

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>40039</p> <p>Based on observation and interview, it was determined that the facility failed to make State of New Jersey inspection results in a place readily accessible to facility residents.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/12/2024 at approximately 9:00 AM, the surveyor observed the state survey results binder in the facility reception area upon entry. The results were on top of the receptionist desk in a black plastic binder.</p> <p>During the Resident Council Meeting on 11/13/2024 at approximately 10:30 AM, 4 of 4 alert and oriented residents in attendance stated to the surveyor that they were not aware of the location of State Survey results. The residents indicated that they would like to be able to have access to the results upon completion of the survey.</p> <p>On 11/13/2024 at 11:01 AM, after completion of the Resident Council meeting, the surveyor again observed the State Survey results binder on the lobby receptionist desk. The binder was clearly labeled and visible, however, it was determined that residents could not easily access the results without asking for staff assistance. Residents cannot access the lobby as the door leading to the lobby has a code for access and the code is not provided to facility residents. Therefore, residents would have to ask staff for assistance to review the State Survey results book.</p> <p>On 11/18/2024 at 11:05 AM, the Licensed Nursing Home Administrator (LNHA) told the surveyor that the survey results are now located on the nursing units and accessible to residents. The LNHA told the survey team, We (facility administration) made sure they (survey results) were on the units on Friday. The surveyor then asked the LNHA if the survey results were accessible to residents without having to ask when they were only located in the facility lobby area behind a locked door. The LNHA told the surveyor, I agree that the results weren't accessible to the residents prior because they do not have access to the lobby without having a code to the door. They would have to ask staff for access to the lobby copy.</p> <p>NJAC 8:39-9.4(b)</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 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>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>(continued on next page)</p>		

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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 11/13/2024 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>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>40039</p> <p>Based on observation, interview, medical record review and review of other facility documentation, it was determined that the facility failed to implement infection control measures for the handling and storage of respiratory equipment for 1 of 4 residents (Resident #70) reviewed for respiratory care. This deficient practice was evidenced by the following:</p> <p>On 11/12/2024 at 10:56 AM, during the initial tour of the facility the surveyor observed that Resident #70 was not present in the room. The surveyor observed a nebulizer mask placed on top of the nebulizer machine while not in use. The mask was uncovered and exposed to contamination.</p> <p>On 11/14/2024 at 08:25 AM Resident #70 was observed lying in bed. The surveyor observed Resident #70's nebulizer mask not in use and placed in the opened top drawer of the bedside table. The surveyor asked Resident #70 if he/she had received a nebulizer treatment this AM, and the resident responded not yet. The surveyor asked if the last treatment he/she had received was last night and the resident confirmed that they last received a nebulizer treatment last night. The mask was unprotected between uses and exposed to contamination.</p> <p>According to the Admission Record, Resident #70 was admitted to the facility with the following but not limited to diagnoses: Acute respiratory failure with hypoxia (an absence of enough oxygen in the tissues to sustain bodily functions) and mild persistent asthma.</p> <p>A review of the most recent Minimum Data Set (MDS), an assessment tool dated 09/25/2024, revealed that Resident #70 had a Brief Interview for Mental Status score of 11/15, indicating moderate cognitive impairment. Section I of the MDS indicated that Resident #70 had an active diagnosis of asthma and respiratory failure. Section O indicated that Resident #70 received respiratory therapy for 7 days in the last 7 days of the observation period.</p> <p>A review of the Order Summary Report with active orders as of: 11/01/2024 revealed that Resident #70 had the following physician order(s):</p> <p>Albuterol Sulfate Nebulization Solution (2.5MG (milligrams)/3ML (milliliters) 0.083% 3 milliliter inhale orally via nebulizer four times a day for Shortness of Breath Order date: 06/21/2024.