STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315252	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Bayshore LLC	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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and facility policy review, the facility failed to ensure the Minimum Data Set (MDS) assessments were accurately coded to reflect the resident's clinical status regarding bladder function for one of five sampled residents (Resident (R) 1) reviewed for resident assessment. This failure had the potential to affect care planning, infection risk management, and the provision of necessary services.Findings include:Review of R1's admission Record located in the electronic medical record (EMR) under the Profile tab revealed R1 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus, chronic obstructive pulmonary disease, and chronic kidney disease, stage 3A.Review of R1'sMDS with an Assessment Reference Date (ARD) of 01/06/26, located in the EMR under the MDS tab, revealed R1 was coded as having an indwelling urinary catheter.Review of physician orders, treatment records, and nursing documentation found in the EMR revealed no evidence that R1 had an indwelling urinary catheter during the assessment period.During an interview on 04/16/26 at 12:24 PM, the Regional Nurse Clinical Supervisor (RNCS) stated that a Certified Nursing Assistant (CNA) entered incorrect information in the point of care system, which was subsequently used to complete the MDS without verification.Review of the facility's policy titled, MDS 3.0 Completion, revised 01/01/21, indicated that all disciplines were to follow the guidelines in Chapter 3 of the Resident Assessment Instrument (RAI) Manual when coding assessments.Review of the October 2024 RAI Manual, page 1-5, revealed, . An accurate assessment requires collecting information from multiple sources . information obtained should cover the same observation period . and should be validated for accuracy (what the resident's actual status was during the observation period) by the interdisciplinary team completing the assessment.

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