

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/25/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/15/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPLETE CARE AT OCEAN GROVE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>160 S MAIN ST</b> <b>OCEAN GROVE, NJ 07756</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Complaint #: NJ175245, NJ184348  Census: 88  Sample Size: 4  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 727 SS=D	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3)  §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.  §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.  §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: NJ175245, NJ184348  Based on interview and review of facility documents on 5/15/25, it was determined that the facility failed to ensure a Registered Nurse (RN) worked for at least eight consecutive hours a day for 1 of 21 days reviewed. This deficient practice	F 727	1.The facility failed to ensure there was a Registered Nurse working for at least 8 consecutive hours 1 of 21 days reviewed  2. All residents have the potential to be affected by this practice.		6/23/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/13/2025

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.

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F 727	<p>Continued From page 1 was evidenced by the following:</p> <p>Review of the "Nurse Staffing Reports" completed by the facility for the weeks of 06/23/24 through 06/29/24, 04/20/25 through 04/26/25, and 4/27/25 through 5/3/25, revealed that the facility had no RN coverage for all shifts on 04/20/25.</p> <p>During interview with the surveyor on 5/15/25 at 3:12 p.m., the surveyor inquired about RN staffing in the building. The [US FOIA (b)(6)] and [US FOIA (b)(6)] stated, "Yes, there should be an RN in the building within a 24-hour period to assist with assessments and overall care of the residents." The surveyor inquired about an RN in the building on 4/20/25, and the [US FOIA (b)(6)] confirmed that there were no RN in the building on 4/20/25 and stated, "there should have been an RN in the building to assist with the resident care and to assess residents." The [US FOIA (b)(6)] further stated, "It was Easter Sunday, and the schedule was made, and an RN was assigned, and the RN called out. I called the Agency and requested a nurse but did not realize it was my RN that called out and the Agency sent a Licensed Practical Nurse (LPN)." The [US FOIA (b)(6)] further stated, "I did not check, it was my error, and I did not realize it until the next shift."</p> <p>Review of the facility policy, "Nursing Services and Sufficient Staff," with Date Implemented on 9/1/24 and Date Reviewed/Revised on 3/6/25, under the "Policy" section revealed, "It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of</p>	F 727	<p>3. The Facility continues to actively fill all open Registered Nurse positions to comply with Federal Nursing Regulation to have at 8 consecutive hours a day, 7 days a week.</p> <p>Staff requirements and facility policy were reviewed with Human Resources and Staffing Coordinator, who were able to reiterate minimum staffing requirements.</p> <p>The facility will take the following measures to ensure this deficient practice does not occur. The facility will focus recruitment and retention strategies as following: identify vacant Registered Nurse positions daily and attempt to fill positions with current Registered Nurses staff or agency; work diligently with Administrator, Director of Nursing and Corporate Recruiter to advertise, recruit and hire sufficient Registered Nurse staff.</p> <p>4. The Staffing Coordinator will review schedules daily to ensure that at least 8 RN hours are scheduled and will review with the Director of Nursing. Administrator or designee will audit the schedules weekly x 4 and monthly x2 to ensure there is an RN scheduled for 8 consecutive hours 7 days a week. Results and audits will be reviewed at the monthly Quality Assurance Meeting for 3 consecutive meetings. Based upon the results of these audits, a decision will be made regarding the need to continue submission and reporting.</p>		

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F 727	Continued From page 2 care." Under "Policy Explanation and Compliance Guidelines" section revealed "1. The facility will supply services by sufficient number of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with the resident care plans ..."	F 727			
F 842 SS=D	NJAC 8:39-25.2(h) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law;	F 842			6/23/25

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F 842	<p>Continued From page 3</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint # NJ175245</p>	F 842	<p>1. Resident #2 was discharged from the</p>		



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F 842	<p>Continued From page 4</p> <p>Based on observations, interviews, medical records review, and review of other pertinent facility documentation 5/5/25 and 5/15/25, it was determined that the facility failed to maintain a complete and accurate medical record. This deficient practice was identified for 1 of 4 sampled residents (Resident #2) and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #2 had diagnoses that included but were not limited to: <b>NJ Exec Order 26.4b1</b></p> <p>A review of Resident #2's Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b> revealed a Brief Interview of Mental Status (BIMS) of <b>NJ Exec Order 26.4b1</b> out of 15, which indicated the resident's <b>NJ Exec Order 26.4b1</b> was <b>NJ Exec Order 26.4b1</b></p> <p>A review of Resident #2's "Order Summary Sheet" (OSR) with an order date of <b>NJ Exec Order 26.4b1</b> revealed the following medication order:</p> <p><b>NJ Exec Order 26.4b1</b></p> <p><b>NJ Exec Order 26.4b1</b> Give 1 tablet by mouth every 6 hours a needed for <b>NJ Exec Order 26.4b1</b> with an order date of <b>NJ Exec Order 26.4b1</b>, and a start date of <b>NJ Exec Order 26.4b1</b></p> <p>The surveyor requested the complete Controlled Drug Administration Record (CDAR)/Declining Sheet for Resident #2 for the drug <b>NJ Exec Order 26.4b1</b> starting from <b>NJ Exec Order 26.4b1</b>. The surveyor received one sheet of the CDAR for</p>	F 842	<p>facility</p> <p>2. All residents who have orders for medications that require a Controlled Drug Administration Record/Declining Sheet have the ability to be affected by this practice.</p> <p>3. The Medical Record staff was re-educated on the procedure for maintaining accurate, complete, readily accessible and systematically organized records by the Director of Nursing or designee. The Drug Administration Record Declining sheet will be reviewed for accuracy and placed in residents' charts.</p> <p>4. The Director of Nursing/Designee will audit the Controlled Drug Administration Record/Declining Sheet on each cart weekly x 4 and monthly x 2. The Results of the audit will be reviewed at the Monthly Quality Assurance Meeting for three months. Continuation of the audits, reporting and frequency after three months will be determined by the QA Committee.</p>		

