents receiving dialysis services and/or therapy services have timely, person-centered Comprehensive Care Plans developed and updated as indicated. The facility conducted a facility-wide review of all residents receiving dialysis services, therapy services, and/or with dialysis catheters to identify any additional residents who may have been affected. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing/designee will conduct weekly audits of 5 Comprehensive Care Plans, including residents receiving therapy services and/or dialysis services. Audits will be completed 1x weekly x4 weeks, then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting 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.	

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 09/12/2025

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

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F0656 SS = D	Continued from page 9 the "Profile" tab of the electronic medical record (EMR), revealed the resident was re-admitted to the facility on NJ Ex Order 26, 4B with diagnoses that included NJ Ex Order 26, 4B1 . Review of R51's five-day "Minimum Data Set (MDS)," located under the "MDS" tab of the EMR and with an Assessment Reference Date (ARD) of NJ Ex Order 26, 4, indicated the resident received NJ Ex Order 26 on admission and while a resident; and had a "Brief Interview for Mental Status (BIMS)" score of NJ Ex Order 26, 4B1 which indicated the resident was NJ Ex Order 26, 4B1. During an interview on 09/09/25 at 1:14 PM, R51 stated NJ E had a NJ Ex Order 26, 4B1 and was on NJ Ex Order 26 until NJ Ex Order 26, 4. R51's NJ Ex Order 26, 4B1 was observed with the NJ Exec Order 26.4b1 from the NJ Ex Order 26, and the NJ Ex Order 26, 4B1. Review of R51's "Physician's Orders," located under the "Orders" tab of the EMR revealed an order, dated NJ Ex Order 26, 4B1. Review of R51's "Care Plan," located under the "Care Plan" tab of the EMR, revealed that the care plan did not indicate R51 was NJ Ex Order 26, 4B1. During an interview on 09/12/25 at 5:33 PM, the U. S. FOIA (b) (2)) confirmed that NJ Ex Order 26 and the NJ Ex Order 26, 4B1 were not included on the comprehensive care plan and stated that the expectation was that NJ Ex Order 26 and the NJ Ex Order 26, 4B1 should have been included on the comprehensive care plan. 2. Review of R5's quarterly "MDS," with an ARD of NJ Ex Order 26, 4 and located in the "MDS" tab of the EMR, revealed R5 was admitted to the facility on NJ Ex Order 26, 4B and had diagnoses including NJ Ex Order 26, 4B1 . It was recorded R5 had a "BIMS" score of NJ Ex Order 26, 4B1 R5 was not receiving NJ Ex Order 26, 4B1.. Review of R5's "Orders," dated NJ Ex Order 26, 4 and located in the EMR under the "Order" tab revealed	F0656		

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F0656 SS = D	Continued from page 10 'NJ Ex Order 26, 4B1 ." Review of R5's "Orders," dated NJ Ex Order 26, 4 and located in the EMR under the "Order" tab, revealed NJ Ex Order 26, 4B1 eval [evaluation] and treat for at least NJ Ex O days a week for NJ Ex days including ADL [activities of daily living] retraining, NJ Ex Order reeducation,NJ Ex Order 26, 4B1 activity] NJ Ex Orde], w/c [wheelchair] management, group activity, patient/caregiver education/training and discharge planning . . ." Review of R5's out-patient 'NJ Ex Order 26, 4B1 notes" facsimile (fax), dated NJ Ex Order 26, 4 and provided by the facility, revealed, ". . . NJ Ex Order 26, 4B1 Plan of Care NJ Exec Order 26.4b1 , NJ Ex Order 26, 4B1 Techniques, NJ Ex Order 26, 4B1 Re-Education, NJ Exec Order 26.4b1 , NJ Ex Order 26, 4B1 NJ Exec Order 26. NJ Ex Order 26, 4B1] Eval [evaluation] & [and] Treat, Home Exercise Program, Patient Education. Frequency: three times a week. Duration: NJ Exec Order 26.4b1 . . ." Review of R5's "Care Plan," located in the EMR under the "Care Plan" tab, revealed no care plan for NJ Ex Order 26 . During an observation on 09/09/25 at 3:18 PM, R5 was in NJ Ex room sitting on the NJ Exec Order 26.4b1 . R5 stated NJ Ex received NJ Ex Order 26, 4B1 due to NJ Exec Order 26.4 on NJ Ex managed NJ Exec Order 26.4b1 due to NJ Ex using up NJ Exec Order 2 earlier in the year. During an interview on 09/09/25 at 3:36 PM, the U. S. FOIA (b) (2) was asked about R5's NJ Exec Order 26.4b1 services and goals. The U. S. FOIA stated R5's managed care NJ Exec Order 26.4 plan did not allow R5 to receive NJ Ex Order 26, 4B1 so NJ Exe was receiving NJ Ex Order 26, 4B1 NJ Exec Ord The U. S. FOIA stated the NJ Ex Order 26, 4B1 determined NJ Exec Order 26 . During an interview on 09/11/25 at 10:18 AM, the U. S. FOIA (b) (2) was asked about R5's NJ Exec Order 2 The U. S. FOI stated R5 received NJ Ex Order 26 NJ Exec Order 2 under a NJ Exec Order 26.4b1 . NJ Ex Ord went on to say R5's NJ Exec Order 26.4 provided transportation to and from NJ Exe	F0656		

