

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/08/2026
NAME OF PROVIDER OR SUPPLIER The Fountains of Atco		STREET ADDRESS, CITY, STATE, ZIP CODE 114 Hayes Mill Road Atco, NJ 08004	
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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint #3041277 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) develop and implement an effective water management plan in accordance with nationally accepted standards to mitigate the growth of Legionella bacteria in the facility's water system, b.) follow the recommended guidance from the New Jersey Department of Health's (NJDOH) Communicable Disease Service (CDS) including biweekly water testing and conducting a root cause analysis to identify and address any hazardous conditions, and c.) implement corrective actions for nine occupied resident rooms that tested positive for Legionella. This deficient practice had the potential to affect all 53 residents. A review of the facility provided water testing for Legionella dated 3/28/26, with a results date of 4/9/26, revealed 9 of 9 Long-Term Care (LTC) resident rooms tested positive for Legionella (bacteria found in the water that causes Legionnaire's disease, a severe pneumonia) in the water. The next test the facility conducted was on 5/20/26, with a results date of 5/29/26, which revealed 2 of the same 9 LTC resident rooms sampled tested positive for Legionella in the water. A review of the facility's census revealed all nine LTC resident rooms were occupied by residents. During interviews with the Licensed Nursing Home Administrator (LNHA) and the Maintenance Director (MD) on 6/4/26, revealed the NJDOH CDS recommended water testing every two weeks that was not being done and there was no determined root cause analysis. The MD stated that the facility's Pathogen Consultant had recommended flushing all water sources twice a week, and there was no evidence that was consistently being completed. Observation of four private resident bathrooms on 6/4/26, revealed four fixed shower heads that did not have filters and were operational. Out of those four occupied rooms, three had tested positive for Legionella. The facility's failure to implement an effective water management program including implementing recommendations to mitigate the growth of Legionella bacteria in the facility's water system posed the likelihood for serious harm or death from Legionnaire's disease. This resulted in an Immediate Jeopardy (IJ) situation. The IJ began on 3/28/26, when the facility's LTC resident rooms tested positive for Legionella in the water. The Administration was notified of the IJ on 6/4/26 at 3:19 PM. The facility submitted an acceptable Removal Plan (RP) on 6/5/26 at 9:33 AM. The survey team verified the implementation of the RP during the continuation of the on-site survey on 6/8/26. The evidence was as follows:Reference: ASHREA Guideline 12-2023, Table C-1 Performance Indicators for Water Management Program for Potable Water Systems, 1. Detection at or above 1 CFU/mL (colony forming units per milliliter) may indicate conditions that allow Legionella growth. An increasing trend over 10- to 100-fold indicates Legionella is poorly controlled. C5. Responses to Legionella Test Results If results from testing for Legionella indicate the water management program (Program) has not met the Legionella control objectives, then, based on the type of Legionella found (see section 4.2), the concentration, and the extent of colonization, implement the following as applicable:a. Review the sample collection, handling, and testing procedures to confirm that the results are not due to errors.b. Confirm that the system equipment is in good working order and functioning as intended.c. Review records to confirm that the Program was implemented as designed.d. Review assumptions about opening conditions, such as the physical and chemical characteristics of the water supplied to (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 315297
		If continuation sheet Page 1 of 6

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