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F 842	<p>Continued From page 5</p> <p>Resident #2 for the <b>NJ Exec Order 26.4b1</b> with a "Date Issued" on <b>NJ Exec Order 26.4b1</b></p> <p>During an interview on 5/15/25 at 1:38 PM with the <b>US FOIA (b)(6)</b>, the surveyor requested the CDAR/Declining Sheet for Resident #2 for the drug <b>NJ Exec Order 26.4b1</b>. However, the facility was unable to provide the entire CDAR Sheets. The <b>US FOIA (b)(6)</b> of Nursing stated that they are still searching for it.</p> <p>A review of the email response from the <b>US FOIA (b)(6)</b> dated 5/20/25 at 12:25 PM revealed, "Unfortunately, we have still not been able to locate the Declining sheet."</p> <p>NJAC 8:39-27.1(a)</p>	F 842			

New Jersey Department of Health

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S 000	Initial Comments  Complaint #: NJ175245, NJ184348  sus: 88  Sample Size: 4  The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ175245, NJ184348  Based on interviews and review of facility documents on 05/15/2025, it was determined that the facility failed to ensure staffing ratios were met for 18 of 21-day shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	1. The facility failed to ensure staffing ratios were met to maintain the required minimum staff to resident as mandated by the state of New Jersey.  2. All residents have the potential to be affected by this deficient practice.  3. The facility continues to actively fill all	6/23/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 560	<p>Continued From page 1</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the week of Complaint staffing from 06/23/2024 to 06/29/2024, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>On 06/23/24 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. On 06/24/24 had 7 CNAs for 94 residents on the day shift, required at least 12 CNAs. On 06/25/24 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. On 06/26/24 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. On 06/27/24 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs.</p>	S 560	<p>opened CNA (Certified Nursing Assistant) shifts to comply with New Jersey State mandated ratios. Minimum staffing requirements were reviewed with the Staffing Coordinator who was able to reiterate minimum staffing requirements for nursing homes. The facility Labor Management Team is focusing on recruitment and retention strategies by identifying vacant positions and attempting to fill positions with current CNA staff or agency. The Labor Management Team collaborates with the Corporate Recruiter to advertise, recruit, and hire sufficient CNA staff. The Labor Management Team continues to develop programs to attract and retain Certified Nursing Assistants. Examples of which include shift bonuses and collaborating with CNA schools to offer facility paid schooling. Partner with local CNA class instructors to identify potential students. In addition, the facility Labor Management Team promotes in-house programs to increase retention of current staff.</p> <p>4 The facility Labor Management Team meets weekly to review the effectiveness of recruitment and retention programs and open labor positions. The findings from these meetings will be reviewed Monthly x 3 months to the Quality Assurance Committee.</p> <p>Based upon the results of the findings, the Quality Assurance Committee will determine whether ongoing submission and reporting is needed.</p>	



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S 560	<p>Continued From page 2</p> <p>For the 2 weeks of staffing prior to survey from 04/20/2025 to 05/03/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <p>On 04/20/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. On 04/21/25 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. On 04/22/25 had 8 CNAs for 88 residents on the day shift, required at least 11 CNAs. On 04/24/25 had 8 CNAs for 88 residents on the day shift, required at least 11 CNAs. On 04/25/25 had 8 CNAs for 88 residents on the day shift, required at least 11 CNAs. On 04/26/25 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs.</p> <p>On 04/27/25 had 9 CNAs for 91 residents on the day shift, required at least 11 CNAs. On 04/28/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. On 04/29/25 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. On 04/30/25 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. On 05/01/25 had 9 CNAs for 90 residents on the day shift, required at least 11 CNAs. On 05/02/25 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. On 05/03/25 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs.</p>	S 560			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315365	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/2/2025
NAME OF FACILITY COMPLETE CARE AT OCEAN GROVE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 160 S MAIN ST OCEAN GROVE, NJ 07756	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0727	Correction	ID Prefix F0842	Correction	ID Prefix	Correction
Reg. # 483.35(b)(1)-(3)	Completed	Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. #	Completed
LSC	06/23/2025	LSC	06/23/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/15/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061344	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/2/2025
NAME OF FACILITY COMPLETE CARE AT OCEAN GROVE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 160 S MAIN ST OCEAN GROVE, NJ 07756	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/23/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/15/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			