STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315264	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Bey Lea, LLC	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. Based on observation, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to a.) follow a physician's order for medications with a parameter and acceptable professional standards of practice; and b.) follow physician's order to not take blood pressure on right arm due to limb restrictions for 1 of 38 residents (Resident #36) reviewed for medication administration.The deficient practice was evidenced by the following:Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.On 9/22/2025 at 10:04 AM, the surveyor reviewed the electronic medical record (EMR) for Resident 26. A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: Parkinson's Disease (movement disorder of the nervous system that worsens over time) and orthostatic hypotension (a form of low blood pressure that happens when standing after sitting or lying down). A review of the resident's most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 8/26/25, included the resident had a Brief Interview for Mental Status (BIMS) score of 5 out of 15, which indicated the resident's cognition as severely impaired. The surveyor requested Resident #36's Pharmacy Consultant Recommendations and Facility Response:7/10/2025: Please review order for right arm precautions. Documentation shows use of incorrect arm for blood pressure monitoring; Medication error(s) noted. Midodrine is not always held as required by physicians hold order. Please review.Facility provided the following response: Action taken: Staff Educated. 8/12/2025: Please review order for right arm precautions. Documentation shows use of incorrect arm for blood pressure monitoring; Medication error(s) noted. Midodrine is not always held as required by physicians hold order. Please review.Facility provided the following response: Action taken: Staff Educated. 9/10/2025: Please review order for right arm precautions. Documentation shows use of incorrect arm for blood pressure monitoring; Medication error(s) noted. Facility provided the following response: [resident discharged]A review of Resident #36's Medication Administration Recor (MAR) included the following physician orders (PO): Vital Signs No [blood pressure] [right] arm every shift. Upon review of the EMR, vital sign entries identified that blood pressure was obtained from the resident's right arm: 9/1/2025; 9/2/2025; 9/3/2025; 9/5/2025; 9/6/2025/; 9/10/2025; 9/12/2025; 9/13/2025; 9/14/2025; 9/15/2025; 9/16/2025; 9/17/2025; 9/20/2025; 9/21/2025; 9/23/2025. A PO, with a start date of 6/24/2025, for Midodrine (medication used to treat low blood pressure) HCL Oral (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Tablet 5mg. Give 1 tablet orally three times a day for Hypotension (low blood pressure). Hold if SBP (top number of the blood pressure) over 130. Upon review of the August MAR, on the following dates Midodrine was administered with SBP over 130: 8/72025 MORNING; 8/12/2025 MORNING; 8/15/2025 AFTERNOON; 8/17/2025 EVENING; 8/18/2025 MORNING AFTERNOON; 8/26/2025 MORNING. Upon review of the July MAR, on the following dates Midodrine was administered with SBP over 130: 7/3/25 MORNING; 7/4/25 MORNING EVENING; 7/5/2025 MORNING; 7/6/2025 MORNING; 7/7/2025 AFTERNOON; 7/9/2025 EVENING; 7/10/2025 AFTERNOON; 7/17/2025 MORNING; 7/18/2025 MORNING AFTERNOON; 7/19/2025 MORNING; 7/20/2025 MORNING; 7/21/2025 MORNING AFTERNOON; 7/25/2025 AFTERNOON EVENING; 7/26/2025 AFTERNOON; 7/28/2025 AFTERNOON; 7/31/2025 MORNING. Upon review of the September MAR, on the following dates Midodrine was administered with SBP over 130: 9/12/2025 MORNING; 9/19/2025 MORNING; 9/22/2025 AFTERNOON.On 9/24/2025 at 10:10 AM, the surveyor interviewed Licensed Nurse Practitioner (LPN #1) who confirmed that she was aware that the medication Midodrine usually has patient specific parameters. When asked why the parameters are important with Midodrine LPN #1 responded that it was only to be given when resident's blood pressure is low to raise it higher. LPN #1 further explained that if it was given outside of the physician's order then it would be considered a medication error. LPN #1 acknowledged that there was consistent education in the facility regarding medication parameters and the administration of medications. On 9/24/2025 at 10:40 AM, the surveyor interviewed Unit Manager Licensed Practical Nurse (UM/LPN #1) who advised that physician orders are always to be followed. When inquired about the medication Midodrine, UM/LPN #1 stated that there is always ongoing education regarding physician ordered parameters. UM/LPN #1 confirmed that the medication should not be administered to residents if the blood pressure was over the specific parameters. If it was given, then it would be considered