STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES AT MEDFORD	185 TUCKERTON ROAD , MEDFORD, New Jersey, 08055

(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 Survey: Complaint Intake ID#: 2588810, 2604637 Survey Dates: 10/30/25 Census: 89 Sample size: 4 The NJDOH conducted a Complaint Survey on 10/30/25. The survey was officially completed on 10/30/25. A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this 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 #2604637 Based on interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure medications were administered according to the physician's orders. This deficient practice was identified for 1 of 4 residents (Resident #2) reviewed for medication administration. 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	F0658	1. Resident #2, was identified to [redacted] by the deficient practice. Nursing leadership informed the provider of the deficient practice and no new orders were provided. 2. All residents have the potential to be affected by the same deficient practice. Nursing administration completed a retrospective reviewed of Medication Administration Records. If charting omissions were noted the provider was made aware. 3. The Director of Nursing provided re-education to nurse management on November 3, 2025, on: administering medications according to a physician's order and timely documentation in the medication administration record. The Director of Nursing initiated re-education on November 24, 2025, to the nursing staff on: administering medications according to a physician's order and timely documentation in the medication administration record. The Unit Managers or Designee will review the	12/11/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

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F0658 SS = D	Continued from page 1 nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or 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 medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist." 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 licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 10/30/25 at 10:26 AM, the surveyor observed Resident #2 resting in bed with their eyes closed. On 10/30/25 at 11:21 AM, the surveyor reviewed the medical record for Resident #2. A review of the Admission Record, an admission summary, reflected the resident was admitted to the facility with diagnoses which included, but were not limited to: NJ Ex Order 26.4(b)(1)) and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26, reflected the resident had a Brief Interview for Mental Status (BIMS) score of NJ E out of 15, which indicated the resident's NJ Exec Order 26 was NJ Ex Orde A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated NJ Ex Order 26.4, that the resident had NJ Ex Order 2 Interventions included but were not limited to; administering NJ Ex Order 26.4(b)(as prescribed. A review of the Order Summary Report (OSR), dated as of NJ Ex Order 26.4, included the following physician orders (PO): A PO, dated NJ Ex Order 26.4(b) for ny NJ Ex Order 26.4(b)(1) day and evening shift. A PO, dated NJ Ex Order 26.4(b for NJ Ex Order 26.4(b)(1)	F0658	Continued from page 1 Medication Administration Records weekly to ensure timely documentation of medications on the medication administration record. 4. The Director of Nursing and/or Designee will audit resident Medication Administration Records once a week for 30 days to ensure nursing are utilizing the Medication Administration records to document. The results of the audit will be reviewed during the Quality Assurance Performance Improvement (QAPI) meeting scheduled for December 11, 2025. The QAPI meeting is attended by the Administrator, Director of Nursing, Medical Director and Department Heads.	

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F0658 SS = D	Continued from page 2 NJ Ex Order 26.4(b)(1) in the morning and at bedtime. A review of the Medication Administration Record (MAR) for NJ Ex Order 26.4(b)(1) revealed NJ Ex Order 26.4(b)(1) was not signed out as administered on the following dates: On NJ Ex Order 26 the evening dose of NJ Ex Order 26.4(b)(1) for the NJ Ex Order 26.4(b)(1) On NJ Ex Order 26.4 the 9:00 AM dose of NJ Ex Order 26.4(b)(1) for the NJ Ex Order 26.4 On NJ Ex Order 26.4, the evening 9:00 PM dose of NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1), and the evening dose for the NJ Ex Order 26.4(b)(1) On 10/30/2025 at 1:50 PM, the surveyor interviewed the U.S. FOIA (b) (6)), who stated that the physician's order should be followed. She further stated that the medication should be administered and then the nurse should sign off the medication as administered on the MAR. She also stated that if it was not signed off on the MAR, that would indicate that the medication was not administered. On 10/30/2025 at 1:59 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that medications should be administered according to the physician's orders. She further stated that the nurse should administer the medication and then sign the MAR to indicate that it was administered. On 10/30/2025 at 2:19 PM, the surveyor interviewed the U.S. FOIA (b) (6), who also stated that the physician's orders should be followed. She further stated that if the medication was not signed off on the MAR, it meant that it was not given. A review of the facility's policy "Administering Medications," revised 3/2019, included, "Medications shall be administered in a safe and timely manner, and as prescribed…" NJAC 8:39-27.1(a)	F0658		

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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	S0000		
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint #: Intake ID 2588810, 2604637 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios, as mandated by the State of New Jersey. The facility was deficient in Certified Nursing Assistant (CNA) staffing for residents on 22 of 35 dayshifts reviewed. This deficient practice was evidenced by the following: 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 at 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:	S0560	1. No residents were identified. 2. All residents have the potential to be affected by the same deficient practice. 3. On November 21, 2025, the Administrator provided re-education to the Staffing Coordinator and nurse management on the minimum staffing requirements by shift for certified nurse aides (direct care staff) by the Department of Health. The Administrator, Staffing Coordinator and Director of Nursing will meet weekly to review staffing levels for the week, open positions, and recruitment efforts. 4. The Director Nursing and/or Designee will audit staffing forms to ensure the facility staffing meets once a week for 30 days. The results of the audit will be reviewed during the Quality Assurance Performance Improvement (QAPI) meeting scheduled for December 11, 2025. The QAPI meeting is attended by the Administrator, Director of Nursing, Medical Director and Department Heads.	12/11/2025

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S0560	Continued from page 1 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA 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. For the 3 weeks of Complaint staffing from 08/10/2025 to 08/30/2025, the facility was deficient in CNA staffing for residents on 12 of 21 day shifts as follows: -08/10/25 had 9 CNAs for 78 residents on the day shift, required at least 10 CNAs. -08/11/25 had 8 CNAs for 78 residents on the day shift, required at least 10 CNAs. -08/12/25 had 8 CNAs for 77 residents on the day shift, required at least 10 CNAs. -08/16/25 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. -08/17/25 had 9 CNAs for 83 residents on the day shift, required at least 10 CNAs. -08/18/25 had 7 CNAs for 82 residents on the day shift, required at least 10 CNAs. -08/21/25 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs. -08/22/25 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -08/23/25 had 9 CNAs for 84 residents on the day shift, required at least 10 CNAs. -08/25/25 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs. -08/28/25 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs.	S0560		

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S0560	Continued from page 2 -08/29/25 had 10 CNAs for 89 residents on the day shift, required at least 10 CNAs. For the 2 weeks of Complaint staffing from 10/12/2025 to 10/25/2025, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts as follows: -10/13/25 had 8 CNAs for 90 residents on the day shift, required at least 11 CNAs. -10/14/25 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -10/16/25 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. -10/17/25 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -10/18/25 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -10/19/25 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. -10/20/25 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. -10/21/25 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -10/24/25 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs. -10/25/25 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. A review of the facility's "Staffing" policy, revised 9/2023, included: Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents...	S0560		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/15/2025 in relation to the 10/30/2025 complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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.

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New Jersey State Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/15/2025 in relation to the 10/30/2025 State of New Jersey complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		

Office of Primary Care and Health Systems Management

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