

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>65C000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/12/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT BEY LEA, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1351 OLD FREEHOLD ROAD</b> <b>TOMS RIVER, NJ 08753</b>
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(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00188217</p> <p>Capacity: 46</p> <p>Census: 34</p> <p>Sample size: 5</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs.</p>	A 000		
A1035	<p>8:36-14.2(b) Emergency Plans and Procedures</p> <p>(b) The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers, and all emergency procedures shall be conspicuously posted throughout the facility. All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and resident evacuation as part of their initial orientation and at least annually thereafter. All residents shall be instructed in emergency evacuation procedures.</p> <p>This REQUIREMENT is not met as evidenced</p>	A1035		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/03/25

New Jersey Department of Health

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A1035	<p>Continued From page 1</p> <p>by: Complaint #: NJ 00188217</p> <p>Based on observation and interview, it was determined that the facility failed to post evacuation diagrams specific to the unit that included evacuation procedure, fire exit locations, and locations of pull stations and fire extinguishers with potential to affect 34 of 34 residents. This deficient practice was evidenced by the following:</p> <p>On 8/12/25 at 11:55 a.m., the surveyor toured the Memory Care unit with the Administrator and the Maintenance Director. During the tour, the surveyor observed that no evacuation diagrams were posted throughout the facility.</p> <p>At 12:32 p.m., the surveyor interviewed the Administrator. The administrator acknowledged that there were no diagrams posted and stated that she was unaware of evacuation diagrams to be posted in the memory care unit.</p>	A1035		