STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315476	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22411 Based on observation, interview, policy review, and record review, the facility failed to ensure one of 45 (Resident (R) 26) sampled residents observed while dining were treated with dignity. Specifically, staff failed to sit while feeding R265. This failure had the potential to cause residents to feel undignified. Findings include: Review of the facility's policy titled, Promoting/Maintaining Resident Dignity, revised 07/2023, revealed, . It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights . Review of R265's Admission Record, found in the electronic medical record (EMR) Profile tab, showed a facility admitted [DATE] with diagnoses that included acute stroke with right-sided weakness and aphasia. Review of R265's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/20/24 and located under the MDS tab of the EMR, revealed R265 required partial to moderate assistance with eating. It was recorded that R265 was severely impaired in cognitive skills for daily decision making. During an observation on 10/14/24 at 12:04 PM in the dining hall, R265 was observed in the dining room being fed the noon meal. Certified Nursing Assistant (CNA) 15 was standing over R 265 feeding him. At 12:11 PM, Registered Nurse Supervisor (RNS1) walked up to CNA15 and spoke with her. At this time, CNA15 sat down and continued to assist the resident in feeding. During an interview on 10/14/24 at 12:17 PM, RNS1 stated that CNA 15 is a very good worker and knows better than to stand over a resident while assisting in feeding. NJAC 8:39-4.1(A)

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

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 10/17/2024
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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51678 Based on observation, interview, record review, and facility policy review, the facility failed to ensure personal privacy during care for two of 47 (Resident (R) 75 and R110) residents observed. This had the potential to cause embarrassment or shame for the residents. Findings include: Review of the facility's policy titled, Resident Privacy and Confidentiality, dated 07/2023, revealed, . During the delivery of personal care and services, staff must remove residents from public view, pull privacy curtains or close doors, and provide clothing or draping to prevent exposure of body parts . 1. Review of R75's Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed R75 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction due to embolism, chronic congestive heart failure, and Alzheimer's dementia. Review of R75's significant change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/26/24, revealed R75 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated he had moderate cognitive impairment. During an observation on 10/14/24 at 2:19 PM, Certified Nursing Assistant (CNA) 20 and Quality Assurance (QA)/CNA 3 were in R75's room, and the door was closed. CNA20 opened R75's door. When the door was opened, R75's private body parts were exposed and could be seen from the hall. CNA20 yelled for Unit Manager (UM) 1 to bring the resident's cream to the room, calling the resident by name. UM1 entered the room, leaving the door open, provided the resident's cream, and then left the room, shutting the door. 2. Review of R110's Admission Record, located under the Profile tab of the EMR, revealed R110 was admitted to the facility on [DATE] with diagnoses including cerebrovascular disease (brain condition) and personality disorder. Review of R110's quarterly MDS, with an ARD of 08/13/24 and located under the MDS tab of the EMR, revealed R110 had a BIMS score of 13 out of 15, which indicated the resident was cognitively intact. During an observation on 10/14/24 at 3:01 PM, CNA20 and QA/CNA 3 were in R110's room, and the door was closed. CNA20 opened R110's door. When the door was opened, R110's private body parts were exposed and could be seen from the hall. CNA20 left the room and did not close the door. CNA20 returned to R110's room and did not close the door. R110 remained exposed as CNA20 and QA/CNA3 resumed providing personal care. Registered Nurse (RN) 1 passed the room and immediately shut the door. During an interview on 10/14/24 at 3:30 PM, QA/CNA3 and CNA 20 stated they were not aware they had left R75 and R110's doors open, exposing both residents. They confirmed both residents' privacy was compromised. (continued on next page)

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 10/17/2024
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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/14/24 at 4:00 PM, RN1 confirmed the door to R110's room had been open, and she could tell he was exposed. RN1 stated that was why she immediately closed the door. RN1 stated she had not talked with the CNAs as they had left their shift. NJAC 8:39-4.1(a)

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 10/17/2024
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 51678 Based on observation, interview, record review, and policy review, the facility failed to ensure one of one public bathrooms (Unit 12 public bathroom) observed for concerns was free of insects and was maintained in a sanitary manner. This had the potential to cause the spread of infection by disease-causing organisms. Findings include: Review of the facility's policy titled, Resident Environment, dated 09/2022, revealed, . Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior . During an interview on10/16/24 at 12:55 PM, the Director of Housekeeping (HKSP) stated the facility's pest management company came every two weeks and sprayed to prevent insects for the entire campus. HKSP stated this treatment would take two days to complete, and if there were any issues with pests, it would be documented at each nurses' station which areas might require attention. Review of the facility's pest control sheets for September 2024 revealed no documentation of roaches on Unit 12. During a confidential interview on 10/16/24 at 4:35 PM, a family member stated there were roaches in the public bathroom on Unit 12 across from the dayroom. The family member stated the roaches had been seen on more than one occasion. The family member stated the bathroom was in disrepair, with the paint peeling, the wall around the window crumbling, and the floor with missing tiles. On 10/16/24 at 4:45 PM, the surveyor prepared to complete an observation of the public bathroom on Unit 12. An unidentified resident stated, Oh there's roaches in there. When the door to the bathroom was opened, a roach ran across the floor from under the sink to behind the toilet. Inside the bathroom, it was observed that the wall by the heating unit had crumbling plaster and peeling paint, the heater unit had peeling paint, and there were missing tiles around the back of the toilet. During an interview on 10/16/24 at 6:32 PM, HKSP and the Maintenance Director stated there had been no reports of roaches in the bathroom. They agreed that the bathroom needed repairs. NJAC 8:39-31.4(a)

