

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2025
NAME OF PROVIDER OR SUPPLIER Optima Care Fountains		STREET ADDRESS, CITY, STATE, ZIP CODE 505 County Avenue Secaucus, NJ 07094	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>C#NJ183884Based on interviews, medical record review and pertinent facility documents reviewed on 7/18/2025 and 7/21/2025, it was determined that facility staff failed develop and implement an oxygen Care Plan (CP) with appropriate interventions for a resident (Resident #2) receiving oxygen. This deficient practice was identified for 1 of 3 residents reviewed for CP and was evidenced by the following: Review of the Electronic Medical Record (EMR) was as follows:According to the admission Record (AR), Resident #2 was admitted to the facility with diagnoses which included but were not limited to Parkinson's, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, and Atrial Flutter.A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 12/18/2024, Resident #2 had a Brief Interview of Mental Status (BIMS) score of 5/15, which indicated the resident was moderately cognitively impaired.A review of Resident #2's Order Summary Report (OSR), revealed an order for Oxygen Inhalation (via nasal cannula @ 2 liters per minute) every shift check every shift with an order start date of 12/12/2024.A review of Resident #2's CP initiated on 12/13/2024 did not reveal evidence of an oxygen CP being placed.During an interview on 7/21/2025 at 12:41 p.m. the Surveyor asked if residents with an order for oxygen should have a CP in place, The Registered Nurse (RN) stated, If a resident has an order for oxygen they should be care planned for it. She further stated that residents need to have an order and CP for oxygen to ensure staff is checking on the residents' breathing and respiratory status.During an interview on 7/21/2025 at 12:54 p.m., the Director of Nursing (DON) verified there was no oxygen CP for Resident #2 and stated there should have been an oxygen CP as oxygen is a medication.A review of the facility's policy Oxygen Administration revised 7/2024 under Policy: Oxygen is administered to residents who need it, consistent with professional standard of practice, the comprehensive person-centered care plans, and the residents' goals and preferences.A review of the facility's policy Comprehensive, Person-Centered revised 7/2024 under Policy : It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.N.[NAME].C.: 8:39-11.2(d)(2)</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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(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>Complaint #NJ183644Based on interviews, medical record review and pertinent facility documents reviewed on 7/18/2025 and 7/21/2025, it was determined that facility staff facility failed to maintain a complete and accurate medical record (MR) for 1 (Resident # 3) of 11 sampled residents. This deficient practice is evident by the following:According to the facility admission Record (AR), Resident #3 was admitted to the facility with the following diagnoses which included but not limited to: Atrial Fibrillation, Anongenital Warts, Hypertension, Diabetes Mellitus, and Nontraumatic Intracerebral Hemorrhage.A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 3/17/2025, Resident #3 had a Brief Interview of Mental Status (BIMS) score of 14/15, which indicated that the resident's cognitive function was intact.A review of Resident #3's Care Plan (CP), initiated 11/6/2024, included a focus, Resident #3 has Cerebral Vascular Accident (Stroke) r/t Hemorrhage. Interventions included but were not limited to, Monitor/document residents abilities for Activities of Daily Living (ADLs) and assist resident as needed. Encourage resident to do what he/she is capable of doing for self.The surveyor reviewed an ADL Record for the months of 2/2025 for Resident #3 and it revealed blank spots for all ADLs during the 07:00 A.M-03:00 P. M. shift on the following dates: February 10,16,22,23 and blank spots for all ADLs during the 11:00 P.M shift to 07:00 A.M shift on February 28.During an interview on 7/21/2025 at 12:41 p.m. the Surveyor asked who fills out the ADL Record. The Registered Nurse (RN) stated that typically the Certified Nurse Aides (CNAs) are responsible for filling out the ADL sheets and that ADL sheets should not be blank because blanks mean that the task was not done.During an interview on 7/21/2025 at 12:54 p.m., the Director of Nursing (DON) verified there should not be blanks on the ADL sheets. She further stated that while there should not be blanks on the ADL sheets, the care is being performed it is just not being documented.Review of facility's Documentation, Resident Record policy, revised 7/2023, revealed under Procedure: 2. Certified Nursing Assistants may only make entries in the resident's medical chart e.g. Point of Care / Kiosk on the care they provided the resident on the shift they are assigned to care for the resident. Activities of daily living include, but are not limited to, eating, toileting, transfers, showers, bed mobility etc. Any refusals or unusual occurrences must be reported to the nurse assigned for further intervention.NJAC: 8:39-27.1(a); 35.2(d)6</p>		