

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Fountainview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 527 River Avenue Lakewood, NJ 08701	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>48617</p> <p>Complaint# NJ00174037</p> <p>Based on interviews, record review, and review of other pertinent facility documentation on 05/30/24, it was determined that the facility failed to maintain a complete Medical Record (MR) which contained the New Jersey Universal Transfer Form (NJUTF) for a resident who was sent out for an emergent hospitalization . This deficient practice was identified for Resident #4, 1 of 5 sampled residents, and was evidenced by the following:</p> <p>According to the Admission Record, Resident #4 was admitted to the facility with diagnoses which included but were not limited to: Benign Neoplasm of Cerebral Meninges, Hypertension, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease (COPD), and Diabetes Mellitus type 2.</p> <p>A review of the Resident #4's Progress Notes (PN) revealed that on 05/13/2024 at 09:45, Licensed Practical Nurse (LPN) #1 documented Resident was noted yelling I can't breathe, I can't breathe. Bp-126/78, R-18, T-97.5, SpO2- 75% on 2L of O2, wheezing noted to bilateral lungs upon auscultation. Call place to [physician] n/o [new order] received to send resident to ER [emergency room] for eval [evaluation] and treat [treatment] .Call place to 911 EMTs [emergency medical technicians] arrived stat [immediately] resident transported to MMSC [hospital] .</p> <p>A further review of the Resident #4's PN, dated 05/13/2024 at 14:20 and documented by LPN #1, revealed as follows: Call place to MMSC-ER [hospital-ER] for status on resident .spoke with RN [nurse] made aware resident being admitted dx: Pneumonia. Call place to [physician] and wife [resident's wife] to make aware .</p> <p>A review of Resident #4's MR revealed no NJUTF for the 05/13/2024 transfer to the hospital.</p> <p>During an interview with the surveyor on 05/30/24 at 2:57 p.m. and at 4:57 p.m., the Director of Nursing (DON) stated she was unable to locate the 05/13/2024 NJUTF for Resident #4. The DON further stated she/he did not see the Resident when he was transferred out. At which point, the DON affirmed that Resident #4's NJUTF was not made.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled, Transfer or Discharge, Emergency, revealed under the Policy Interpretation and Implementation #2 Should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, our facility will implement the following procedures: .c. Prepare the resident for transfer; d. Prepare a transfer form to send with the resident .</p> <p>NJAC 8:39-35.2 (d) 12</p>		