

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/29/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Bayshore LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 715 North Beers Street Holmdel, NJ 07733	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. (continued on next page)		

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 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 CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/29/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Bayshore LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 715 North Beers Street Holmdel, NJ 07733	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and review of facility documents, it was determined that the facility failed to ensure that the facility-wide assessment identified the required services and procedures necessary for ventilator-dependent residents. This deficient practice was identified by the following: On 12/26/25, the surveyor requested a copy of the Facility Assessment (FA). On 12/30/25, the surveyor reviewed the FA dated completed 9/30/25. The FA under Part 1: Our Resident Profile indicated that the facility is licensed to provide care for 232 residents but did not specify that the facility has a license for 220 long-term care beds and 12 ventilator care beds. The FA under, Diseases/conditions, physical and cognitive disabilities, of the FA the facility identified under Category, respiratory system and under Common Diagnoses, Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure. Ventilator-dependent residents were not included. The FA under Decisions regarding caring for residents with conditions not listed above: 1.4 Complete Care at Bayshore will make every effort to make sound admission decisions regarding caring for residents with conditions not listed above. Facility administration and the clinical team will review all pertinent medical information of the pending admission. The facility team review will evaluate if the specific needs of the pending admission can be met and what resources will be needed to best meet their specific needs. The facility staff will receive continuing education of the new condition and all needed equipment (if applicable). Educational resources would not be limited to in-services education from the facility educator and will have additional educational support from any provisional vendor. Ventilator-dependent residents were not included. The FA under, Resident support/care needs, did not include ventilator-dependent residents. The FA under, Staff training/education and competencies, did not include ventilator-dependent residents. The FA under, Physical environment and building/plant needs: 3.8. Complete Care at Bayshore physical resources typically provided are listed below. Additional resources that are atypical may be provided on as-needed basis. This can be through rentals with various equipment rental agencies that the facility has a relationship with. The facility's purchasing department ensures our facility has adequate supplies through our ordering process and vendor relationships. Complete Care at Bayshore ensures equipment is maintained and monitored to protect and promote the health and safety of our residents. Ventilator-Dependent equipment was not included. On 12/29/25 at 12:07 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) with the Regional Director of Operations (RDO) and the [NAME] President of Clinical (VPC). The LNHA confirmed that the FA was up to date from 9/30/25 (?). The surveyor handed all three individuals the facility assessment and requested identification of vent specific or related assessments. The VPC stated this was covered under respiratory. The surveyor requested identification for vent specific planning and licensing, the VPC stated that overall capacity encompassed the ventilator specific licensing and was comprehensive. She further stated that the components regarding ventilator residents were present but that the FA could elaborate more. On 12/29/25 at 1:08 PM, in an interview at the exit conference that included the LNHA, RDO, VPC, Director of Nursing (DON), Regional Clinical Director (RCD) and [NAME] President of Operations (VPO), the surveyor informed the facility that there were concerns related to the FA. The VPO stated that federal regulations require one facility assessment and that there is nothing stating specifics regarding vents. She further stated that the facility would tighten up their FA but that they are not required to according to regulations. NJAC 8:39-5.1(a)</p>		