

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  06/19/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Complaint #: NJ186666</p> <p>Based on interview and record review, it was determined that the facility failed to ensure physician's orders were obtained for a.) weekly cleaning and tubing changes for a resident's continuous positive airway pressure (CPAP) machine and b.) filling the chamber of the CPAP machine with distilled water daily from March 2025 through the resident's discharge from the facility in accordance with professional standards of practice. This deficient practice was identified for 1 of 4 residents reviewed (Resident #1).</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>The evidence was as follows:</p> <p>The surveyor reviewed the closed medical record for Resident #1.</p> <p>According to the admission Record face sheet (an admission summary), Resident #1 was admitted to the facility with diagnoses which included but were not limited to; multiple fractures to the right-side rib, obstructive sleep apnea (a breathing disorder where the walls of the throat relax and narrow during sleep), depression, prosthetic heart valve, and history of falling.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 02/25/2025, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, which indicated that the resident's cognition was moderately impaired. The MDS also indicated that Resident #1 required assistance with care for all activities of daily living (ADLs).</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #1's Order Summary Report (OSR) dated 02/01/2025 through 06/30/2025, included a physician's order dated 03/26/2025, for a CPAP machine (a machine used for sleep apnea disorders to send a flow of pressurized air into your nose and mouth as you sleep) every night applied at bedtime, set the pressure at 13 centimeters (cm) of water, and to remove in the morning.</p> <p>On 06/19/2025 at 1:27 PM, the surveyor interviewed the Infection Preventionist/License Practical Nurse (IP/LPN), regarding the facility's policy for CPAP machine maintenance. The IP/LPN stated that all the tubing for the CPAP machine were changed by the 11:00 PM to 7:00 AM (11-7) shift nurses on Sunday nights, and the CPAP machines were washed and refilled with distilled water at that time.</p> <p>On 06/19/2025 at 1:50 PM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN), who stated the 11-7 shift nurses were assigned to change the CPAP tubing and clean the CPAP machines. The surveyor asked the UM/LPN if physician's orders were required to change the CPAP tubing, clean the CPAP machine, and change the distilled water, and the UM/LPN confirmed yes. At that time, the surveyor and the UM/LPN reviewed Resident #1's OSR, and the UM/LPN confirmed there were no orders.</p> <p>A review of the March, April, and May 2025 Medication Administration Records (MAR) revealed that the facility was signing for the administration of the CPAP machine daily, but not for the changing of the tubing, cleaning of the machine, or distilled water changes.</p> <p>On 06/19/2025 at 2:51 PM, the surveyor interviewed the Director of Nursing (DON), and asked if physician's orders were required to change the CPAP tubing, clean the CPAP machine, and change the distilled water, and the DON confirmed yes. At that time, the DON and the surveyor reviewed the physician's orders together, and the DON acknowledged there was no order for the tube changing, cleaning of the CPAP machine, and filling the water chamber of the CPAP machine daily with distilled water prior to use, and washing the resident's face to remove any oils prior to the use of the CPAP machine. The DON stated, if no order, no documentation means it not been done.</p> <p>A review of the facility's undated CPAP/BIPAP Support policy included Purpose: 1. To provide the spontaneously breathing resident with continuous positive airway pressure with or without supplement oxygen. 2. To improve arterial oxygenation (PaO2) in resident with respiratory insufficiency, obstructive sleep apnea or restrictive/obstructive lung disease. 3. To promote resident comfort and safety . Preparation: 1. Only a Licensed Professional nurse or respiratory therapist should administer oxygen through a CPAP mask. 2. Review the resident's medical record to determine his/her baseline oxygen saturation. Respiratory circulation and gastrointestinal status. 3. Review the physician's order to determine the oxygen concentration and flow, and the [Positive End-Expiratory Pressure] pressure (CPAP, IPAP and EPAP) for the machine. 4. Review and follow manufactures instructions for CPAP machine setup and oxygen delivery .</p> <p>NJAC 8:39-27.1(a)</p>		