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F0656 SS = D	Continued from page 11 NJ Exec Order 26.4b1. During an interview on 09/12/25 at 9:39 AM, the U. S. FOIA (b) (2) was asked if R5 should have a care plan that addressed NJ Ex NJ Ex Order 26, 4B1 with goals. The U. S. FOI stated she would need to check. During an interview on 09/12/25 at 10:10 AM, the U. S. FOIA (b) (2)) provided the 'NJ Ex Order 26, 4B1 notes." The U. S. FOI was asked if there was a comprehensive care plan with goals in the facility's comprehensive care plan for R5's NJ Ex Order 26, 4B1 as none was found in the EMR. The U. S. FOI confirmed there was no NJ Ex Order 26, 4B1 plan in the EMR because R5 was considered NJ Exec Order and NJ Exe did not think a care plan for NJ Exec Order 26.4b1 was required. Review of the facility policy titled, "Comprehensive Care Plans," revised 03/01/25, revealed, ". . . It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and all services that are identified in the resident's comprehensive assessment and meet professional standards of quality . . ." NJAC 8:39-11.2(e) thru (i) NJAC 8:39-27.1(a)	F0656		
F0657 SS = D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident.	F0657	Immediate corrective action for residents affected by this deficient practice: Resident #68's Interdisciplinary Care Plan meeting was immediately scheduled and held to reflect accuracy and resident specifics. Resident #9 Interdisciplinary Care Plan meeting was scheduled with NJ Ex representative and the interdisciplinary team. Identify those individuals who could be affected by this deficient practice: All residents have the potential to be affected by the	10/17/2025

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F0657 SS = D	Continued from page 12 (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure regularly scheduled care conferences were conducted and residents were invited to participate in their care plan processes for two of four residents (Residents (R) 68 and R9) reviewed for care planning out of a total sample of 26. The deficient practice had the potential to cause poor health decisions and treatment and decrease resident satisfaction with care. Findings include: 1. Review of R68's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) date of [redacted] and located in the "MDS" tab of the electronic medication record (EMR), revealed an admission date [redacted]. It was recorded R68 had a "Brief Interview for Mental Status (BIMS)" score of [redacted], which indicated R68 was [redacted]. It was recorded R68 had diagnoses of [redacted]. Review of R68's "Care Plan Note," dated [redacted] and located in the EMR under the "Progress Notes" tab, revealed, ". . . Care plan meeting was held for resident. Resident, resident [family member] [redacted]] in attendance . . ."	F0657	Continued from page 12 deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: The [redacted] re-educated [redacted] on 9.15.25 on policies entitled Comprehensive Care Plans and Documentation in Medical Record and Care Planning Resident Participation. An audit was conducted of all current residents with comprehensive and quarterly MDS assessments completed in the last 90 days to determine if care plan meetings were scheduled and documented. Any residents without evidence of care conferences were immediately scheduled for Interdisciplinary team meetings with resident and representative participation. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Social Services/designee will conduct weekly audits of 5 resident care plans. Audits will be completed 1x weekly x4 weeks, then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting 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.	

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F0657 SS = D	Continued from page 13 Review of R68's "MDS," located in the EMR under the "MDS" tab, revealed a comprehensive MDS assessment was submitted on [redacted] and a quarterly MDS assessment was submitted on [redacted]. Review of R68's "Progress Notes" tab revealed no documented evidence care plan conferences were held for R68 following the NJ Ex Order 26, 4B1 MDS assessments. On 09/10/25 at 9:37 AM, R68 was asked if [redacted] was invited and/or attended [redacted] care conferences. R68 stated [redacted] had not been invited or attended a care conference in a very long time. During an interview on 09/11/25 at 10:12 AM, the U. S. FOIA (b) (2)) was asked about R68's care conferences. The [redacted] stated she had only been at the facility for the NJ Exec Order 26.4b1 filling in, as the previous US FOIA (b)(6) last day was [redacted] The [redacted] confirmed the care plan meeting notes were in the progress notes. The [redacted] was asked if there were any more care conferences for R68 since [redacted] as this was the last documentation in the progress notes and if there should have been care conferences held following the NJ Ex Order 26, 4B1 MDS assessments. The [redacted] stated if nothing more was documented, she did not have anything more than what the surveyor had. 2. Review of R9's "Admission Record," located under the "Profile" tab of the EMR, revealed R9 was admitted to the facility on [redacted] with diagnoses that included NJ Ex Order 26, 4B1 Review of R9's annual "MDS," with an ARD of [redacted] and located under the "MDS" tab of the EMR, revealed R9 had a "BIMS" score of [redacted] which indicated R9 was [redacted]. Review of R9's "Progress Notes" tab of the EMR revealed no documented evidence of care plan meetings for R9. During an interview on 09/09/25 at 11:10 AM, R9 stated she did not recall being invited to any care plan meetings or attending any care plan meetings since [redacted]	F0657		

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F0657 SS = D	Continued from page 14 admission. During an interview on 09/12/25 at 11:58 AM, the U.S. FOIA stated that she had not found any documentation of any care plan meetings for R9 since NJ Ex admission. The U.S. FOIA stated she had scheduled a care plan meeting for NJ Exec Order 26 at 2:00 PM. Review of the facility policy titled, "Care Planning-Resident Participation," dated 09/01/24, revealed, ". . . This facility supports the resident's right to be informed of, and participate in his or her care planning and treatment (implementation of care) . . . The facility will honor the resident's right to participate in establishing the expected goals and outcome of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care . . . The facility will discuss the plan of care with the resident and/or representative at regularly scheduled care plan conferences, and allow them to see the care plan, initially, at routine intervals, and after significant changes. The facility will make an effort to schedule the conference at the best time of the day for the resident/resident's representative. The facility will obtain a signature from the resident and/or resident representative after discussion or viewing of the care plan . . ." NJAC 8:39-11.2	F0657		
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to provide care for a NJ Ex Order 26, 4B1 after NJ Ex Order 26 was discontinued for one of three residents (Resident (R)	F0684	Immediate corrective action for residents affected by this deficient practice: Resident #51's NJ Ex Order 26, 4B1 NJ Exe was assessed and NJ Exec Order 26.4b1 by UM2 using NJ Ex Order 2 NJ Exec Order 26.4b1 . Orders for NJ Ex Order 26, 4B1 care were obtained and documented in the Electronic Medical Record. Resident #97: RN1 NJ Ex Order 26, 4B1 NJ Ex setting from NJ Ex Order 26, 4B1 to the physician-ordered NJ Ex Order 26, 4B1. Identify those individuals who could be affected by this deficient practice: All residents with central lines/dialysis catheters, or negative pressure wound therapy have the potential to	10/17/2025

