STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90115	A. BUILDING: _____ B. WING _____	C 11/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR	7 LAUREL AVENUE KEANSBURG, NJ 07734

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ188515 CENSUS: 111 SAMPLE SIZE: 3 SURVEY DATE: 10/31/2025 - 11/01/2025 The facility is not in substantial compliance with all 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, based on this Complaint Survey. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 355	8:36-4.1(a)(1) Resident Rights comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, 1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;	A 355		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/24/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 355	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility document and policy review, the facility failed to ensure 1 (Resident #1) of 3 sampled residents reviewed received care in accordance with their health service (care) plans. Specifically, Resident #1's service plan interventions directed staff to use NJ Exec Order 26.4b1 using a NJ Exec Order 26.4b1. However, Aide #1 transferred the resident without a second staff member present, and the resident NJ Exec Order 26.4b1 . Findings included: An undated "Safe Patient Handling and Movement" policy and procedure revealed, "This policy is to help employees ensure that residents are cared for safely, while maintaining a safe work environment for all employees involved with residents [sic] direct care. All personnel are responsible for implementing this policy and for taking reasonable care of their own health and safety, as well as that of their co-worker and their resident during resident handling activity by following this policy." Regarding resident handling and movement requirements, a procedure portion advised that "Transfer assistance, mobility and other resident handling and movement tasks are to be carried out in accordance with the resident's written individual plan of care" and "Lifting equipment such as gait belts and other resident assist [sic] device will be operated in accordance with instructions and training." An undated "LF1600 Stand Assist [sit-to-stand lift] Assembly and Operation Manual" revealed that the sit-to-stand lift was intended as a transport	A 355		

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A 355	Continued From page 2	A 355		

assistance unit and was capable of bed to chair/wheelchair, bed/chair/wheelchair to commode, and room to room transfers when used according to the instructions. Per the manual's operation section, staff were to raise the two split seat units so they were parallel to the side of the lift to allow for loading the resident onto the lift. Once the resident's feet were positioned firmly on the platform with the knees and shins in contact with two cupped kneepads, the casters were to be locked and the split seats could be lowered to form a complete two-sided seat to allow the resident to sit comfortably during a transport.

A resident demographic sheet revealed the facility admitted Resident #1 on NJ Exec Order 26.4b1. According to the demographic sheet, Resident #1 had a medical history that included diagnoses of NJ Exec Order 26.4b1 .

Resident #1's "Care Plan," dated NJ Exec Order 26.4b1, included an undated focus area that indicated the resident required NJ Exec Order 26.4b1 to NJ Exec Order 26.4 to an NJ Exec Order 26 wheelchair. Staff were directed to use the NJ Exec Order 26.4b1," with NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1

An untimed nursing "Progress Note [PN]," dated NJ Exec Order 26.4b1, revealed Resident #1 had a NJ Exe from a NJ Exec Order 26.4b1 at approximately 5:45 PM. Per the PN, an aide NJ Exec Order 26.4b1 the resident via the NJ Exec Order 26.4b1 , did not NJ Exec Order 26.4b1) of the NJ Exec Order 26.4b1, and did not NJ Exec Order 26.4b1) once Resident #1 was standing. The PN noted that the NJ Exec Order 26.4b1 began to move as Resident #1 stood, and Resident #1 NJ Exec Order 26.4b , NJ Exec Order 26 on their

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A 355	Continued From page 3	A 355		

NJ Exec Order 26.4b1 According to the PN, there were no complaints of NJ Exec O or NJ Exec Order 26.4b1 at that time.

An "Incident Report," dated NJ Exec Order 26.4b1 at 5:46 PM, echoed that Resident #1 had a NJ Exec Order 26.4b1 Per the Incident Report, Aide #1 was NJ Exec Order 26.4b1 the resident in a NJ Exec Order 26.4b1 person, did not lock the NJ Exec Order 26.4b1, and did not NJ Exec Order 26.4b1 of the NJ Ex once Resident #1 was standing. The Incident Report identified that the NJ Exec Order 26.4b1 began to move as Resident #1 stood, and Resident #1 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, NJ Exec Order 26 on their NJ Exec Order 26.4b1 Per the Incident Report, there were NJ Exec Order 26.4b1.

