

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315454	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER SHORE GARDENS REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 231 WARNER STREET , TOMS RIVER, New Jersey, 08755	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT #: 2609052, 2625904, 2652793</p> <p>CENSUS: 140</p> <p>SAMPLE SIZE: 8</p> <p>THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 656002	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025
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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S0000		
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint #: 2609052, 2625904, 2652793 Based on review of facility documents on 11/25/2025, it was determined that the facility failed to ensure staffing ratios were met for 3 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. 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 as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each	S0560	<ul style="list-style-type: none"> • 1. Staffing coordinator was educated on New Jersey state staffing ratio requirements on 12/8/2025 • Efforts to hire facility staff will continue until there is adequate staff to meet the minimum staff to resident ratios. Until that time, the facility will use staffing agencies and offer additional shifts to current staff with bonuses as required. • Facility Administrator worked with Human resources to secure additional staffing agency contracts. <p>2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency: • All residents have the potential to be affected by this deficient practice.</p> <p>3. Measures Put into Place: • Recruitment, retention and employee appreciation meeting was initiated and will be led by the Director of Human Resources and/or designee. • Hiring and recruitment efforts including pay for experience, online job listings, and referral bonuses are being utilized to continue to be competitive in the marketplace. • Focus on retention efforts include, but are not limited to incentive programs, career growth and educational training opportunities and employee morale incentives. • The administrator/designee will review staffing schedules weekly to ensure adequate staffing for all shifts.</p>	12/10/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of AAS-11 staffing, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <p>On 11/14/25, the facility had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>On 11/15/25, the facility had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>On 11/22/25, the facility had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p>	S0560	<p>Continued from page 1 4. How Will These Actions Be Measured: • The results of the recruitment and retention audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting weekly for 8 weeks. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>	

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/22/2025 in relation to the 11/25/2025 Complaint survey.	F0000		12/22/2025

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.

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/22/2025 in relation to the 11/25/2025 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		12/22/2025

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