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F0684 SS = D	Continued from page 15 51) reviewed for NJ Ex Order 26 and failed to ensure the NJ Ex Order 26, 4B1 settings were correct for one of one resident (R97) reviewed for NJ Ex Order 26, 4B1 of 26 sample residents. The deficient practice has the potential to cause NJ Ex Order 26, 4B1 . Findings include: 1. Review of R51's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed the resident was re-admitted on NJ Ex Order 26, 4B with diagnoses that included NJ Ex Order 26, 4B1 system. Review of R51's five-day "Minimum Data Set (MDS)," located under the "MDS" tab of the EMR and with an Assessment Reference Date (ARD) of NJ Ex Order 26, 4, indicated the resident received NJ Ex Order 26, 4B1 and while a resident and had a "Brief Interview for Mental Status (BIMS)" score of NJ Ex Order 26, 4B1 which indicated the resident was NJ Ex Order 26, 4B1. During an interview on 09/09/25 at 1:14 PM, R51 stated NJ E had a NJ Ex Order 26, 4B1 and was on NJ Ex Order 26, 4B1. R51's NJ Ex Order 26, 4B1 was observed with the NJ Exec Order 26.4b1 from the NJ Ex Order 26, 4 and the NJ Ex Order 26, 4B1 During observation on 09/12/25 at 10:55 AM, R51's NJ Ex Order 26, 4B1 continued to NJ Exec O from the NJ Ex Order 26, 4B1 not NJ Exec Order 2 the NJ Exec Order 26.4b1. R51 stated staff have not cared for the NJ Ex Order 26, 4B1 since NJ E had NJ Ex Order 2 on NJ Ex Order 26, 4. Review of R51's "Physician Orders," located under the "Orders" tab of the EMR, showed no order for care of R51's NJ Ex Order 26, 4B1. During an interview on 09/12/25 at 10:57 AM, the U. S. FOIA (b) (2) stated that R51 NJ Ex Order 26, 4B1 and that the physician was NJ Ex Order 26, 4B1 for a NJ Ex Order 26, 4B1. The U. S. FOI stated she was unable to provide any information regarding the care provided for R51's NJ Ex Order 26, 4B1 but would find out. During an interview on 09/12/25 at 3:00 PM, the U. S. FOI stated orders for the NJ Ex Order 26, 4B1 were obtained and the NJ Ex Order 26, 4B1 NJ Exec Order 26.4b1 . The U. S. FOI stated the NJ Exec Order 26.4b1 needed was a NJ Exec Order 26.4b1 which included the use of NJ Exec Order 26.4b1 . The U. S. FOI stated Unit Manager (UM) 2 changed the NJ Exec Order 2 and that U. S. FOIA (b) (2)) had been training in NJ Exec Order 26.4b1 . Competencies for U. S. FOIA (were reviewed. The U. S. FOI stated that she was responsible for oversight of all nursing care. During an interview on 09/12/25 at 3:46 PM, UM2 stated that she completed the NJ Exec Order 26.4b1 for R51's NJ Ex Order 26, 4B1 and that she had received training on NJ Exec Order 26.4b1 . UM2 stated the correct procedure for performing the NJ Exec Or . UM2 stated the risks of	F0684	Continued from page 15 be affected by the deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: The Director of Nursing re-educated NJ Ex Order 26, 4B1 on 9.15.25 on policies entitled Negative Pressure Wound Therapy and Central Lines/Dialysis catheters. Competency validations were completed for all LPNs and RNs on sterile dressing changes and NPWT pump management. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing/designee will conduct audits of all wound vacuums and dialysis catheters. Audits will be completed 1x weekly x4 weeks, then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting 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.	