a medication error. The surveyor reviewed the EMR documentation regarding the limb restriction and parameters to which UM/LPN #1 confirmed that physician orders were not followed. UMLPN #1 further acknowledged that education was consistently provided regarding regarding medication parameters, specifically the medication Midodrine. On 9/252025 at 9:45 AM, the surveyor interviewed the Director of Nursing, in the presence of the Regional Clinical Director, Regional Director of Operations, and Clinical Operations, who acknowledged that pharmacy consultant identified that Resident #36's Midodrine parameters and limb restriction and that they were not being followed for numerous months despite both staff education and facility wide education. A review of the facility's Medication Administration Policy, Implemented 9/1/24, included under the heading Policy Explanation and Compliance Guidelines: [.] 8. Obtain and Record vital sings, when applicable or per physician orders, When applicable hold medication for those vital signs outside of the physician's prescribed parameters [.].A review of the facility's Medication Error Policy, Implemented 9/27/24, included under the heading Policy Explanation and Compliance Guidelines: 1. The facility shall ensure a medications will be administered as follows: a. According to Physician's Orders [.]; 4. The facility will consider factors indicating errors in medication administration including, but not limited to, the following: a. Medication administered not in accordance with the prescriber's order; 8. If a medication error occurs, the following procedure will be initiated: a. The nurse assesses and examines the resident's condition and notifies the physician or health care practitioner as soon as possible; b. Monitor and document the resident's condition, including response to medical treatment or nursing interventions; c. Document actions taken in the medical record; d. Once the resident is stable, the nurse report the incident to the appropriate supervisor and completes the incident or occurrence report. N.J.A.C. S 8.39-29.2 (d)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review, it was determined that the facility failed to review and revise comprehensive person-centered care plan that identified furnished services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for a resident with a right arm blood pressure restriction. This deficient practice was identified for 1 of 38 residents (Resident #36) reviewed for care planning.This deficient practice was evidenced by the following: On 9/22/2025 at 10:04 AM, the surveyor reviewed the electronic medical record (EMR) for Resident 26. A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: Parkinson's Disease (movement disorder of the nervous system that worsens over time) and orthostatic hypotension (a form of low blood pressure that happens when standing after sitting or lying down). A review of the resident's most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 8/26/25, included the resident had a Brief Interview for Mental Status (BIMS) score of 5 out of 15, which indicated the resident's cognition as severely impaired. A review of Resident #36's Medication Administration Recor (MAR) included the following physician orders (PO): Vital Signs No [blood pressure] [right] arm every shift. Upon review of the EMR, vital sign entries identified that blood pressure was obtained from the resident's right arm:A review of the resident's individual comprehensive care plan (ICCP) did not identify Resident #36's right arm limb restriction for blood pressures.On 9/24/2025 at 10:40 AM, the surveyor interviewed Unit Manager Licensed Practical Nurse (UM/LPN #1) who advised that she was not sure if it would be added but believed it would be a good idea.On 9/252025 at 9:45 AM, the surveyor interviewed the Director of Nursing, in the presence of the Regional Clinical Director, Regional Director of Operations, and Clinical Operations, who acknowledged that the limb restriction was not on the care plan.A review the facility policy titled, Comprehensive Care Plans, Implemented 9/1/24, revealed under the title Policy: to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measure objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified [.]. In addition, the following was identified under the section titled Policy Explanation and Compliance Guidelines: [.]3. The comprehensive care plan will describe at a minimum, the following: a. The services that re to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being; [.] f. Resident specific intervention that reflect the resident's needs and preferences [.]; 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment [.]