</p> <p>On 11/15/2024 at 12:31 PM, the surveyor interviewed Licensed Practical Nurse (LPN #2) assigned to Resident #70. The surveyor asked LPN #2 what the facility procedure was for the storage of nebulizer equipment when not in use. LPN #2 told the surveyor that the nebulizer was to be rinsed after treatment and then we place it in the bag after it dries. The surveyor asked LPN #2 what the purpose was of bagging the mask after drying and LPN #2 told the surveyor, We do that to keep it clean, don't let it collect dust. It should be bagged when not in use.</p> <p>On 11/15/2024 at 01:10 PM, during an interview with facility administration the surveyor asked what the facility practice was for nebulizer equipment (mask) when not in use. The facility Director of Nursing replied, The facility practice is to put the nebulizer mask in a plastic bag when not in use to keep it clean. It is an infection control concern to not protect the mask while not in use.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to provide the surveyor with a policy or procedure pertaining to nebulizer equipment.</p> <p>NJAC 8:39 -27.1 (a)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40039</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On [DATE] at 09:32 AM, the surveyor, accompanied by the Food Service Director (FSD), observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. On a lower shelf a one (1) gallon container of Deli Mustard was dated received [DATE]. The mustard had a manufacturer's BEST BY date of [DATE]. On interview the FSD agreed that the mustard was expired and should have been removed from stock. The FSD then removed the mustard from storage. 2. On a lower shelf in the walk-in freezer two (2) bags of frozen French fries were removed from their original container. The French fries had no dates. The FSD told the surveyor that all products should be dated when removed from the original container. In addition, an apple pie on a middle shelf was removed from its original container and had no dates. 3. On a middle shelf in the walk-in refrigerator four (4) clear plastic bags of shredded lettuce had received dates of [DATE]. The lettuce was observed to be browned and slimy on appearance. The FSD stated they were old and removed the four (4) bags of spoiled lettuce to the trash. In addition, on an upper shelf an opened cardboard box contained a plastic bag with six (6) heads of ice berg lettuce. The lettuce was observed to be brown and slimy. The FSD agreed that the lettuce was spoiled and removed to the trash. 4. The surveyor reviewed the Milk Box Temperature log which revealed that all temperatures were up to date and the temperatures were within normal parameters. Upon opening the milk box, the surveyor was unable to find an internal thermometer to monitor the internal temperature of the milk box. The FSD then searched the internal milk box and could not find an internal thermometer. The FSD told the surveyor that it must have been lost because it had been there earlier. <p>On [DATE] at 10:00 AM, the surveyor, accompanied by the FSD and the Regional Food Service Director (RFSD) made the following observations in the kitchen:</p> <ol style="list-style-type: none"> 1. A stand-up mixer was on top of a prep table. The mixer was cleaned and sanitized after being used to make crumb cakes this morning, according to the FSD. The mixing bowl was observed to have a wet/watery substance in the bottom of the bowl. The metal cage that surrounds the mixing blade was covered with unidentified tan/brown food debris. The mixer was also uncovered and exposed while not in use and after being cleaned and sanitized. The FSD stated to the surveyor that the mixer will be recleaned and stated we cover it with a plastic bag when not in use. <p>On [DATE] at 11:43 AM, the surveyor, accompanied by the RFSD, observed the following in the kitchen:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1. Observation of the faucet mounted on the steam table revealed an abundance of unidentified food debris around the faucet and gas line. The RFSD agreed that the area needed cleaning and instructed the FSD to have it cleaned after completion of the lunch tray line. The RFSD agreed that the unidentified food debris was not fresh and had been there for an extended period.</p> <p>2. Prior to the lunch tray line the surveyor observed the cook doff (remove) his disposable gloves and place them in the trash receptacle. The cook then proceeded to walk to the designated hand washing sink and pulled on the handle of the paper dispenser and pulled on it several times. The cook then turned on a water faucet with their left hand and put hand soap on their right hand that was not under the faucet and was dry. The cook then proceeded to wash their hands after only applying water to the left hand and soap to the dry right hand. The cook washed their hands for approximately 18 seconds then rinsed their hands and dried with a hand towel. The cook then grabbed an additional hand towel and turned off the faucets and then placed the hand towel in the garbage.</p> <p>On [DATE] at 9:00 AM, the surveyor reviewed a facility policy titled Equipment Cleaning Policy, undated. The policy revealed the following under POLICY: The Director of Dining or designee will ensure that all equipment is maintained, kept clean, and in a sanitary condition before and after each use. In addition, the following was documented at 9. Steam table:</p> <p>a. After each meal service, drain water from the steam table.</p> <p>b. It must be cleaned after each use both inside and out using soap and water before you refill it with clean water.</p> <p>c. For heavy scale build up, use Delimer and allow it to soak for 30 minutes. Follow the instruction label for cleaning measurements and safety.</p> <p>d. Use stainless steel polish around the outside and leg bases.</p> <p>On [DATE] at 9:00 AM, the surveyor reviewed a facility policy titled DATING AND LABELING POLICY, undated. The following was revealed under POLICY: All foods are to be labeled and dated appropriately to ensure food safety regulations are followed. In addition, the following was documented under PROCEDURE:</p> <p>1. Upon receiving and storing, all items must be labeled with the name of food and received date. Once opened, the label must be updated with the current date and a use by date of 3 days (including date opened) unless indicated on Labeling and Dating Protocol.</p> <p>2. Prepared ready-to-eat foods are to be tightly wrapped and labeled with the name of food and 3 days use by date (including date prepared) prior to being placed in refrigerator.</p> <p>3. All items with an expired use by date must be discarded immediately.</p> <p>The surveyor reviewed the facility policy titled Infection Control-Food Handling, date: [DATE]. The following was listed under PROCEDURE:</p> <p>10. Food should be properly labeled and expired foods will be discarded.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Excel Care at the Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 29 North Vermont Ave Atlantic City, NJ 08401	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The surveyor reviewed a facility policy titled Hand Washing Policy provided by the FSD. The following was documented under PROCEDURE:</p> <ol style="list-style-type: none"> 1. Wet hands with warm water 2. Apply soap from the dispenser. 3. lather hands and wrists with soap for 20 seconds. 4. Clean thoroughly underneath fingernails and between fingers. 5. Rinse hands thoroughly with warm water. 6. Turn off faucet with a paper towel - not with your clean hands. 7. Dry hands with disposable towel or under air dryer-never use an apron or kitchen towel. <p>NJAC 18:27-2.2(g)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34423</p> <p>Based on observation, interview and review of other facility documentation, it was determined that the facility failed to follow appropriate infection control practices and perform proper hand hygiene (HH) a.) during medication administration task on 1 of 4 units, the ventilator unit for 2 of 7 resident (Resident #3 and Resident #61) and b.) follow appropriate infection control practices and perform hand hygiene during tracheostomy care (a surgical procedure that creates an opening in the neck to provide an airway and remove secretions from the lungs) for 1 of 1 residents reviewed for Ventilator/Trach. This deficient practice was evidenced by the following:</p> <p>1. During medication pass on the ventilator unit on 11/13/2024 at 9:45 AM, the surveyor observed the following:</p> <p>a.) Licensed Practical Nurse (LPN #1) administered medication to Resident #3 via the J tube (a soft, plastic tube that's surgically inserted into the small intestine to provide nutrition and medicine). LPN #1 disconnected the piston syringe used to administer the medications and reconnected feeding tube and turned tube feeding machine on. LPN #1 then covered Resident #3 and doffed (removed) gloves and placed irrigation set in plastic bag.</p> <p>At 9:46 AM, LPN #1 donned (put on) clean gloves and no hand hygiene was performed. LPN #1 then proceeded to administer 1 eye drop to each eye for Resident #3.</p> <p>At 9:48 AM LPN #1 doffed gloves and went to the bathroom to perform hand washing. The surveyor observed LPN #1 wet her hands, lathered less than 10 seconds, rinsed, and dried her hands. LPN #1 then used the same towel that she used to dry her hands to turn off the water faucet.</p> <p>b.) At 9:56 AM, LPN #1 prepared Resident #61's medication. LPN #1 went to the unit refrigerator to obtain a Bacid capsule (a probiotic medication) for Resident #61. LPN #1 then donned gloves and opened the capsule and poured the contents into a medication cup and discarded the outer capsule. LPN #1 then doffed the gloves and proceed to crush Resident #61' medication without performing hand hygiene. LPN #1 then proceeded to don a gown and enter Resident #61's room to administer the medications.</p> <p>At 10:15 AM, LPN #1 had spilled Resident #61's prescribed mouthwash and she doffed her gown, then left the room to obtain more mouthwash.</p> <p>At 10;16 AM LPN #1 returned to the room, donned the gown and gloves, and did not perform hand hygiene prior to donning her gloves.