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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315317 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Excel Care at the Pines | | STREET ADDRESS, CITY, STATE, ZIP CODE 29 North Vermont Ave Atlantic City, NJ 08401 | |
| 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40039</p> <p>C/O # NJ 168401, NJ# 174304</p> <p>Based on observation, interview and review of other facility documentation, the facility failed to ensure the facility was maintained in a safe, clean and homelike environment. This deficient practice was identified for 2 of 3 units, 2nd and 3rd floor and was evidenced by the following:</p> <p>1. On 11/14/24 at 08:29 AM the surveyor conducted an interview and observation with Resident #70 while he/she was lying in bed. The sheet covering the mattress was observed to have holes in it at the lower end of the bed towards the foot board and exposed the mattress underneath. Resident #70 expressed to the surveyor that he/she would prefer a sheet that did not have holes.</p> <p>On 11/15/2024 at 09:28 AM the surveyor observed room [ROOM NUMBER]. The surveyor observed that the C-bed bottom dresser drawer was broken, with the right side of the drawer face hanging on the floor. Resident who occupied D-bed was not present in the room at time of observation. The surveyor observed several flies around D-bed and observed a black fly on a red sweatshirt which was placed on top of the D-bed mattress. (photo). The surveyor also observed the wall paper peeling from the upper wall and down between B and C bed.</p> <p>On 11/15/2024 at 09:52 AM the surveyor observed Room. The surveyor observed a hole in the wall between the window sill and baseboard molding.</p> <p>On 11/18/2024 10:24 AM the surveyor interviewed the Regional Director of Maintenance (RDOM). The surveyor inquired whether the facility had a system in place for staff to report concerns to the maintenance department for repairs. The RDOM told the surveyor that he believed that they have a communication book on the unit for staff or residents to report issues to the maintenance department. Upon showing the RDOM photographs of the above listed concerns the RDOM told the surveyor, I agree if I find it in that condition it needs to be repaired. I agree all of these concerns should be repaired. I will take a look and get back to you.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 315317 |
| | | If continuation sheet Page 1 of 5 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 11/18/2024 at 10:44 AM the surveyor conducted an interview with the facility Director of Housekeeping (DOH): The surveyor asked the showed the DON of the damaged linens observed on Resident #70's bed. The surveyor then asked the DOH what the facility process was for linens that were in disrepair. The DON explained, Linens that are in disrepair are sent back to our contract company. That linen should not have been put on the bed and that is the type of linen that should be returned to the contractor because it is in disrepair.</p> <p>34423</p> <p>2. During the initial tour of the 2nd floor on 11/12/2024 at 11:38 AM, Surveyor #2 observed the bathroom vent in room [ROOM NUMBER] C. There was large amount of dust observed on each louver of the vent.</p> <p>On 11/13/2024 at 08:37 AM, Surveyor #2 observed the bathroom vent in room [ROOM NUMBER] to have louvers covered with dust.</p> <p>On 11/14/2024 at 08:19 AM, Surveyor #2 observed the bathroom vent in room [ROOM NUMBER] and it had a moderate amount of dust on the louvers.</p> <p>On 11/14/2024 at 11:23 AM, Surveyor #3 observed room [ROOM NUMBER] dust buildup on vent in bathroom.</p> <p>A review of a grievance form dated 5/29/24 provided to the surveyor for room [ROOM NUMBER] indicated that the facility addressed a concern regarding the dust on the bathroom vent and was resolved.</p> <p>During an interview with Surveyor #2 on 11/18/2024 at 10:08 AM, the Director of Housekeeping (DOH) said that housekeeping performs a monthly deep clean of the entire room. Resident needs to be out of bed, staff pack all personal belongings, and we clean mattress, bed, move furniture, clean inside drawers, closet, sweep and mop. We also dust blinds and change privacy curtains. In the bathroom we the clean toilet, sink, lights and make sure paper towels and soap are stocked. They clean the garbage can in the room and in the bathroom. The DOH went on to say we wipe walls if they need to be wiped, clean bed side tables, legs on the table, windows, call bell, remotes, telephone, wipe TV and behind the TV. The air conditioner is cleaned on outside for dust on the grates. The staff have a check list for this.</p> <p>The DOH said We clean vents and normally check twice a week and clean weekly as part of daily bathroom cleaning. We may need to take the vent off to clean. DOH said yes this was a concern when surveyor #2 reviewed evidence of the bathroom vent having large amount of dust accumulation. The DOH confirmed No it should not look like that if it was being cleaned once a week.</p> <p>The DOH confirmed that surface dusting is completed during monthly carbolization (deep cleaning) and weekly during cleaning.</p> <p>On 11/18/2024 at 10:44 AM, Surveyor #2 reviewed a facility policy titled Surface Dusting undated revealed Under Procedure for Wall & Ceiling Dusting 7. Dust walls once ceiling is complete. Always dust from top to bottom, including vents, ledges & exposed pipe.</p> <p>NJAC 8:39-31.4(a)</p> | | |