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F0684 SS = D	Continued from page 16 not caring for the NJ Ex Order 26, 4B1 could include risk of NJ Ex Order 26, 4B1. Review of the facility's policy titled, "Care and Maintenance of Central Venous Catheter," dated 09/01/24, included "Assess the central line routinely: Assess the site for signs of infection: redness, tenderness, pain or swelling at the insertion site; Ensure the dressing is clean, dry, and intact. Change immediately if soiled, wet, or dislodged . . ." 2. Review of R97's "Admission Record," located under the "Profile" tab of the EMR, revealed the resident was admitted on NJ Ex Order 26, 4B with diagnoses that included NJ Ex Order 26, 4B1 Review of R97's five-day "MDS," located under the "MDS" tab of the EMR and with an ARD of NJ Ex Order 26, , indicated the resident had a NJ Ex Order 26 care; and had a "BIMS" score of NJ Ex Order 26, 4B1, which indicated the resident was NJ Ex Order 26, 4B1 . Review of R97's "Care Plan," located under the "Care Plan" tab of the EMR and dated NJ Ex Order 26, 4B revealed the resident had a NJ Ex Order 26, 4B1 at NJ Ex O During an interview on 09/09/25 at 12:50 PM, R97 stated NJ Ex Order 26, 4B1 was not connected but the nurse would NJ Exec Order 26.4b1 shortly. R97 was observed without NJ Ex Order 26, 4B1 connected. Review of R97's "Physician's Orders," dated NJ Ex Order 26, and located under the "Orders" tab of the EMR, included an order to NJ Ex Order 26, 4B1 NJ Exec Order and apply NJ Exec Order 26.4b1 when the NJ Ex Order was not in place. Review of R97's "Physician Orders," dated NJ Ex Order 26, 4B and located under the "Orders" tab of the EMR, revealed an order for a NJ Ex Order 26, 4B1 to the NJ Ex Order 26, 4B1 NJ Exec Order 2 apply NJ Ex Order 26, 4B1 apply NJ Ex Order 26, 4B1 and NJ Ex Order 26, 4B1 . It was recorded the NJ Ex Order 26, 4B1 was to be completed NJ Ex Order 26, 4B1 , with NJ Exec Order 26.4b1 at NJ Ex Order 26, 4B1. During an observation on 09/11/25 at 1:46 PM, R97's NJ Ex Order 26, 4B1 setting was at NJ Ex Order 26, 4B1 . R97 stated NJ E did not have any problems with the NJ Ex Order 26, 4B1 and that it had not been NJ Exec Order 26 The NJ Ex Order 26, 4B1 setting was verified with Registered Nurse (RN) 1 at NJ Ex Order 26, 4B1 . RN1 went to the EMR to verify the NJ Exec Order 26.4b1 order and stated the order was for NJ Ex Order 26, 4B1 She stated the NJ Exec Order 26.4b1 was completed today NJ Exec Order 26.4b1 because it was in NJ Ex Order 26, and was NJ Ex Order 26, 4B1 RN1 then went and adjusted the setting on the NJ Ex Order 26, 4B1 to NJ Ex Review of the facility's policy titled, "Negative Pressure Wound Therapy (NPWT)," dated 09/01/24, revealed, ". . . Negative pressure wound therapy will be provided in accordance with physician orders,	F0684		

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 09/12/2025

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
F0684 SS = D	Continued from page 17 including the desired pressure setting, continuous or intermittent therapy, and frequency of dressing change. Clean technique shall be utilized unless otherwise specified by the physician . . . Monitoring throughout the use of NPWT shall include, but is not limited to, the following: pain associated with the therapy, device is functioning, Settings as prescribed. troubleshooting of any alarms, in accordance with pump/product specifications, and response of the therapy, including wound characteristics and progress towards healing . . ." NJAC 8:39-27.1(a)	F0684		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of facility policy, the facility failed to ensure one of three sampled residents (Resident (R) 6) reviewed for entrapment hazards did not have a large gap between their NJ Exec Order 26.4b1. Large gaps between the NJ Exec Order 26.4b1 have the potential to NJ Exec Ord the resident which could cause NJ Exec Order 26.4b1 Findings include: Review of R6's "Care Plan," dated NJ Ex Order 26, 4 and located under the "Care Plan" tab of the EMR, revealed focuses related to NJ Exec Order safety. Goals included the resident NJ Exec Order 26.4b1 and NJ Exec Order using NJ Exec Order 26 and not incurring NJ Exec O related to the NJ Exec Review of R6's significant change "Minimum Data Set (MDS)," located under the MDS tab of the EMR and with an Assessment Reference Date (ARD) of NJ Ex Order 26, 4B revealed R6 had NJ Ex Order 26, 4B1 [redacted] It was recorded R6 had a "Brief Interview of Mental Status (BIMS)" score of NJ Ex Order 26, 4B1, which	F0689	Immediate corrective action for residents affected by this deficient practice: On 09/11/25, R6's NJ Ex Order 26, 4B1 [redacted] Identify those individuals who could be affected by this deficient practice: All residents with side rails 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: U. S. FOIA (b) (2) [redacted] were re-educated on 9.16.25 by the U. S. FOIA (b) (2) [redacted] on entrapment risks, proper bed/mattress alignment, and documentation requirements A facility-wide audit was conducted of all beds to identify any entrapment risks. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Maintenance Director/designee will conduct audits of 5 different residents' beds. Audits will be completed 1x weekly x4 weeks, then 1x monthly x2 months.	10/17/2025

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 09/12/2025

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F0689 SS = D	Continued from page 18 indicated the resident was NJ Ex Order 26, 4B1 . Review of R6's "Physician Order," dated NJ Ex Order 26, 4 and located under the "Orders" tab of the EMR, revealed an order for NJ Exec Order 26.4b1 for bed NJ Exec Order 2 Review of NJ Ex Order 26, 4B1, dated NJ Ex Order 26, 4B and provided by the facility, revealed a new intervention of a NJ Ex Order 26, 4B1 to help NJ Ex Order 2 from the bed. During an observation on 09/09/25 at 10:04 AM, R6 was lying in NJ Exec Order 26.4b1 with the NJ Exec Order 26.4b1 . A NJ Ex Order 26, 4B1 was in place. During an observation and interview with the Unit Manager (UM) 1 on 09/11/25 at 9:40 AM, R6's NJ Exec Order 26 were observed. From the head of the bed and extending towards the foot of the bed two feet, a gap 4.5 inches wide was observed between the NJ Exec Order 26.4b1 and the NJ Ex Order 26, 4 UM1 stated R6 had received a NJ Ex Order 26, 4B1 as a NJ Ex Order 26, 4B1 intervention a few days earlier. UM1 verified the measurement of the gap. During an interview on 09/11/25 at 10:00 AM, the U. S. FOIA (b) (2) confirmed there was a 4.5-inch gap between the NJ Exec Order 26.4b1 and the NJ Ex Order 26, 4B for R6. The U. S. F stated safety checks were completed on all beds in the facility on NJ Exec Order 26.4 however, R6's bed was a NJ Ex Order 26 bed, and NJ E was not allowed to touch the NJ Ex Order 26 beds. The U. S. F provided a NJ Exec Order 26.4b1, dated NJ Ex Order 26, 4B showing that R6's bed had been assessed for safety. There was no documentation provided to show R6's bed had been checked for safety after receiving the new NJ Ex Order 26, 4B . During an interview on 09/11/25 at 10:25 AM, NJ Exec Order 2) 1 stated the gap had been noted when she arrived for her visit earlier in the morning. She stated a resident could get caught in the gap. Review of the facility's policy titled, "Proper Use of Bed Rails," dated 09/01/24, revealed beds should be checked for the risk of entrapment between bedrails and mattresses. NJAC 8:39-5.1(a) NJAC 8:39-27.1(a)	F0689	Continued from page 18 Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting 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.	
F0692 SS = D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-	F0692	Immediate corrective action for residents affected by this deficient practice: On 09/12/25, a NJ Ex Order 26, 4B1 was prepared and delivered to Resident (R100) for NJ Ex Order 26, 4B1. Nursing and Dietary confirmed the order was in place, and the care plan was updated to reflect the requirement.	10/17/2025