During an interview on 10/31/2025 at 3:32 PM, Aide #1 revealed she transferred Resident #1 from the resident's wheelchair with a NJ Exec Order 26.4b1, noting she NJ Exec Order 26.4b1, but could not get the other NJ Exec Order 26.4b1. Aide #1 denied locking the NJ Exec Order 26.4b1. Aide #1 stated she was waiting for another aide to provide NJ Exec Order 26.4b1, but the other aide never showed up, alleging that the facility lacked adequate staffing that day. Aide #1 revealed she was feeling stressed, knowing she had to get all of her work done by 11:00 PM that night, so she made the decision to NJ Exec Order 26.4 Resident #1 by herself. Aide #1 stated she received training denoting that two staff members should NJ Ex Order 2 with a NJ Exec Order 26.4b1, noting she was also re-trained after the incident in question. Aide #1 stated she no longer worked in the facility.

During an interview on 10/31/2025 at 1:54 PM, Licensed Practical Nurse (LPN) #2 revealed that the incident in question occurred during the 3:00 PM to 11:00 PM shift. LPN #2 stated the facility was adequately staffed, noting LPN #2 did not

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A 355	Continued From page 4 know why Aide #1 made the decision to [NJ Exec Order 26.4] Resident #1 by herself. LPN #2 identified that there should always be two staff members when [NJ Exec Order 26.4b1] a resident with a [NJ Exec Order 26.4b1] LPN #2 noted she assessed Resident #1 after the incident in question, who had [NJ Exec Order 26.4b1] and offered no complaints of [NJ Exec Or] During an interview on 11/01/2025 at 9:29 AM, the Director of Nursing (DON) revealed she expected two staff members to [NJ Exec Order 26.] a resident while using a [NJ Exec Order 26.4b1] During an interview on 11/01/2025 at 12:53 PM, the Executive Director revealed he expected two staff members to [NJ Exec Order 26.] a resident when using a [NJ Exec Order 26.4b1]	A 355		

POC #2 received 1/7/26
Accepted 1/8/26

BAYSIDE
MANOR

ASSISTED
LIVING

Welcome to the family, Make yourself at home

A355 8;36-4.1(a)(1)
1.Resident #1 that was identified and affected by this deficient practice General service plan continues to reflect that [redacted] is required with [redacted] when using [redacted]

2. The facility has created a list of all residents who have the potential to be affected by this deficient practice and their General Service Plan reflects that two staff assist is required with transfers when using a mechanical left, in addition all nursing staff has been re-educated by the Director and Assistant Director of nurse on facilities protocol for two assist contact guard during any mechanical lift transfer.
Completion date November 3rd 2025

3. The Director of Nursing and Assistant Director shall re-educated all facility staff on resident rights. In addition to re-educating the nursing staff on residents rights the Director of Nursing, and Assistant Director of Nursing shall re-educated the nursing staff on the facilities protocol on using a mechanical left, and protocol for following a resident General Service Plan.
Completion Date December 19 2025

4.Prior to any resident transfer using a mechanical device, the shift supervisor will assign two caregivers to all residents requiring mechanical transfer. In addition the Director, or Assistant Director of Nursing will physically observe caregiver mechanical device transfers weekly x 4 weeks, and will be reduced to quarterly basis if all staff are in compliance. Any staff found not to be noncompliant will undergo immediate retraining. Results will be documented and reviewed during weekly committee meetings.

Completion Date January 10 2026. [redacted] approved 1/8/26

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
90115 Y1	A. Building B. Wing Y2	1/8/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR	7 LAUREL AVENUE KEANSBURG, NJ 07734

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0355 Reg. # 8:36-4.1(a)(1) LSC	Correction Completed 01/10/2026	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
11/1/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO