

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  09/16/2025
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)
F 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality.  (continued on next page)

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 #NJ184191/394091 Based on observations, interviews, and record review, it was determined that the facility failed to document treatments administered to a resident on the electronic Treatment Administration Record (eTAR) for 1 of 4 residents reviewed for professional standards of nursing practice (Resident #2). 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 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. According to the facility admission Record, Resident #2 was admitted to the facility with diagnoses which included: atherosclerotic heart disease of native coronary artery without angina pectoris (a medical condition where plaque builds up in the arteries supplying blood to the heart, but this buildup has not yet caused chest pain or pressure), type 2 diabetes mellitus (chronic condition where the body resists insulin or doesn't produce enough, leading to high blood sugar levels ) without complications, and anemia. A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 06/27/25, indicated that the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which showed an intact cognition. A review of the resident's individualized care plan dated initiated 07/31/24, indicated that the resident had behavioral challenges including refusal of care, medications and treatment. Interventions included to provide necessary care and ensure resident's well being despite resistance and document interactions with resident. A review of the March 2025 Order Summary Report (OSR) revealed the following physician's orders (PO):- Clotrimazole-betamethasone cream 1-0.05 %; apply to intact skin on abdomen topically one time a day for pruritis (severe itching of skin), dated 01/05/24.- Clotrimazole-betamethasone cream 1-0.05 %; apply to left upper thigh topically one time a day for pruritis, dated 01/05/24.- Collagen external cream (moisturizing creams); apply to left upper thigh/abdomen topically every day shift for wound care left upper thigh and abdomen, dated 9/14/24.- Right medial thigh: apply bacitracin ointment and cover with dry dressing every day shift for wound care, dated 11/09/24.- Skin assessment on shower day, one time per week on Monday for skin check. If any changes in skin condition, complete skin evaluation, dated 04/08/24.- Dakins (1/4 strength) external solution 0.125 % (sodium hypochlorite); apply to left upper inner thigh topically two times a day for wound care. Cleanse wound with Dakins, apply mupirocin (topical antibiotic), then cover with border gauze, dated 01/07/24.- Dakins (1/4 strength) external solution 0.125 % (sodium hypochlorite); apply to right lower abdomen topically two times a day for wound care. Cleanse wound with Dakins, apply mupirocin, then cover with border gauze, dated 01/07/24.- Gentamicin sulfate external cream 0.1 % (gentamicin sulfate (topical)); apply to open wound topically every morning and at bedtime for wounds. Apply gentamicin cream bid to open wound to left lower extremity, dated 03/22/24.- Hydrocortisone external gel 2 % (hydrocortisone (Topical)); apply to head topically two times a day for rash, dated 03/07/24.- Mupirocin external ointment 2 % (mupirocin); apply to left upper inner thigh topically two times a day for wound care. Cleanse wound with Dakins, apply mupirocin, then cover with border gauze, dated 01/07/24.- Mupirocin external ointment 2 % (mupirocin); apply to right lower abdomen topically two times a day for wound care. Cleanse wound with Dakins, apply mupirocin, then cover with border gauze, dated 01/07/24. A review of the corresponding March 2025 eTAR revealed blank spaces for the day shifts on the 03/06/25, 03/07/25, 03/11/25, 03/17/25, 03/18/25, 03/20/25, 03/21/25, and 03/27/25, for the following POs: clotrimazole-betamethasone cream to the abdomen and left upper thigh; collagen external cream; bacitracin; Dakins (1/4 strength) external solution to the left upper inner thigh and right lower abdomen; hydrocortisone external gel; and mupirocin external ointment to the left upper inner thigh and right lower abdomen. A review of the corresponding Progress Notes did not include any documentation regarding the blank treatment orders on the above dates. A review of the March 2025 eTAR revealed a blank space for the resident's PO for a skin assessment on the 03/17/25 day shift. A review of the corresponding Progress Notes did not include any documentation regarding the skin assessment for that day. A review of the March 2025 eTAR revealed blank spaces for the day shifts on the 03/10/25 and 03/16/25, for gentamicin sulfate external cream to left low extremity. A review of the corresponding Progress Notes did not include documentation for the blank treatment orders on those dates. On 09/16/25 at 10:43 A.M. the surveyor interviewed the</p>		