. N.J.A.C. S 8:39-11.2 (e)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 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)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interviews, record review, and review of pertinent facility documentation, it was determined that the facility failed to a.) maintain proper care for a resident with a nephrostomy tube (NT) (a tube inserted through the skin into the kidney to divert urine to an external drainage bag); b.) ensure a resident's urinary collection bag remained in a privacy bag; and c.) document a resident's urinary catheter output as ordered by the physician. This deficient practice was identified for 2 of 3 residents (Resident # 25 and Resident # 115) reviewed for catheter care. This deficient practice was evidenced by the following: 1.) On 09/23/2025 at 9:00 AM, Surveyor #1 completed incontinent rounds with the Licensed Practical Nurse/Charge Nurse (LPN/CN) on the Sub-Acute Unit, Resident #115 was observed lying in bed with the head of the bed elevated approximately 45 degrees. The resident's right NT was kinked and secured with white tape that was stained with a brown substance. Clear, pale-yellow urine was visibly draining into the drainage bag positioned at the bottom of the resident's bed. A dressing was present over the NT insertion site; however, it was not labeled or dated. A review to the admission record, an admission summary, revealed the resident was admitted to the facility with diagnoses including, but not limited to, malignant neoplasm of bladder (a type of cancer that begins in the tissues of the bladder, the organ that stores urine.), and other artificial openings of urinary tract (a surgically created passage for urine to leave the body). A review of the resident's admission Minimum Data Set (MDS), an assessment tool used to facilitate care management, dated 09/12/2025, included a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating intact cognition. Further review of Section H: Bladder and Bowel revealed that the resident has a NT. A review of the resident's individual comprehensive care plan, dated 09/02/2025, identified a focus area related to the presence of a NT due to bladder cancer, along with an intervention to monitor the tube. A review of the order summary report, dated as of 09/22/2025, included the following physician orders (PO): a PO, dated 09/05/2026, for right NT, nephrostomy apply clean dry dressing daily every evening shift. During an interview with Surveyor #1 on 09/23/2025 at 9:30 AM, the LPN/CN stated that the dressing for Resident #15's right nephrostomy tube is changed daily and should always be dated, an undated dressing makes it unclear whether it has been changed. LPN/CN also noted that the drainage bag for the nephrostomy tube should not have been positioned at the bottom of the resident's bed but rather placed in a proper drainage bag holder to prevent urine backup, which can lead to infection. During an interview with Surveyor #1 on 09/24/2025 at 11:42AM, the Director of Nursing stated that nephrostomy tubing is connected to a drainage bag depending on the type of appliance the resident arrives with from the hospital. There should be no tape applied to the nephrostomy tube connected to the drainage bag, and the drainage bag should be secured to the side of the bed to allow gravity to ensure proper drainage. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of a facility policy undated titled, Nephrostomy Tube, revealed that, Residents with nephrostomy will receive care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. Check tube(s) frequently for kinks or obstructions. These are likely to occur if the resident lies on the insertion sites. A review of a facility policy undated titled, Clean Dressing Change, under policy explanation and compliance guidelines revealed that, Secure dressing. [NAME] with initials and date. NJAC 8:39-27.1 (f) 2.) On 9/23/2025 at 8:36 AM, Surveyor # 2 observed from the hallway Resident #25's urinary catheter drainage bag with no privacy bag. Surveyor # 2 reviewed the medical record for Resident #25. A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: urinary tract infection and sepsis (a life threatening response to an infection) . A review of the resident's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 8/26/25, identified that the resident had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated the resident's cognition as moderately impaired. Review of Section H of the MDS identified Resident #25 with an indwelling catheter. A review of the Treatment Administration Treatment (TAR) included the following physician orders (PO): A PO, with a start date of 8/20/2025, for [indwelling] catheter care (every) shift and was needed every shift. The following dates were blank without any nursing initials for the month of September: 9/5/25 Evening Shift; 9/11/25 Night Shift; 9/13/25 Evening Shift. A PO, with a start date of 8/20/2025, to monitor [indwelling catheter] for (signs/symptoms) of infection every shift. The following dates were blank without any nursing initials for the month of September: 9/5/25 Evening Shift; 9/11/25 Night Shift; 9/13/25 Evening Shift. A PO, with a start date of 8/20/2025, to monitor urine output & record (every) shift. The following dates were blank without any nursing initials for the month of August: 8/29/25 Day shift. 