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F0692 SS = D	Continued from page 19 §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and review of policies and procedures, the facility failed to provide a NJ Ex Order 26, 4B1 according to the physician order for one of four residents (Resident (R) 100) reviewed for NJ Ex Order 2 out of a total sample of 26. Failure to provide a NJ Ex Order 26, 4B1 patient meals could result in a change in NJ Ex Order 26, 4B1 or NJ Ex Order 26, 4B1. Findings include: Review of R100's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed R100 was admitted to the facility on NJ Ex Order 26, 4B with diagnoses that included NJ Ex Order 26, 4 [redacted]. Review of R100's "Physician Order," dated NJ Ex Order 26, 4 and located under the "Orders" tab of the EMR, revealed R100 was to receive a NJ Ex Order 26, 4B1 to NJ Ex Order 26, 4B1 on NJ Ex Order 26, 4B1 [redacted]. Review of the admission care plan, dated NJ Ex Order 26, 4 and located under the "Care Plan" tab of the EMR, revealed a care plan to NJ Exec Order 26.4b1 and follow the NJ Ex O as ordered. Review of R100's "Medication Administration Record (MAR)," dated NJ Ex Order 26, , revealed no documented evidence R100 received the packed NJ Exec Order 26 on NJ Ex Order 26, 4B1 or NJ Exec Order 26. There was no reason listed for not receiving the NJ Exec Order 26.4 It was noted on 09/06/25 that R100 did not receive the packed NJ Exec Order 26 NJ Ex Order 26, 4B1. During an interview on 09/12/25 at 10:05 AM, R100 stated NJ E did not receive a packed NJ Exec Order 26, for NJ Ex Order 2 on 09/11/25 as scheduled. NJ Ex stated NJ E would like a packed NJ Exec Order 26, as NJ E NJ Ex Order 26, 4B1 when NJ E returned home. During an interview on 09/12/25 at 11:00	F0692	Continued from page 19 Resident (R100) was educated that NJ Ex packed NJ Exec Or will be consistently provided, and staff will confirm delivery on days of NJ Ex Order 26 Identify those individuals who could be affected by this deficient practice: All residents on dialysis 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: Dietary staff were re-educated by the Regional Food Services Consultant on 9.12.25 regarding the policy “Frequency of Meals” and on the requirement to follow physician diet orders, including preparation of packed meals for residents attending dialysis or off-site treatments. A new Packed Meal Tracking Log was implemented. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Dietary Manager/designee will conduct audits of all dialysis residents. Audits will be completed 1x weekly x4 weeks, then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting 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.	

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F0692 SS = D	Continued from page 20 AM, the Unit Manager (UM) 2 revealed R100 did not have a Brief Interview for Mental Status (BIMS) because NJ E [redacted]. During an interview on 09/12/25 at 11:05 AM, the U. S. FOIA (b) (2) [redacted] stated each day, NJ Exec Orde staff printed snack tickets for preparation and distribution to the first-floor pantry refrigerator, including R100's packed NJ Exec Order 26. for NJ Ex Order 2. During an observation on 09/12/25 at 11:10 AM, the first-floor pantry resident refrigerator was inspected. Neither the previous day's packed NJ Exec Order 26. nor a packed NJ Exec Order 26. for NJ Exec Order 26. was found. The U. S. FOIA (b) (2) confirmed at the time of this observation NJ Ex breakfast meal was not in the refrigerator from the night before (NJ Exec Order 26.4 or the next day (NJ Exec Order 26.4 or any other day. During an interview on 09/12/25 at 11:15 AM, the U. S. FOIA (b) (2) [redacted] stated it was her expectation that the packed NJ Exec Order 26. ordered by the physician be provided on each day of NJ Ex Order 2. Review of the facility's policy titled, "Frequency of Meals," dated 09/28/24, revealed, ". . . The facility will ensure that each resident receives at least 3-meals daily without extensive time lapses between meals . . ." NJAC 8:39-27.1(a)	F0692		
F0700 SS = D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.	F0700	Immediate corrective action for residents affected by this deficient practice: On 09/11/25, R6's NJ Ex Order 26, 4B1 [redacted] NJ Exec Order 26.4b1 The resident was monitored for safety, and NJ Exec Order 26.4b1 [redacted] were identified. Identify those individuals who could be affected by this deficient practice: All residents with bed rails and perimeter mattresses have the potential to be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: U. S. FOIA (b) (2) [redacted] were re-educated on 9.12.25 by the NJ Ex Order 26, 4B1 [redacted] egarding, Assessing Bed Safety after equipment	10/17/2025

