

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315317	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER EXCEL CARE AT THE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 29 NORTH VERMONT AVE , ATLANTIC CITY, New Jersey, 08401	
(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
F0000	INITIAL COMMENTS Complaint #: NJ184191 Census: 120 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 SURVEY.	F0000		
F0658 SS = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Complaint #NJ184191/394091 Based on observations, interviews, and record review, it was determined that the facility failed to document treatments administered to a resident on the electronic Treatment Administration Record (eTAR) for 1 of 4 residents reviewed for professional standards of nursing practice (Resident #2). This 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 case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing	F0658	PLAN OF CORRECTION Tag F0658 – Services Provided Meet Professional Standards 1. Corrective action accomplished for the resident affected by the deficient practice: Resident #2's treatment orders were reviewed by the Director of Nursing (DON) and the Unit Manager. All missed treatment entries for [redacted] were addressed, and treatments were verified as either administered or refused. Late entries were documented in accordance with facility policy. 2. Corrective action for other residents who may have the potential to be affected by the same deficient practice: An audit of all residents' eTARs for the past 14 days was conducted to identify any missing documentation of treatments. Any blank entries identified were immediately corrected with late entries or clarifying documentation per policy. Nurses responsible for any identified omissions were counseled and re-educated.	11/16/2025

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 reverse for further 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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F0658 SS = D	<p>Continued from page 1 medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>According to the facility Admission Record, Resident #2 was admitted to the facility with diagnoses which included: NJ Exec Order 26.4b1 [REDACTED] anemia.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED] indicated that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which showed an [REDACTED].</p> <p>A review of the resident's individualized care plan dated initiated [REDACTED], indicated that the resident had [REDACTED] including [REDACTED] of care, medications and treatment. Interventions included to "provide necessary care and ensure resident's well being despite [REDACTED] and "document interactions with resident."</p> <p>A review of the [REDACTED] Order Summary Report (OSR) revealed the following physician's orders (PO):</p> <ul style="list-style-type: none"> - [REDACTED] apply to [REDACTED] one time a day for [REDACTED] dated [REDACTED] - [REDACTED] apply to [REDACTED] one time a day for [REDACTED] dated [REDACTED] - [REDACTED]; apply to [REDACTED] every day shift for [REDACTED] care [REDACTED], dated [REDACTED] - [REDACTED] and [REDACTED] with [REDACTED] every day shift for [REDACTED] care, dated [REDACTED] - [REDACTED] assessment on [REDACTED] day, one time per week on Monday for [REDACTED] check. If any changes in [REDACTED], complete [REDACTED], date [REDACTED]. - [REDACTED]; apply to [REDACTED] 	F0658	<p>Continued from page 1</p> <p>3. Systemic changes put into place to ensure the deficient practice does not recur:</p> <p>Re-education was provided to all licensed nursing staff on the facility's "Nursing Documentation" policy, with emphasis on:</p> <p>Documentation of treatments immediately after care is provided.</p> <p>Entering refusals, resident unavailability, or clinical reasons for not completing treatment (no blanks).</p> <p>Late entry procedures when documentation cannot be completed promptly.</p> <p>A "Treatment Documentation Expectation" memo was distributed to all nurses and posted at each nursing station.</p> <p>Nurse Managers/Unit Supervisors will conduct random spot checks daily to ensure compliance with treatment documentation.</p> <p>The DON or designee will review 5 residents' eTARs per unit weekly for 3 months to monitor ongoing compliance.</p> <p>4. Monitoring to ensure ongoing compliance:</p> <p>Results of eTAR audits will be reported monthly to the facility's Quality Assurance and Performance Improvement (QAPI) Committee for 3 months.</p> <p>After 3 months, if substantial compliance is maintained, audits will be conducted monthly on a random sample of 10 residents.</p> <p>Any patterns of non-compliance will result in re-education and corrective action up to and including progressive discipline.</p> <p>5. Completion Date:</p> <p>The facility respectfully requests a completion date of December 15, 2025</p>	

