

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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 The Pines at Medford		STREET ADDRESS, CITY, STATE, ZIP CODE 185 Tuckerton Road Medford, NJ 08055	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Complaint #2604637Based 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 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 regimens 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: hemiplegia (paralysis of one side of the body) and hemiparesis (weakness or paralysis of one side of the body), and an overactive bladder. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 10/7/25, reflected the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident's cognition was intact. A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated 9/2/2025, that the resident had a rash. Interventions included but were not limited to; administering anti-fungal cream as prescribed. A review of the Order Summary Report (OSR), dated as of 9/2/2025, included the following physician orders (PO): A PO, dated 9/1/2025, for nystatin powder, apply to the left abdominal fold, day and evening shift. A PO, dated 9/1/2025, for nystatin powder, apply to the pubic region in the morning and at bedtime. A review of the Medication Administration Record (MAR) for September 2025 revealed nystatin powder was not signed out as administered on the following dates: On 9/3/25, the evening dose of nystatin powder for the abdominal fold. On 9/14/25, the 9:00 AM dose of nystatin powder for the scrotum. On 9/16/25, the evening 9:00 PM dose of nystatin powder for the scrotum, and the evening dose for the abdominal fold. On 10/30/2025 at 1:50 PM, the surveyor interviewed the Licensed Practical Nurse (LPN), 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 Registered Nurse/Unit Manager (RN/UM), 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 Director of Nursing (DON), 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)</p>		