9/5/25 Evening Shift; 9/11/25 Night Shift; 9/13/25 Evening Shift. A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated 1/1/25, that the resident had an indwelling catheter. Interventions included: monitor and document intake and output as per facility policy; monitor/record/report to MD for (signs/symptoms) of UTI. On 9/24/2025 at 10:04 AM, Surveyor # 2 interviewed Certified Nursing Assistant (CNA #1) who confirmed that urinary drainage bags were to be placed in a privacy bag. When asked how urinary output were monitored, CNA #1 responded that they empty the bag, measure the amount, and report the output to the nurse who was responsible for documenting the amount. When asked why the documentation of the urinary output was important, CNA #1 stated that this was part of the resident's plan of care. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/24/2025 at 10:10 AM, Surveyor # 2 interviewed Licensed Nurse Practitioner (LPN #1) who confirmed that either the CNA or the nurse can empty the urinary drainage bag and measure the amount, but the nurse was responsible for documenting the amount in the chart. When asked how urinary drainage bags are to be maintained at bedside, UMLPN #1 reported that they were to be in a privacy bag. When asked about blanks in the MAR, UMLPN#1 stated that there should never be blanks because it could mean urinary retention. On 9/24/2025 at 10:40 AM, Surveyor # 2 interviewed Unit Manager Licensed Practical Nurse (UM/LPN #1) who described that the care of urinary catheters included monitoring for signs/symptoms of infection, urinary drainage bags maintained in a privacy bag, and that the nurses were responsible for documentation of the urinary output. The surveyor provided pictures of the urinary drainage device as observed on initial tour. UM/LPN#1 confirmed the finding. When asked if there should be blanks on the TAR, UM/LPN#1 denied. On 9/24/2025 at 11:44 AM, Surveyor # 2 interviewed the Director of Nursing, in the presence of the Regional Clinical Director, Regional Director of Operations, and Clinical Operations, who acknowledged that urinary drainage bags are to be maintained in privacy bags and that physicians orders should be completed in their entirety and identify as such in the electronic medical record. A review the facility policy titled, Catheter Care, Implemented 9/27/24,, revealed under the title Policy: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Additionally, under the title Policy Explanation: 1. Catheter Care will be performed every shift and as needed by nursing personnel. 2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use [.]. A review the facility policy titled, Documentation in Medical Record, Implemented 10/1/24, revealed under the title Policy: Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information not provide a picture of the resident's progress through complete, accurate, and timely documentation. N.J.A.C. 8:39-19.4 (a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, medical record review and review of other pertinent facility documentation, it was determined that the facility failed to contain respiratory equipment, specifically a nasal cannula (a medical device that provides supplemental oxygen therapy to people who have lower oxygen levels) in protective coverings for 1 of 1 resident (Resident #65) reviewed for respiratory care. This deficient practice was evidenced by the following: Findings include: On 09/21/2025 at 11:04 AM Resident #65 was observed seated in the activity room. Staff indicated to the surveyor that Resident #65 was hard of hearing (HOH).According to the admission Record Resident #65 was admitted to the facility with the following but not limited to diagnoses: Chronic Obstructive Pulmonary Disease (an ongoing lung condition caused by damage to the lungs), acute and chronic respiratory failure with hypoxia (a condition in which there is an inadequate supply of oxygen to the body's tissues), dementia, and major depressive disorder. A review of the resident assessment/minimum data set (MDS), an assessment tool, dated 8/10/2025 revealed that Resident #65 had a Brief Interview for Mental Status score of 8, which indicated moderate cognitive impairment. According to Section GG Resident #65 required substantial/maximal assistance with oral hygiene, upper body dressing and personal hygiene and was dependent on staff for toileting hygiene, lower body dressing and putting on/taking off footwear. Section O revealed that Resident #65 received continuous oxygen therapy on admission to the facility and while a resident. According to the Order Summary Report with active orders as of 09/24/2025, Resident #65 had the following physician order: O2 (oxygen) via nasal cannula at 3L/min (liters/minute) PRN (as needed) for SOB (shortness of breath). Order Date: 9/23/2025. A review of the comprehensive care plan revealed that Resident #65 had the following care plan Focus: [resident name] has oxygen therapy PRN SOB Date Initiated: 08/13/2025. Interventions included Oxygen Settings: O2 via nasal cannula @ 3L PRN SOB. On 09/22/2025 at 9:21 AM Resident #65 was observed seated in a wheelchair in their room. Resident #65 was HOH and did not respond to the surveyor's voice. O2 via n/c was in place and being delivered at 3L/min. Oxygen tubing was observed to be dated 9/18/25. On 09/23/2025 at 8:54 AM Resident #65 was observed in bed with the head of bed elevated and eating his/her breakfast meal. The surveyor observed the oxygen concentrator (a machine that takes air from your surroundings, extracts oxygen and filters it into purified oxygen for you to breathe) on the window side of the bed and not in use. The surveyor observed the oxygen tubing/nasal cannula on the floor next to the bed. The tubing and nasal cannula were in direct contact with the floor, not covered, and exposed to contamination. On 09/23/2025 at 11:13 AM the surveyor entered room of Resident #65 after knocking. Resident #65 was not present. The surveyor observed the O2 concentrator located on the window side of the bed. The concentrator was not in use. The O2 tubing and nasal cannula were observed to be on the floor in the same manner as the previous observation. The tubing and nasal cannula were exposed to contamination while in contact with the floor. The tubing was observed to be dated 9/18/2025. On 09/24/2025 at8:42 AM Resident #65 was observed lying in bed with their eyes closed. The O2 concentrator was not in use and the oxygen tubing/nasal cannula was observed to be on the floor and unprotected. The tubing and cannula were in contact with the floor and exposed to contamination. At 8:48 AM the surveyor interviewed the Licensed Practical Nurse (LPN) assigned to Resident #65 for that shift. The LPN followed the surveyor into Resident #65's room and told the surveyor that the oxygen tubing/nasal cannula should not be on the floor and that it should be bagged when not in use because it as an infection control issue. The LPN removed the tubing from the oxygen concentrator and said she was going to replace the tubing/nasal cannula with a new set. On 09/24/2025 at 11:43 AM during a meeting with facility administration the facility Director of Nursing (DON) told the surveyor that when not in use (oxygen tubing/nasal cannula) it should be bagged at the bedside. The surveyor asked the DON why It was important to protect respiratory equipment when not in use and the DON relied, it is bagged to prevent contamination.A review of the facility provided policy titled (continued on next page)

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	315264	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Bey Lea, LLC	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.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Oxygen Administration, date implemented: 9/27/2024, revealed the following under the heading Policy: Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. In addition, the following was observed under Policy Explanation and Compliance Guidelines:4. (d.) Keep delivery devices covered in plastic bag when not in use. N.J.A.C. 8:39- 27.1 (a)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to store medical supplies in accordance with professional standards, as evidenced by the presence of expired supplies. This deficient practice was identified in 1 of 2 medication storage rooms inspected.The deficient practice was evidenced by the following: On [DATE] at 10:25 AM, the surveyor inspected the Star Unit Medication medication storage room in the presence of Registered Nurse (RN #1) who advised that the nurses are responsible for maintaining the storage room. The surveyor observed inside the locked medication refrigerator a 2 milliliter (mL) multi-dose vial of Methotrexate (a medication used to slow the growth of certain cells) inside of a biohazard reclosable plastic bag. The medication did not have a patient's name or dosage. RN #1 confirmed that the medication should have patient's name.On [DATE] at 10:25 AM, the surveyor interviewed Unit Manager Licensed Practical Nurse (UM/LPN #2) who confirmed that the medication was brought in by a resident's family, but they were recently discharged and no longer in the building. UM/LPN #2 confirmed that the medication should be labeled with the resident's name. On [DATE] at 11:44 AM, the surveyor interviewed the