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F0658 SS = D	<p>Continued from page 2</p> <p>NJ Exec Order 26.4b1 two times a day for NJ Exec Order 26.4b1 care. NJ Exec Order 26.4b1 apply NJ Exec Order 26.4b1), then NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1 apply to NJ Exec Order 26.4b1 two times a day for NJ Exec Order 26.4b1 care. NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, then NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1</p> <p>-NJ Exec Order 26.4b1 apply to NJ Exec Order 26.4b1 every morning and at bedtime for NJ Exec Order 26.4b1 Apply NJ Exec Order 26.4b1 and to NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1</p> <p>-NJ Exec Order 26.4b1 apply to NJ Exec Order 26.4b1 two times a day for NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1</p> <p>-NJ Exec Order 26.4b1 apply to NJ Exec Order 26.4b1 two times a day for NJ Exec Order 26.4b1 care. NJ Exec Order 26.4b1, apply NJ Exec Order 26.4b1, dated NJ Exec Order 26.4b1</p> <p>-NJ Exec Order 26.4b1); apply to NJ Exec Order 26.4b1 two times a day for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, then NJ Exec Order 26.4b1</p> <p>A review of the corresponding NJ Exec Order 26.4b1 eTAR revealed blank spaces for the day shifts on the NJ Exec Order 26.4b1 for the following POs: NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 NJ Exec Order 26.4b1; NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1; NJ Exec Order 26.4b1; and NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p> <p>A review of the corresponding Progress Notes did not include any documentation regarding the blank treatment orders on the above dates.</p> <p>A review of the NJ Exec Order 26.4b1 eTAR revealed a blank space for the resident's PO for a NJ Exec Order 26.4b1 assessment on the NJ Exec Order 26.4b1 day shift.</p> <p>A review of the corresponding Progress Notes did not include any documentation regarding the NJ Exec Order 26.4b1 assessment for that day.</p>	F0658	<p>Continued from page 2</p> <p>Responsible Party:</p> <p>Director of Nursing</p>	
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F0658 SS = D	<p>Continued from page 3</p> <p>A review of the [redacted] eTAR revealed blank spaces for the day shifts on the [redacted] for [redacted]</p> <p>A review of the corresponding Progress Notes did not include documentation for the blank treatment orders on those dates.</p> <p>On 09/16/25 at 10:43 A.M., the surveyor interviewed the [redacted] who stated that the treatments were signed on the eTAR after administering the treatments to the residents. The [redacted] also stated that there should not be any blank spaces on the eTAR.</p> <p>On 09/16/25 at 11:02 A.M., the surveyor interviewed the [redacted] who stated that all physician's orders were documented in the eTAR, and that there should never be blank spaces. When questioned why there should be no blank spaces on the eTAR, the [redacted] answered that blanks indicated that the treatment was not documented which meant the treatment was not performed.</p> <p>On 09/16/25 at 01:51 P.M., the surveyor interviewed the [redacted], who stated that her expectations regarding documentation by her nursing staff was that all documentation was completed prior to the end of the nurse's shift. The [redacted] further stated that there should be no blanks on the eTAR and that if it was not documented, the treatment was not done. The surveyor presented the [redacted] with the eTAR for Resident #2, and the [redacted] confirmed there were blanks on Resident #2's TAR.</p> <p>A review of the facility's policy titled "Nursing Documentation" dated 05/01024, revealed under "Purpose", "This policy is to establish guidelines and procedures for nursing documentation at [name redacted] facilities to ensure accurate, timely, and legally compliant documentation practices. Proper documentation provides a clear, consistent record of care, facilitates communication among care team members, and ensures continuity of care for residents." Under "General Guidelines (in Nursing Documentation)", "2. Timeliness: Documentation should occur promptly after providing care or receiving new information. Late entries should be clearly noted and explain why the entry was delayed."</p> <p>NJAC 8:39-27.1(a)</p>	F0658		