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F0700 SS = D	Continued from page 21 §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, interviews, and review of policies and procedures, the facility failed to assess the entrapment risk of a NJ Exec Order 26.4b1 used to prevent NJ Exec for one of three residents (Resident (R)6) reviewed for accident hazards out of a total sample of 26. Failure to assess and determine hazards could lead to injury, entrapment, or death. Findings include: Review of R6's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed R6 was admitted to the facility on NJ Ex Order 26, 4B with diagnoses that included unspecified NJ Ex Order 26, 4B1 . Review of R6's "Care Plan," dated NJ Ex Order 26, 4 and located under the "Care Plan" tab of the EMR, revealed focuses related to NJ Exec Order 26.4b1. Goals included the resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and not incurring NJ Exec O related to the NJ Exec Order 26. Review of R6's significant change "Minimum Data Set (MDS)," located under the MDS tab of the EMR and with an Assessment Reference Date (ARD) of NJ Ex Order 26, 4B revealed R6 had NJ Ex Order 26, 4B1 required NJ Ex Order 26, 4B1 . It was recorded R6 had a "Brief Interview of Mental Status (BIMS)" score of NJ Ex Order 26, 4B1 which indicated the resident was NJ Ex Order 26, 4B1 . Review of R6's most recent NJ Exec Order assessment, dated NJ Ex Order 26, 4 and located in the "Assessment" tab of the EMR, revealed the assessment did not address the type of NJ Ex Order 26, 4 and it's fit to the NJ Exec Order 26.4b1 and NJ Exec Order 26 and if there was a NJ Ex Order 26, 4B1 Review of R6's NJ Ex Order 26, 4B1, dated NJ Ex Order 26, 4 and provided by the facility, revealed a new intervention of a NJ Ex Order 26, 4B1 to help NJ Ex Order 26, 4B1 from the bed. Review of R6's "Assessment" tab revealed no documented evidence R6's NJ Exec Order 26.4b1 were assessed for accident hazards after the new NJ Exec Order 26 was provided. During an observation and interview with the Unit Manager (UM) 1 on 09/11/25 at 9:40 AM, R6's NJ Ex Order 26.4(b) were observed. From the NJ Ex Ord and extending towards the NJ Ex Order 26, 4B1 UM1 stated R6 had	F0700	Continued from page 21 changes, obtaining resident/representative informed consent for use of bed rails, and documenting resident/representative was educated on the risks/benefits. U. S. FOIA (b) (2) were notified on 9.12.25 of the facility's requirement that all hospice beds must meet the same bed rail entrapment safety standards as facility-owned equipment. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Maintenance Director/designee will conduct audits on 5 perimeter mattresses for entrapment risk. The Director of Nursing/designee will conduct audits of 5 bed rails for assessment and need. Audits will be completed 1x weekly x4 weeks, then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting 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.	

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F0700 SS = D	Continued from page 22 received a NJ Exec Order 26.4b1 intervention a few days earlier. UM1 verified the measurement of the [redacted]. During an interview on 09/11/25 at 10:00 AM, the U. S. FOIA (b) (2) confirmed there was a [redacted] between the NJ Ex Order 26, 4B1 [redacted] for R6. The [redacted] provided a NJ Ex Order 26, 4B1 dated [redacted] showing that R6's bed had been assessed for safety. There was no documentation provided to show R6's [redacted] had been checked for [redacted] after receiving the NJ Ex Order 26, 4B1. The [redacted] stated R6's [redacted] belonged to [redacted] and [redacted] was not allowed to touch the [redacted]. Review of the facility's policy titled, "Proper Use of Bed Rails," dated [redacted], showed in item three that assessments of hazards such as climbing over the rails or through and around the rails should be done. Item four showed the need to assess the risk of entrapment between the bedrails and mattresses. NJAC 8:39-5.1(a)NJAC 8:39-27.1(a)	F0700		
F0760 SS = D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record review, interview, and facility policy review, the facility failed to ensure one of four residents (Resident (R) 46) observed for medication administration was free from significant medication errors when R46 did not receive the correct NJ Ex Order 26, 4B1 [redacted] of 26 sample residents. This failure had the potential to cause NJ Exec Order 26.4b1 [redacted] with the NJ Ex Order 26, 4B1 [redacted]. Findings include: Review of R46's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR), revealed [redacted] was admitted to the facility on [redacted] with diagnoses that included [redacted]. Review of R46's admission "Minimum Data Set (MDS)," located under the "MDS" tab of the EMR and with an Assessment Reference Date (ARD) of [redacted] revealed R46 had a diagnosis [redacted]. Review of the NJ Exec Order 26.4b1 "Medication Administration Record (MAR)," revealed the order for NJ Ex Order 26, 4B1 [redacted] Give NJ Ex Order 26, 4B1 [redacted] which originated on [redacted] During a	F0760	Immediate corrective action for residents affected by deficient practice: On 09/11/25, RN1 immediately returned to R46 and administered the remaining NJ Ex Order 26, 4B1 as ordered to complete the NJ Ex Order 26, 4B1. The attending physician was notified of the missed partial dose. NJ Exec Order 26.4b1 were reported. Nursing staff monitored (R46) for NJ Exec Order 26.4b1, with NJ Exec Order 26.4b1. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected by the deficient practice. What measures will be put in place to ensure that deficient practice will not occur for those residents affected: On 09/12/25, the Director of Nursing completed an audit of all chemotherapy and high-alert medication orders (e.g., anticoagulants, insulin, cardiac meds) for accuracy of dosage and administration practices. On 9/12/25, re-education was initiated by the Assistant Director of Nursing for Licensed Nurses on facility	10/17/2025

