

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/17/2025
NAME OF PROVIDER OR SUPPLIER  Complete Care at Bey Lea, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1351 Old Freehold Road Toms River, NJ 08753	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Number of residents sampled: 8Number of residents cited: 1Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide appropriate incontinence care for a resident who was dependent on staff for Activities of Daily Living. This deficient practice was identified for 1 unsampled resident (Resident #32) out of 8 residents observed during incontinence rounds on 2 of 2 nursing units and was evidenced by the following:On 9/23/2025 at 8:56 AM, the surveyor performed incontinence rounds with Licensed Practical Nurse/ Unit Manager (LPN/UM) and observed Resident #32 in bed. LPN/UM exposed the resident's green incontinence brief from the front and stated that the resident was dry. LPN/UM #1 proceeded to close the brief. The surveyor noticed that the edge of the incontinence brief appeared layered. The surveyor asked LPN/UM to expose the back of the incontinence brief. The surveyor observed another dry green incontinence brief inside the outer green incontinence brief. The surveyor asked LPN/UM if applying 2 briefs on the resident was appropriate. LPN/UM stated that it was not right and that they will educate the nursing aide from hospice care who probably did it. The surveyor reviewed the medical record of Resident #32.A review of the resident's admission Record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to hemiplegia (paralysis) and hemiparesis (weakness) following cerebral infarction (stroke) and aphasia (a language disorder that affects a person's ability to communicate).A review of the resident's most current quarterly Minimum Data Set (MDS), an assessment tool dated 9/6/2025, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 2 out of 15, which indicated severely impaired cognition. The MDS further assessed that the resident was dependent on staff assistance for toileting hygiene and that the resident was always incontinent of bowel and frequently incontinent of bladder.A review of the resident's Individualized Care Plan (ICP) included a problem area initiated on 8/21/2025, that the resident had incontinence of bladder and bowel and was totally dependent on staff for bathing, dressing and personal hygiene.On 9/24/2025 at 11:30 AM, during an interview with the survey team, the Director of Nursing (DON) stated that it is not appropriate for residents to wear 2 incontinence briefs because it can cause skin issues.A review of facility-provided policy titled Incontinence Care date implemented on 9/27/2024, included under Policy Explanation and Compliance Guidelines: 4. Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible. N.J.A.C. 8:39 - 27.1 (a)</p>

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
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