New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	060103		C 04/13/2021

NAME OF PROVIDER OR SUPPLIER

EXCEL CARE AT THE PINES

STREET ADDRESS, CITY, STATE, ZIP CODE

29 NORTH VERMONT AVE
ATLANTIC CITY, NJ 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) COMPLETE DATE
S1685	8:39-25.2(b)(2) Mandatory Nurse Staffing (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) above) on the basis of: 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 Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day	S1685		5/14/21

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

Electronically Signed

TITLE

(X6) DATE

04/22/21

New Jersey Department of Health

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S1685	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complain# NJ 141574 Based on review of facility staffing sheets for the weeks of 9/13/2020 and 9/20/2020, it was determined that the facility failed to provide at least the minimum staffing level requirements for 1 of 14 days; 9/13/2020. The required staffing hours and actual staffing hours are as follows: For the week of 9/13/2020 Required Staffing Hours: 269.25 Date / Actual Hours / Difference 4/13/2020 / 255 / -14.25 hours During a post survey interview on 4/14/2020 at 2:29 p.m., The DON stated, "the numbers are correct for the week of 9/13/2020. We called staff during Covid. We all helped even non-nursing."	S1685	1. None of the residents were affected due to the insufficient staffing level. 2. All residents have the potential to be affected by an insufficient staffing level. 3. The Administrator or designee will review the staffing levels daily for 4 weeks to ensure minimum staffing levels are met. 4. The Administrator or designee will monitor staffing levels weekly for 3 months to ensure minimum staffing levels are met, and review at the quarterly qapi meeting.	