Director of Nursing, in the presence of the Regional Clinical Director, Regional Director of Operations, and Clinical Operations, who acknowledged that the medication should have been identified with a resident's name and administration dosage. A review of the facility's Medications Brought to the Facility by the Resident/Family Policy, implemented [DATE], included under the heading Policy Interpretation and Implementation: 1. The facility shall ensure medications will be administered as follows: a. According to Physician's Orders [.]; N.J.A.C. S 8:39-29.4 (g)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure a.) soiled linens were appropriately handled in the nursing unit and b.) appropriate Personal Protective Equipment (PPE) was utilized during incontinence round to a resident who required Enhanced Barrier Precautions (EBP), to prevent the potential spread of infection in accordance with the Center for Disease Control and Prevention (CDC) guidelines and standards of infection control practice. This deficient practice was identified for 1 unsampled resident (Resident #49) observed during incontinence tour and occurred on 1 of 2 resident units (subacute rehab unit), respectively and was evidenced by the following:Reference: Enhanced Barrier Precautions (EBP) are an infection prevention and control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes, including the routine use of gloves and gowns during all high-contact resident care. https://www.nj.gov/health/cd/documents/topics/hai/EBP_in_Nursing_Homes_Algorithm.pdf1.) On 9/23/2025 at 8:38 AM, during an incontinence tour with Certified Nursing Assistant (CNA) #1, the surveyor observed an EBP sign on an unsampled resident's door. The surveyor also observed an untied plastic bag containing linen on the floor next to the PPE bin outside the room. CNA #1 confirmed that the content of the bag was soiled laundry from the resident. CNA #1 completed hand hygiene and donned gown and gloves. CNA #1 assisted the resident in the bathroom. The surveyor observed the resident to be wearing a foley catheter connected to a right urine leg bag. CNA #1 exposed the resident's incontinence brief for the surveyor to view. The brief was not soiled. CAN #1 continued to assist the resident in the bathroom. The plastic bag containing the soiled laundry remained outside the doorway of the unsampled resident's room. On 9/23/2025 at 11:38 AM, during an interview with the surveyor, the Infection Preventionist (IP) stated that dirty laundry needs to be sealed in a plastic bag and goes straight to the dirty utility room. The IP further stated that nothing stays on the floor. On 9/24/2025 at 11:30 AM, during an interview with the survey team, the Director of Nursing (DON) stated that soiled linen should be sealed in a plastic bag and taken to the soiled utility room at once and not sit on the floor. A review of the facility-provided policy date implemented on 9/27/2024 titled Handling Soiled Linen included under Policy Explanation and Compliance Guidelines the following: 4. Used or soiled linen shall be collected at the bedside and placed in a linen bag or designated lined receptacle. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom.2.) On 9/23/2025 at 9:03 AM, during an incontinence tour with Licensed Practical Nurse/ Unit Manager (LPN/ UM), the surveyor observed an EBP sign outside Resident #49's room. A PPE bin was also observed by the doorway. LPN/ UM washed their hands and donned gloves but did not put on a protective gown. LPN/ UM pulled the resident's bed linen and exposed the resident's green incontinence brief on the front side. The surveyor asked LPN/ UM to expose the back of the brief, too. LPN/ UM turned the resident to the side and unfastened the incontinence brief to expose the back of the resident. The green incontinence brief was observed to be wet at the back. LPN/ UM refastened the brief and stated to the surveyor that the resident would get changed. The surveyor asked LPN/ UM why the resident was on EBP. LPN/ UM stated that the resident had an MDRO.On 9/23/2025 at 11:38 AM, during an interview with the surveyor, the IP stated that staff needs to wear gown and gloves when doing close and prolonged high contact care activities to residents on EBP. The IP also stated that incontinence care is included in the high contact care activities. On 9/24/2025 at 11:30 AM, during an interview with the survey team, the DON stated that incontinence care is included in the high-contact activities requiring staff to wear gown and gloves for residents on EBP. A review of the facility-provided policy date implemented on 9/1/2024 titled Enhanced Barrier Precautions included under Definitions: Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	gown and gloves use during high contact resident care activities. N.J.A.C. 8:39 - 19.1 (a)N.J.A.C. 8:39 - 19.4 (a) (c)