

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Complete Care at Ocean Grove LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint: 2696252 & 2692885Based on interviews, medical record review, and review of pertinent facility documentation on 1/6/26, it was determined that the facility failed to consistently document Activities of Daily Living (ADL) as being provided to residents for 2 of 6 residents reviewed for ADLs (Resident #1, Resident #6). The facility also failed to follow its policy titled, ADLs. This deficient practice was evidenced by the following:Review of the Electronic Medical Record (EMR) was as follows:According to Resident #1's admission Record (AR), the resident was admitted to the facility with diagnoses that included but were not limited to spinal stenosis, lumbar region without neurogenic cloudification (the anatomical narrowing of the spinal canal in the lower back (lumbar region) due to degenerative changes, but without the classic leg symptoms) and Parkinson's disease without dyskinesia (progressive neurological disorder, which primarily involve bradykinesia (slowness of movement), rigidity (stiffness), resting tremor (shaking), and postural instability (balance problems), all stemming from dopamine loss in the brain, rather than the involuntary writhing movements (dyskinesia) caused by levodopa medication).According to the Minimum Data Set (MDS), an assessment tool dated 12/19/2025, Resident #1 had a Brief Interview of Mental Status (BIMS) score of 8 out of 15, which indicated the resident was moderately cognitively impaired.A review of Resident #1's December 2025 Documentation Survey Report v2, a form used to document ADL care and often referred to as Point of Care (POC) included blank spaces indicating that the task was not completed as follows:Bladder Documentation on 12/18/25 on the day shift. On 12/26/25 on the evening shift. On 12/31/25 on the night shift.According to Resident #6's AR, the resident was admitted to the facility with diagnoses that included but were not limited chronic pulmonary embolism (a long-term condition where blood clots in the lung's arteries don't fully dissolve) and type 2 Diabetes Mellitus without complications (having the condition where the body doesn't use insulin effectively, leading to high blood sugar, but without the serious long-term damage to nerves, heart, eyes, or kidneys that can occur if uncontrolled, emphasizing management through diet, exercise, and medication to prevent such issues). According to the MDS dated [DATE], Resident #6 had BIMS score of 15 out of 15, which indicated the resident was cognitively intact.A review of Resident #6's December 2025 Documentation Survey Report v2, a form used to document ADL care included blank spaces indicating that the task was not completed as follows:Bladder Documentation on 12/2/25, 12/3/25,12/5/25,12/7/25, 12/15/25, 12/18/25, 12/20/25, and 12/21/25 on the day shift. On 12/1/25, 12/6/25, 12/21/25 on the evening shift. On 12/1/25, 12/4/25, 12/5/25, 12/8/25,12/12/25, 12/27/25, 12/29/25, and 12/31/25 on the night shift.During an interview on 1/6/26 at 11:32 AM, the Certified Nursing Assistant (CNA) stated that she documented ADL care on the POC and that facility expectation was to document 2 hours before her shift was over. When questioned as to why documentation on the POC was important the CNA stated documentation is important because it was proof of care provided for residents.During an interview on 1/6/26 at 11:40 AM, with the Licensed Practical Nurse (LPN), the LPN</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 315365
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>stated that all documentation should be completed before a staff member leaves the facility. During an interview on 1/6/26 at 01:26 PM, with the Director of Nursing (DON), the DON was given both Resident #1 and Resident #6's POCs. She acknowledged there were blanks and stated that facility expectation regarding ADL documentation is that the staff should document accurately and according to the numerical log listed. She further stated she expects her CNAs to fill out the ADL logs in its entirety in order to know a residents needs and expectations so the facility can perform them. Review of the facility's document titled Activities of Daily Living (ADLs), implemented on 09/01/24, revealed under Policy Explanation and Compliance Guidelines: 2. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. NJAC 8:39-27.1 (a) NJAC 8:39-27.1 (b)</p>		