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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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39460</p> <p>NJ 173880</p> <p>Based on observation, interview, review of the medical record and review of other facility documentation, it was determined that the facility failed to notify a physician of a resident's blood sugar levels exceeding the established parameters (Resident #173) in accordance with professional standards of practice. This deficient practice was identified for 1 of 1 residents reviewed for insulin usage. This deficient practice was evidenced by the following:</p> <p>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 and 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.</p> <p>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.</p> <p>On 11/13/2024 at 9:17 AM, the surveyor reviewed the closed medical record of Resident #173.</p> <p>A review of the Resident Face Sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included bipolar disorder, cirrhosis of the liver and diabetes mellitus.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool dated 4/24/24, reflected a brief interview for mental status (BIMS) score of 13 out of 15; which indicated a fully intact cognition.</p> <p>A review of the Order Summary Report with a order date range of 3/1/2024- 6/30/24 included a physician orders (PO) dated 4/14/24:</p> <p>Admelog (insulin lispro); inject as per sliding scale: if 1-149 = 0 units, if blood sugar is less than 70 call MD; 150-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; 301-350 = 8 units; 351-400 = 10 units if blood sugar is greater than 400 call MD, subcutaneously before meals for IDDM (insulin-dependent diabetes mellitus) related to Type 2 diabetes mellitus without complications. Check BS blood sugar) 30 min before meals. Give with 70/30 insulin when following sliding scale, as needed. Call MD if BS >300.</p> <p>(continued on next page)</p> | | |

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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>Blood Sugar Check before any insulin administration, call if blood sugar <100 (less than 100) or >350 (greater than 350) mg/dl (milligram/ deciliter) before meals and at bedtime related to type 2 diabetes mellitus with diabetic neuropathy.</p> <p>A further review of the Order Summary report revealed PO dated 5/19/2024:</p> <p>Humalog injection solution (insulin lispro) inject 14 units subcutaneously before meals for IDDM related to Type 2 diabetes mellitus without complications. Administer an additional 1-unit insulin for each 30 glucose over 150, Call MD if sugar is above 350.</p> <p>A review of the corresponding April 2024 Medication Administration Record (MAR) reflected the following:</p> <p>From 4/14/24 to 4/30/24, the resident's BS levels were recorded >300 mg/dl on 34 occasions:</p> <p>7:30 AM, 4/15, 4/17, 4/18, 4/20, 4/21, 4/22, 4/23, 4/25, 4/26, 4/28 and 4/29.</p> <p>11:30 AM, 4/14, 4/16, 4/17, 4/18, 4/20, 4/21, 4/23, 4/25, 4/27, 4/28, 4/29 and 4/30.</p> <p>4:30 PM, 4/15, 4/16, 4/17, 4/18, 4/20, 4/22, 4/23, 4/25, 4/28 and 4/30.</p> <p>A review of the corresponding Progress Notes for April 2024 did not include documentation that the resident's blood sugar was recorded as >300 mg/dl or that the resident's physician had been notified of the resident's blood sugar recorded as >300 mg/dl.</p> <p>A review of the corresponding June 2024 Medication Administration Record (MAR) reflected the following:</p> <p>From 6/1/24 to 6/30/24, the resident's BS levels were recorded >350 mg/dl on 17 occasions:</p> <p>7:30 AM, 6/28 and 6/29.</p> <p>11:30 AM, 6/2, 6/6, 6/11, 6/20 and 6/29.</p> <p>4:30 PM, 6/2, 6/9, 6/11, 6/28 and 6/29.</p> <p>10:00 PM, 6/2, 6/9, 6/11, 6/28 and 6/29.</p> <p>A review of the corresponding Progress Notes for June 2024 did not include documentation that the resident's blood sugar was recorded as >350 mg/dl or that the resident's physician had been notified of the resident's blood sugar was recorded as >350 mg/dl.</p> <p>(continued on next page)</p> | | |

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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>On 11/18/2024 at 11:12 AM, the surveyor interviewed the Director of Nursing (DON) as well as the Licensed Nursing Home Administrator (LNHA) and together reviewed the medical record including the April and June 2024 MAR and the corresponding nursing progress notes for Resident #173. The DON acknowledged there were numerous incidences of high BS levels and further acknowledged she had previously reviewed the corresponding progress notes for that time period and acknowledged there was no documentation indicating the physician had been made aware of the BS above the indicated parameters of either >300 or >350. The DON stated nurses had to call the physician to notify if the BS was greater than the parameters according to the physician's orders. The LNHA confirmed the nurses should have documented in the resident's medical record, in the nursing progress notes the MD had been notified regarding the resident's elevated BS levels.</p> <p>A review of the facility's Physician Medication Orders policy dated 5/1/2023, did not include instructions for following a physician's orders.</p> <p>A review of the facility's undated Charting and Documentation policy revealed: All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.</p> <p>NJAC 8:39-27.1(a)</p> | | |