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F0760 SS = D	Continued from page 23 medication administration observation at the Lightening Hall medication cart with Registered Nurse (RN) 1 on 09/11/25 at 9:13 AM, RN1 pulled a medication card out of the medication cart for R46 that contained [redacted]. RN1 entered R46's room and administered [redacted] to the resident, then returned to the cart and signed the order as completed. She then moved on to the next resident. During an interview on 09/11/25 at 10:27 AM, RN1 confirmed she administered [redacted] to R46 and confirmed the order on the "MAR" and in the resident's record was for [redacted]. RN1 confirmed she should have administered [redacted] to R46 instead of [redacted], and would provide the additional necessary medication for a total dose of [redacted]. During an interview on 09/0512/25 at 5:33 PM, the [redacted]) stated medications should be administered as ordered by the physician, following the six rights of medication administration. The [redacted] stated [redacted] was considered a significant medication as it was a [redacted].Review of the facility's policy titled, "Medication Administration," dated 09/01/24, revealed "Medications are administered by licensed nurses. or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection…Ensure that the six rights of medication administration are followed: Right resident, Right drug, Right dosage, Right route, Right time, Right documentation . . . Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time." NJAC 8:39-29.2(d)	F0760	Continued from page 23 policy for “Medication Administration” with specific focus on the six rights of medication administration and the importance of dose verification with the Medication Administration Record. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Director of Nursing or Designee will conduct weekly medication pass observations on 3 nurses to ensure proper administration practices are being followed. Audits will be completed 1x weekly x4 weeks then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly Quality Assurance Meeting and Quarterly QAPI Meetings over the duration of the audit process to ensure compliance and reassessed for further action.	

New Jersey State Department of Health

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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
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		11/18/2025
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, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. 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: One Certified Nurse Aide (CNA) to every eight residents for the day shift.	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 diligently with Corporate Recruiters to advertise, recruit and hire sufficient CNA staff.	10/17/2025

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: 656001	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/12/2025

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

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S0560	Continued from page 1 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 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 5 of 14-day shifts as follows: -08/24/25 had 8 CNAs for 76 residents on the day shift, required at least 9 CNAs. -08/29/25 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -08/31/25 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs. -09/04/25 had 9 CNAs for 78 residents on the day shift, required at least 10 CNAs. -09/05/25 had 9 CNAs for 78 residents on the day shift, required at least 10 CNAs.	S0560	Continued from page 1 Administrator/Human Resources Director and Staffing Manger to offer shift bonuses and flexible work schedules. Administrator/Human Resources Director will continue to focus on recruitment and employer sponsorship of qualified candidates for enrollment is a Certified Nursing Assistant Training and Competency program. Administrator/Human Resources Director will continue to develop an employee retention program designed to engage employees, promote a positive work environment and enhance job satisfaction. Administrator re-educated 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. 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315342	A. BUILDING B. WING	**01/22/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 1/22/2026 in relation to the 9/12/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		01/23/2026

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

New Jersey State Department of Health

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 **01/22/2026**

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

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 1/22/2026 in relation to the 9/12/2025 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		01/23/2026

Office of Primary Care and Health Systems Management

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: 315342	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K0000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 09/10/25 and the facility was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Complete Care at Brick LLC, is a two-story building built in 1995. It is composed of Type II protected construction. The facility is divided into four - smoke zones. The generator powers 100% of the building per the Maintenance Director. The current occupied beds are 80 of 137.	K0000		11/18/2025
K0311 SS = F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This STANDARD is NOT MET as evidenced by: Based on observations and interview, it was determined that the facility failed to ensure three of 10 fire	K0311	Immediate corrective action for residents affected by this deficient practice: On 09/10/25, the U. S. FOIA (b) (2) immediately inspected the three identified stairwell fire doors. Temporary corrective measures (manual securing) were put in place until proper parts were obtained. Parts ordered all three doors to ensure the doors will re-latch to manufacturer specifications. Identify those individuals who could be affected by this 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:	10/17/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315342	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 09/12/2025

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K0311 SS = F	Continued from page 1 rated door assemblies for stairway exit doors were equipped with approved latches in accordance with NFPA 80 Standard for Fire Doors and Other Opening Protectives (2010 Edition) Section 6.1.4.2 and 6.1.4.2.1. This deficient practice had the potential to affect all 81 residents and was evidenced by the following: Observations on 09/10/25 from 11:32 AM and 3:30 PM revealed the facility's stairways' fire rated door assemblies would not latch when closed on the first floor stairway number two near the kitchen, first floor stairway number one across from rehabilitation and second floor stairway number 2 across from the dining room. During an interview at the time of observation, the maintenance director confirmed the stairway exit doors did not latch when closed. NJAC 8:39-31.2(e)	K0311	Continued from page 1 The U. S. FOIA (b) (2) conducted a facility-wide inspection, on 09/12/25, of all fire-rated door assemblies in stairwells, cross-corridor doors, and mechanical rooms. The U. S. FOIA (b) (2) were re-educated on NFPA 80 requirements for fire doors, including closure, latching, and annual inspection standards. A new Preventive Maintenance Schedule was created to ensure annual certified fire door inspections. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: Maintenance Director/designee will perform 3 randomly selected fire-rated door audits verifying proper closure and latching. Audits will be completed 1x weekly x4 weeks and then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting 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.	
K0324 SS = F	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.	K0324	Immediate corrective action for residents affected by this deficient practice: The system was immediately inspected and found operational with no issues noted. Documentation was placed in the fire safety binder. Identify those individuals who could be affected by tis deficient practice: All residents on have the potential to be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected:	10/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315342	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 09/12/2025