</p> <p>During an interview with the surveyor on 11/13/2024 at 10:22 AM, the surveyor asked LPN #1 what the facility policy was regarding when to perform hand hygiene. LPN #1 replied coming out of the room from giving meds and before starting meds again. The surveyor asked to explain when HH was performed and she replied anytime coming out of the room after meds, after cleaning the cart, tray and before going back in the room. When asked by the surveyor if the policy was to perform HH between glove changes LPN #1 replied that is not our policy.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At the same time the surveyor asked what the process was to perform handwashing LPN #1 said I put water on, pull paper towels down, soap in your hand and lather outside the water for 30 seconds. I sing a song. Then I rinse then dry hands.</p> <p>At 10:26 AM, when asked if she performed HW for 30 seconds between glove change for Resident #3, LPN #1 replied No, I did not. I was just washing from my hand being inside the glove so I could put the eye drop in.</p> <p>2. On 11/14/2024 at 09:55 AM, the surveyor observed trach care with the Registered Respiratory Therapist (RRT) as follows:</p> <p>The RRT walked into the hall from a back room with gloves on prior to entering Resident #61's room and there was no HH observed. The RRT changed the inner cannula and doffed his gloves. The RRT then applied sterile gloves to clean around the phalange of the trach. There was no hand hygiene observed between glove change.</p> <p>At 9:59 AM, the RRT completed trach care. He collected all used supplies and discarded them in the trash. The RRT then doffed his gloves and used ABHR (alcohol based hand rub) upon exit of the room.</p> <p>During an interview with the surveyor on 11/14/2024 at 10:00 AM the surveyor asked if the RRT performed hand hygiene prior to donning gloves before entering the resident room. The RRT replied No. When asked what the facility policy is regarding hand hygiene between glove changes, the RRT replied No, hand hygiene is not required, and I don't need to as I used the regular gloves for the dirty work then applied the sterile gloves.</p> <p>During an interview with the surveyor on 11/14/2024 at 11:01 AM, the Infection Control Preventionist (IP) was asked what the facility policy for hand hygiene was. The IP replied it is important to use proper hand hygiene before going into a resident room with ABHR and if in room apply gloves. After doffing gloves, they should wash hands or use sanitizer, if not in contact with bodily fluids. I also recommend after 3 times of ABHR, to wash with soap and water. I do competencies with all staff for hand washing. When asked what about between glove changes the IP replied, Absolutely, staff is to wash their hands between glove changes. The IP went on to say staff should wash hands after doffing dirty gloves and prior to donning sterile gloves.</p> <p>The surveyor asked what the facility policy/process for handwashing is. The IP replied I tell them to prep paper towels, turn on the water, check temperature of water lukewarm to hot, wet hands, apply soap away from water, and scrub hands for 20 seconds on all surface and crevices including top of hands, nails up to the wrist and then rinse hands under water, wash all soap off, grab paper towel dry hands thoroughly dispose of paper towel. Then they are to grab new paper towel and turn off the water and dispose of that paper towel. When questioned if it was allowable to use the same paper towel, they dried their hands on to turn off the water. The IP replied, No do not use same paper towel they used to dry hands.</p> <p>During an interview with the surveyor on 11/15/2024 at 01:16 PM, the Director of Nursing (DON) was questioned what the facility policy for hand hygiene is. The DON said they should wash hands after medication if they use peg tube for administration and they can use sanitizer between glove changes. They must wash hands before using sterile gloves.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When asked what the facility policy/process for handwashing is the DON said they go to sink, turn faucet on, wash for 20 seconds, rinse and dry hands then turn off the faucet. They get another towel to turn off the faucet.</p> <p>On 11/15/2024 at 08:29 AM, a review of a facility policy titled Infection Control-Hand Hygiene with date of 04/01/2024 revealed under the Intent section: It is the policy of the facility to perform hand hygiene in accordance with national standards from the Centers of for Disease Control and Prevention and the World Health Organization.</p> <p>Under Procedure section: 2. Alcohol-based hand rub may be used for all other hand hygiene opportunities (e. g. when soap and water is not indicated per #1 above). According to the World health Organization, hand hygiene is to be performed: a. Prior to caring for a resident; d. after caring for a resident including after removing gloves. 3. The Centers for Medicare and Medicaid Operations Manual indicates that hand hygiene should be performed: b. before and after performing any invasive procedure; f. before and after handling peripheral vascular catheters and other invasive devices; o. after removing gloves or aprons.</p> <p>NJAC 8:39-19.4(a)</p>		