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 01/08/2026

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 Complaint #: 2707793, 2613458 Survey Dates: 1/8/26 Survey Census: 99 Sample Size: 6 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		02/12/2026

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: 060313	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

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S0000	Initial Comments Complaint #: 2707793, 2613458 Survey Dates: 1/8/26 Survey Census: 99 Sample Size: 6 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.	S0000		02/12/2026
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 #: 2707793, 2613458 Based on interviews and review of facility documents on 1/8/26, 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. 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 STANDARD is NOT MET as evidenced by:	S0560	What corrective action will be accomplished for those residents affected by the deficient practice? No residents were identified. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur? On February 11, 2026, 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	02/12/2026

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S0560	Continued from page 1 Findings include: 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: 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. For the 1 week of complaint staffing from 9/7/25-9/13/25, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -9/8/25 had 8 CNAs for 88 residents on the day shift, required at least 11 CNAs. -9/9/25 had 10 CNAs for 88 residents on the day shift, required at least 11 CNAs. -9/11/25 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. -9/12/25 had 9 CNAs for 88 residents on the day shift, required at least 11 CNAs. For the 2 weeks of staffing for the 2 weeks prior to survey from 12/21/25-1/3/26, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -12/21/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -12/22/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs.	S0560	Continued from page 1 the Department of Health. The Administrator, Staffing Coordinator and Nursing Designee will meet weekly to review staffing levels for the week, open positions, and recruitment efforts. How will the corrective action be monitored to ensure the deficient practice will not recure? 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 March 5, 2026. The QAPI meeting is attended by the Administrator, Director of Nursing, Medical Director and Department Heads.	

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S0560	Continued from page 2 -12/23/25 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. -12/24/25 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. -12/25/25 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. -12/26/25 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs. -12/27/25 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs. -12/28/25 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs. -12/29/25 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. -12/30/25 had 10 CNAs for 96 resident son the day shift, required at least 12 CNAs. -12/31/25 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs. -1/1/26 had 9 CNAs for 97 residents on the dayshift, required at least 12 CNAs. -1/2/26 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs. -1/3/26 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.	S0560		

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THE PINES AT MEDFORD	185 TUCKERTON ROAD , MEDFORD, New Jersey, 08055

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 2.18.26 in relation to the 1.8.26 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 2.18.26 in relation to the 1.8.26 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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