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K0324 SS = F	Continued from page 2 Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is NOT MET as evidenced by: Based on document review, and interview, it was determined that the facility failed to ensure the kitchen's automatic extinguishing system (AES) was inspected and tested every six months in accordance with NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011 Edition) section 11.2.1. This deficient practice had the potential to affect all 81 residents and was evidenced by the following: A review of the facility's fire safety binder for 2024 and 2025 revealed the kitchen automatic extinguishing system was inspected on 09/25/24 and on 04/25/25, which indicated the inspections were seven months apart and not the required six months. During an interview on 09/10/25 at 4:30 PM, the U. S. FOIA (b) (2) confirmed the automatic extinguishing system was not tested every six months. NJAC 8:39-31.1(c), 31.2(e) NFPA 96	K0324	Continued from page 2 U. S. FOIA (b) (2) was re-educated by Regional Maintenance Director on 9.12.25 regarding NFPA 96 requirements regarding automatic extinguishing system inspection frequency. Facility updated service agreement with fire protection vendor specifying recurring inspections every 6 months or less. Maintenance Director/designee will cross-check inspection completion monthly to ensure no inspections exceed required intervals. Maintenance Director/designee will maintain a preventive maintenance tracking log documenting inspection due dates and completion dates for all automatic extinguishing system inspections. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Maintenance Director/designee will audit inspection due dates and completion dates for all automatic extinguishing system inspections. Audits will be completed 1x weekly x4 weeks and then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting over the duration of the audit process.	
K0353 SS = F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test	K0353	Immediate corrective action for residents affected by this deficient practice: On 09/10/25, the affected kitchen sprinkler heads were immediately cleaned. On 9/12/25, the freezer sprinkler head was defrosted, cleaned, and repositioned to prevent recurring ice build-up. On 09/12/25, the 2-inch opening around the sprinkler pipe in elevator shaft #1 was sealed with UL-listed fire-rated calk. Identify those individuals who could be affected by tis deficient practice:	10/17/2025

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K0353 SS = F	Continued from page 3 _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by: Based on observations and interview, it was determined that the facility failed to ensure 1.) that sprinkler heads did not have build-up of foreign material and 2.) ensure the sprinkler piping in the elevator shaft was sealed with fire rated material in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition) section 5.2.1.1.2 (6) and NFPA 101 Life Safety Code (2012 Edition) Section 8.6.5. This deficient practice had the potential to affect all 81 residents and was evidenced by the following: Observations on 09/10/25 at 12:52 PM revealed that two of 15 sprinkler heads in the kitchen next to the kitchen exhaust hood had grease build-up on the sprinkler heads and one of one sprinkler head in the kitchen freezer had ice build-up on the sprinkler head. An observation on 09/10/25 at 1:46 PM revealed a 2-inch hole in the shaft for elevator number one on the second floor near room 231 where a 1 ½ inch sprinkler pipe penetrating the shaft was not sealed with fire rated material. During an interview at the time of observations, the U. S. FOIA (b) (2) confirmed the build-up of grease and ice on the sprinkler heads in the kitchen and the sprinkler piping was not sealed in the elevator shaft. NJAC 8:39-31.1(c), 31.2(e) NFPA 25	K0353	Continued from page 3 All residents on have the potential to be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: The Administrator re-educated all Maintenance staff on 9/12/25 related to the proper maintenance of the sprinkler system. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Maintenance Director/designee will conduct audits of 5 sprinkler heads to ensure sprinkler heads are functioning properly and are free of dirt, dust, grease or ice. Audits will be completed 1x weekly x4 weeks and then 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting over the duration of the audit process.	
K0511 SS = F Bldg. 01	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric	K0511	Immediate corrective action for residents affected by this deficient practice: On 09/11/25, the candy vending machine was immediately disconnected from power until correction could be	10/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315342	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 09/12/2025

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K0511 SS = F Bldg. 01	Continued from page 4 Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that cord-and-plug-connected vending machines were equipped with a ground-fault circuit interrupter as an integral part of the attachment plug or be located within 12-inches of the attachment plug in accordance with NFPA 70 National Electrical Code (2011 Edition) Section 422.51. This deficient practice had the potential to affect all 81 residents and was evidenced by the following: An observation on 09/10/25 at 12:59 PM revealed that there were two vending machines located in the dining room outside the kitchen. The candy vending machine was manufactured on 08/16/06 and was not equipped with a ground fault circuit interrupter as part of its attached plug. Cord-and-plug-connected vending machines manufactured or remanufactured on or after January 1, 2005, shall include a ground-fault circuit interrupter as an integral part of the attachment plug or be located within 300 mm (12 in.) of the attachment plug. Older vending machines manufactured or remanufactured prior to January 1, 2005, shall be connected to a GFCI-protected outlet. There were no concerns noted with the second vending machine. During an interview at the time of observation, the U. S. FOIA (b) (2) confirmed the vending machine was not equipped with a ground-fault circuit interrupter plug. NJAC 8:39-31.2(e) NFPA 70	K0511	Continued from page 4 completed. On 09/30/25 GFCI-protected receptacle for the vending machine to meet NFPA 70 requirements was installed. The machine was tested and confirmed safe for use before being returned to service. Identify those individuals who could be affected by tis deficient practice: All residents on have the potential to be affected by this deficient practice. Measures put in place to ensure the deficient practice will not occur for those residents affected: Maintenance staff were re-educated by the Regional Maintenance Director 9/12/25 on NFPA 70 Section 422.51 requirements regarding GFCI protection for cord-and-plug vending machines manufactured after 2005 and outlet protection for older machines. Any new vending machines brought into the facility will be inspected by the Maintenance Director for GFCI compliance before being connected. Monitoring of measures or systemic changes to ensure that the deficiencies will not recur: The Maintenance Director/designee will conduct audits of all vending machines and similar appliances to verify GFCI compliance. Audits will be completed 1x weekly x4 weeks and 1x monthly x2 months. Results of audits will be reported to the Administrator and reviewed at the Monthly QAPI Meeting and Quarterly at the QAA Meeting over the duration of the audit process.	

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 09/12/2025

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 09/10/25. The facility was found to be in compliance with 42 CFR 483.73	E0000		11/18/2025

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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 1/23/2026 in relation to the 9/12/2025 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		01/23/2026

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