

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/15/2026
NAME OF PROVIDER OR SUPPLIER  Pine Acres Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  51 Madison Ave Madison, NJ 07940	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Complaint # 2707766 Based on observation, interview, record review, and review of facility-provided documentation, it was determined that the facility failed to ensure that incontinence care was provided to dependent residents in a timely manner for 6 of 6 residents (Resident #1, #13, #16, #41, #68 and #83) observed for incontinence care on 1 of 3 units (First floor nursing unit). This deficient practice was evidenced by the following: 1. On 1/11/26 at 10:39 AM, the surveyor was touring the 1st floor unit and smelled a strong odor of urine throughout the unit.</p> <p>On 1/11/26 at 11:15 AM, the surveyor interviewed Resident #1, who was sitting in their wheelchair next to their bed. The surveyor observed an adult brief laying on the top of the Resident #1's bed that was saturated with urine. Resident #1 stated the brief had been there for 45 minutes and they had removed the adult brief themselves because a Certified Nursing Assistant (CNA) had not checked on them.</p> <p>A review of Resident #1's admission Record (AR) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; pneumonia (an infection that inflames the air sacs in one or both lungs), generalized muscle weakness (weakness in multiple muscle groups) and type 2 diabetes mellitus (a metabolic disorder that occurs when the body becomes resistant to insulin or when the pancreas fails to provide enough insulin).</p> <p>A review of Resident #1's Quarterly Minimum Data Set (MDS), an assessment tool dated 12/9/25 reflected Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated Resident #1 was cognitively intact. The MDS further revealed that the resident required staff assistance for personal hygiene, and he/she was frequently incontinent of bowel and bladder.</p> <p>A review of Resident #1's two Care Plans (CP): 1. Included a focus area that the resident had the potential for skin breakdown related to decreased mobility and episodes of bowel and bladder (B&amp;B) incontinence with interventions that included but were not limited to; provide incontinence care throughout the shift. 2. Included a focus area that the resident has bladder incontinence related to activity intolerance with interventions that included but were not limited to; incontinent: check throughout shift for incontinence. Wash, rinse and dry eith perineum. Change clothing after incontinence episodes.</p> <p>2. On 1/13/2026 at 7:25 AM, during an interview with the surveyor, the Licensed Practical Nurse/ Unit Manager (LPN/UM) identified residents as being incontinent and dependent on staff for care.</p> <p>On 1/13/26 at 7:30 AM, the surveyor conducted an incontinence tour on the 1st floor East Nursing Unit and observed the following:</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. On 1/13/26 at 7:30 AM, the surveyor accompanied by the LPN/UM observed Resident #13 in bed. The LPN/UM exposed Resident #13's incontinence brief and the surveyor observed that the incontinence brief was saturated with urine. The LPN/UM confirmed that the brief was saturated.</p> <p>A review of Resident #13's admission Record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; dementia ( a general term for loss of memory, language, problem-solving and other thinking abilities) anxiety (a feeling of uneasiness and worry subjectively seen as menacing) and hypertension (high blood pressure).</p> <p>A review of Resident #13's Quarterly Minimum Data Set (MDS), an assessment tool dated 10/19/25 reflected Resident #13 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated Resident #13 had a severe cognitive impairment. The MDS further revealed that the resident required staff assistance for personal hygiene, and he/she was always incontinent of bowel and bladder.</p> <p>A review of Resident #13's Care Plan (CP) included a focus area that the resident had the potential for impaired skin integrity related to bladder incontinence with interventions that included but were not limited to; provide incontinence care throughout the shift.</p> <p>b. On 1/13/26 at 7:40 AM, the surveyor accompanied by the LPN/UM observed Resident #16 in bed with a strong urine odor in the room. The LPN/UM exposed the resident's incontinence brief and the surveyor observed that the brief was wet and the under pad was saturated with urine. The LPN/UM confirmed the strong malodorous odor and the wet and saturated under pad.</p> <p>The surveyor reviewed the medical record for Resident #16</p> <p>A review of the Resident #16's admission Record reflected the resident was admitted to the facility with diagnoses that included but were not limited to; epilepsy (a brain disorder causing seizures due to abnormal electrical activity), aphasia ( a language disorder that impairs a persons ability to speak) and diabetes mellitus ( a chronic condition where the body's blood sugar (glucose) levels become too high).</p> <p>A review of Resident 16's Quarterly MDS dated [DATE] reflected the resident's cognitive skills for daily decision making were severely impaired. A further review of the MDS reflected Resident #16 was dependent on staff for personal hygiene and was always incontinent of bowel and bladder.</p> <p>A review of the resident's CP included a focus area that the resident had a potential for skin breakdown related to impaired mobility and incontinence with interventions that included but were not limited to; provide incontinence care every 2 hours and when needed.</p> <p>c. On 1/13/26 at 7:45 AM, the surveyor accompanied by the LPN/UM observed Resident #68 in bed. The surveyor observed a strong smell of urine in the resident's room. The LPN/UM exposed the resident's incontinence brief and observed a second brief inserted within the first one. The surveyor observed that both briefs and the under pad were all saturated with urine. The LPN/UM confirmed the unpleasant odor and saturated briefs and under pad.</p> <p>A review of Resident #68's admission Record reflected Resident #68 was admitted to the facility with diagnoses that included but were not limited to; seizures, (abnormal electrical activity in the brain) hemiplegia (mild or partial weakness or loss of strength on one side of the body) and hemiparesis (severe or complete loss of strength or paralysis on one side of the body) , hypertension and</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>appropriate incontinence care every 2 hours per the facility policy.</p> <p>On 1/13/26 at 8:10 AM, during an interview with the surveyor, the 7PM-7 AM LPN, stated that the CNA should have provided incontinence care every 2 hours, but that the CNA had too many residents and might not have been able to do that.</p> <p>On 1/13/26 at 8:20 AM, during a phone interview with the surveyor and in the presence of the LPN/UM, the 11-7 CNA, confirmed that she should have provided the residents with incontinence care every 2 hours, but that she was only able to make rounds twice during her shift because she had 21 residents on her assignment and it was just not possible to provide incontinence care every 2 hours with 21 residents.</p> <p>On 1/13/26 at 8:55 AM, during an interview with the surveyor, the staffing coordinator (employed for 3 years), stated that they were unsure of the state-mandated CNA-to-resident ratios but would check upstairs as they had all the ratios listed on their computer.</p> <p>On 1/13/26 at 2:20 PM, during an interview with the surveyor in the presence of the Director of Operations, the staffing coordinator confirmed that they were not aware of the state-mandated staffing ratios. The staffing coordinator further stated that they thought the nurses could be working and counted as CNAs even if they were the only nurse on the unit. The Director of Operations acknowledged that the night shift had a CNA-to-patient ratio of 1:21 and that it should have had 1:14 ratio. The Director of Operations confirmed that the 1st floor was not staffed in accordance with state regulations.</p> <p>On 1/14/26 at 12:25 PM, the survey team met with the LNHA, DON, AIT, Director of Operations, Infection Preventionist Nurse, and Regional Nurse, to discuss the above observations and concerns.</p> <p>A review of the facility's Incontinence Care policy, dated as reviewed 9/2025, reflected .It is the policy of this facility to promote resident comfort by keeping residents clean and dry to prevent skin breakdown .</p> <p>On 1/15/26 at 10:30 AM, the survey team met with the administrative staff. The DON confirmed that incontinence care should be provided by the CNAs every 2 hours and as needed. No further information was provided.</p> <p>NJAC 8:39-27.1 (a), 27.2 (h)</p>		