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S0560	<p>Continued from page 1 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 03/02/2025 to 03/08/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-03/02/25 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-03/03/25 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-03/04/25 had 12 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-03/05/25 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-03/06/25 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-03/07/25 had 13 CNAs for 117 residents on the day shift, required at least 15 CNAs.</p> <p>-03/08/25 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>For the 2 weeks of Complaint staffing from 08/31/2025 to 09/13/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-08/31/25 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-09/01/25 had 12 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-09/02/25 had 13 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-09/03/25 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-09/04/25 had 12 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-09/05/25 had 13 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-09/06/25 had 12 CNAs for 121 residents on the day</p>	S0560	<p>Continued from page 1 affected:</p> <p>All current staffing schedules were reviewed to ensure compliance with NJ minimum staffing ratios.</p> <p>House Supervisors and DON/designee will cross-verify CNA assignments before each shift to ensure ratio compliance.</p> <p>3. Systemic changes to prevent recurrence:</p> <p>A staffing contingency plan has been established that includes:</p> <p>Development of an on-call CNA pool to fill unexpected call-outs.</p> <p>Partnership with staffing agency to ensure supplemental CNA coverage.</p> <p>Mandatory pre-scheduling of weekend/holiday CNA coverage two weeks in advance.</p> <p>Daily staffing huddles with DON/designee to verify ratios.</p> <p>4. Monitoring:</p> <p>DON or designee will complete daily staffing compliance checks for 90 days.</p> <p>Results will be reported weekly to the Administrator and monthly to the QAPI Committee for review and follow-up.</p> <p>Any future staffing shortfalls will be documented with mitigation steps (e.g., redistribution of assignments, agency call-ins).</p> <p>5. Completion Date: November 16, 2025</p> <p>Responsible Party: Director of Nursing / Administrator</p>	

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S0560	Continued from page 2 shift, required at least 15 CNAs. -09/07/25 had 12 CNAs for 121 residents on the day shift, required at least 15 CNAs. -09/08/25 had 13 CNAs for 121 residents on the day shift, required at least 15 CNAs. -09/09/25 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs. -09/10/25 had 12 CNAs for 121 residents on the day shift, required at least 15 CNAs. -09/11/25 had 13 CNAs for 121 residents on the day shift, required at least 15 CNAs. -09/12/25 had 13 CNAs for 125 residents on the day shift, required at least 16 CNAs. -09/13/25 had 13 CNAs for 125 residents on the day shift, required at least 16 CNAs.	S0560		
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day	S1680	Date of completion changed to be compliant with 60 day poc window.	11/16/2025

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S1680	<p>Continued from page 3</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of the Nurse Staffing Reports for the weeks of 08/31/2025 to 09/13/2025, it was determined that the facility failed to provide at least minimum staffing levels for 8 of 14 days.</p> <p>The required staffing hours and actual staffing hours are as follows:</p> <p>For the week of 08/31/25</p> <p>Required Staffing Hours: 387.75</p> <p>-08/31/25 had 376 actual staffing hours, for a difference of -11.75 hours.</p> <p>-09/01/25 had 376 actual staffing hours, for a difference of -11.75 hours.</p> <p>-09/02/25 had 384 actual staffing hours, for a difference of -3.75 hours.</p> <p>-09/03/25 had 376 actual staffing hours, for a difference of -11.75 hours.</p> <p>-09/04/25 had 384 actual staffing hours, for a difference of -3.75 hours.</p> <p>-09/05/25 had 376 actual staffing hours, for a difference of -11.75 hours.</p> <p>For the week of 09/07/25</p> <p>Required Staffing Hours: 388.50</p> <p>-09/10/25 had 368 actual staffing hours, for a difference of -20.50 hours.</p> <p>-09/11/25 had 376 actual staffing hours, for a</p>	S1680		

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S1680	Continued from page 4 difference of -12.50 hours.	S1680		