STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315365	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ocean Grove LLC	160 S Main St Ocean Grove, NJ 07756

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 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. (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

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Number of residents sampled: 6Number of residents cited: 2Complaint NJ #00174809Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide appropriate incontinence care for residents who were dependent on staff for Activities of Daily Living. This deficient practice was identified for 1 unsampled resident (Resident #34) and 1 sampled resident (Resident #67) out of 6 residents observed during incontinence rounds on 1 of 2 nursing units and was evidenced by the following:1. On 7/21/2025 at 8:54 AM, the surveyor performed incontinence rounds with Licensed Practical Nurse/ Unit Manager (LPN/UM) #1 and observed Resident #34 in bed. LPN/UM #1 exposed the resident's green incontinence brief from the front and stated that the resident was wet. 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 #1 to expose the back of the incontinence brief. The surveyor observed a wet blue incontinence brief inside the wet green incontinence brief. The surveyor asked LPN/UM #1 if applying 2 briefs on the resident was appropriate. LPN/UM #1 stated that it was not right and that they will find out who did it and provide education to the staff.The surveyor reviewed the medical record of Resident #34.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; congestive heart failure and type 2 diabetes mellitus.A review of the resident's most current quarterly Minimum Data Set (MDS), an assessment tool dated 6/29/25, 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 bladder.A review of the resident's Individualized Care Plan (ICP) included a problem area revised on 4/13/2023, that the resident had incontinence of urine and bowel and required incontinence checks as needed. 2. On 7/21/2025 at 9:08 AM, during the incontinence rounds with LPN/UM #1, the surveyor observed Resident #67 in bed. LPN/UM #1 exposed the resident's white incontinence brief from the front. The brief was soaked. LPN/UM #1 proceeded to close the incontinence brief when the surveyor asked them to expose the back of the brief. The bedsheet was noted wet in the area beneath the resident's buttocks. When the resident's brief was exposed at the back, the surveyor noted a soaked green incontinence brief inside the white brief. The surveyor asked LPN/UM #1 if applying 2 briefs on the resident was appropriate. LPN/UM #1 stated that it was not right and that they will find out who did it and provide education to the staff. The surveyor reviewed the medical record of Resident #67.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; acute respiratory failure and type 2 diabetes mellitus.A review of the resident's most current quarterly Minimum Data Set (MDS), an assessment tool dated 5/19/25, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated intact cognition. The MDS further assessed that the resident was dependent on staff assistance for toileting hygiene and that the resident was always incontinent of bladder and frequently incontinent of bowel.A review of the resident's Individualized Care Plan (ICP) included a problem area revised on 7/8/2025, that the resident had toileting and mobility deficit related to impaired balance and respiratory failure. The care plan did not include specific interventions addressing the resident's incontinence. On 7/22/2025 at 9:42 AM, during a tour of the storage room with the unit secretary, the surveyor confirmed the following sizes of incontinence briefs based on color: large (blue), extra-large (yellow/ tan), 2-extra large (green), bariatric (white). On 7/22/2025 at 1:11 PM, during an interview with the survey team, the Regional Nurse (RN) stated that applying double incontinence brief on residents was not acceptable.A review of facility-provided policy titled Incontinence Care date implemented on 9/1/2024, 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); 27.2 (h)

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to a.) label, date, and store potentially hazardous foods appropriately to prevent food borne illness and b.) maintain kitchen equipment in a clean and sanitary manner to prevent microbial growth. This deficient practice was evidenced by the following:On 7/16/25 at 9:50 AM, the surveyor toured the kitchen with the Food Service Director (FSD) and the Regional Food Service Director (RFSD). The following was observed:1. Condensation on the outside of the ice machine on the top of lid and when opened an unidentified yellow substance was observed on the inside cover.2. Duct tape on the left and right corner above the ice machine lid and what appeared to be a white bonding material applied to the front lower left side.The surveyor interviewed the FSD who stated the machine was last cleaned on 7/8/25 but could not identify the yellow substance or explain why it was on the ice machine. The FSD explained that the duct tape was applied to prevent the sides of the ice machine from falling off and that the white substance was applied to cover up damage to the ice machine.3. Greasy, brown-appearing substance on the inner surface of the oven.The surveyor interviewed the FSD who stated that the oven should kept clean and should not have any substances in the inside of the oven.4. 5 (five) out of 5 (five) heads of wilted and partially decomposed lettuce in a clear plastic bag in the walk-in refrigerator number 1 (one).The surveyor interviewed the FSD who stated that the lettuce should have been discarded since it was spoiled. The FSD discarded the lettuce at the time of finding. The surveyor asked the FSD why the lettuce was kept in the refrigerator in the deteriorated condition. The FSD stated that produce is checked when the food is prepped and not daily.5. An opened and exposed to air a 10 lb. (pound) box of sausage which was not labeled and dated with an opened or used-by date, in walk-in refrigerator number 2 (two).6. A 5 (five) lb. container of cottage cheese which was not labeled and dated with an opened or used-by date, in the walk-in refrigerator number 2.The surveyor interviewed the FSD who stated that the box of sausage should be covered and labeled with an opened/used-by dates. The FSD stated that it was important to ensure that food is used before the used-by date and to prevent serving decayed food.On 7/21/25 at 10:08 AM, the surveyor toured the kitchen with the Food Service Director (FSD) and the Regional Food Service Director (RFSD). The following was observed:7. 2 (two) out of 3 (three) heads of celery that were wilted and yellow in appearance, stored in walk-in refrigerator number 1.8. Four (4) out of 10 (ten) cucumbers had visible signs of spoilage with white, furry-appearing patches throughout the cucumbers & cucumber juice had leaked into the box in walk-in refrigerator number 1.Both the FSD and RFSD agreed that the celery and cucumbers should not had been in the refrigerator since they were spoiled. The FSD stated that produce should have been checked during meal prep and spoiled items are discarded.A review of the Tuesday special cleaning, schedule, indicated the following:During week 3, three cooks were tasked with cleaning the ice machine inside and outside.During weeks 1, 3 and 4, three cooks were assigned to clean and organize the fridge and freezer in the morning.On 7/24/25 at 11:50 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the Director of Nursing (DON), Regional Resource Registered Nurse (RRRN), and survey team, acknowledged the ice machine and oven should be cleaned and maintained per facility policy, prepped items should be labeled and have a used-by date, and spoiled foods should be promptly discarded.A review of the facility's policy dated 2/16/25 and titled Ice Machine Sanitation Policy, indicated that the kitchen staff will spray inside of the bin and lid with sanitizing solution and wipe the bin and lid with clean disposable kitchen wipe in steps number 7 (seven) and eight (8).A review of an undated facility's policy, titled Ice Machine Maintenance, indicated that the machine should be emptied and fully sanitized monthly and that the machine inside rim should be inspected with a white single use paper towel weekly to ensure no residue. The 2025 ice machine cleaning log indicated that the ice machine was cleaned on July 8, 2025.A review of the facility's policy dated 2/16/24 and titled Equipment Cleaning Policy indicated that conventional and convection ovens should be cleaned inside and outside with soap and water after each use and an oven-grill cleaner or degreaser should be used for heavy carbon build up.A review of the facility's protocol dated 11/12/19 and titled Labeling and Dating System Protocol, indicated that cottage cheese should be used by one week from the opened date; beef, pork, poultry should be used within 3 days after opening.NJAC 8:39-17.2(g)