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 10/17/2024
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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 20413 Based on interview, observation, and facility policy review, the facility failed to provide information on how to file an anonymous grievance for seven of seven residents (Residents (R) 23, R44, R117, R140, R152, R177, and R200) reviewed for the grievance process out of a total sample of 45. The failure had the potential to affect residents' ability to safely report concerns without fear of retaliation. Findings include: Review of the facility's policy titled, Resident and Family Grievances, revised 10/16/24, revealed, . It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal . A grievance may be filed anonymously. Anonymous grievance may be filed using the Compliance Hotline and/or complaint/grievance boxes located throughout the facility . During the initial tour of the facility, a poster recording the number for the facility's Compliance Hotline was observed posted near the administrative office. No complaint/grievance boxes were observed in the facility. During a group interview on 10/15/24 at 2:00 PM, R23, R44, R117, R140 R152, R177, and R200 all stated that they were not aware of the ability to file anonymous complaints. The residents stated they were not aware of the compliance hotline, where to find the number for the compliance hotline, or of any grievance boxes in the facility. Review of the Resident Council monthly meeting minutes, dated October 2023 through August 2024, revealed no documentation residents had been provided information related to making anonymous complaints or filing grievances anonymously. During an interview on 10/15/24 at 3:00 PM, the Director of Nursing (DON) and the Administrator confirmed that there were no grievance boxes at the facility for residents to use to make anonymous complaints. The Administrator stated that the Compliance Hotline number was posted for everyone to see. When asked if the anonymous complaint process had been reviewed with residents at group meetings, both confirmed that they had not done that. NJAC 4.1 (a)35 NJAC 8:39-13.2(c)

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 10/17/2024
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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on interviews, record review, review of facility reported incidents (FRI), and review of facility policy, the facility failed to protect the residents' right to be free from physical abuse by other residents for five (Resident (R) 262, R426, R424, R66, and R128) of eight residents reviewed for abuse out of a total sample of 45 residents. R262 scratched R76 on the face with a broken comb; R426 pulled R424's hair; and R140 struck R142, R66, and R128 with his hand. The facility's failure to protect residents from abuse placed resident at continued risk of harm. Findings include: Review of the facility's policy titled, Abuse, Neglect and Exploitation, reviewed 07/2024, indicated, It is the policy of this facility to provide protection for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. 1. a. Review of R262's Admission Record, located under the Profile tab in the electronic medical record (EMR), indicated that R262 was admitted to the facility on [DATE] with diagnoses including dementia and mood affective disorder. Review of R262's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/13/24 and located under the MDS tab in the EMR, revealed R262 had a Brief Interview for Mental Status (BIMS) score of three out of 15, which indicated R262 was severely cognitively impaired. b. Review of R76's Admission Record, located under the Profile tab in the EMR, indicated that R76 was admitted to the facility on [DATE] with diagnoses including mood affective disorder and anxiety. Review of R76's quarterly MDS, with an ARD of 07/19/24 and located under the MDS tab of the EMR, indicated a BIMS of 15 out of 15, which indicated R76 was cognitively intact. Review of a facility provided Long-term Care (LTC) Reportable Event Survey (initial reporting), dated 08/27/24, indicated, . Date of Event: 08/25/24 at 3:30 PM, significant event, called in on 08/25/24 at 7:50 PM . Type of incident: Resident-to-Resident abuse . Review of a facility provided Privileged and Confidential Quality Assurance (QA) Document, dated 08/25/24, indicated, . At 3:30 PM, [R262] keep [sic] going to other resident rooms. She went four times to [R76]'s room and [R76] said to [R262] to get out of my room and [R262] got aggressive and broke a comb and scratch [sic] on [R76]'s face. No bleeding, no injury noted. Noted redness under left eye. Size: 3.1x2 . Immediate Action Taken: Separated both residents, every 15-minute checks, skin assessment done, physician and families notified ." (continued on next page)

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 10/17/2024
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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility provided Concern Investigation (5-day summary), dated 08/26/24, indicated, On August 25, 2024, at approximately 7:30 PM, the Registered Nurse (RN) supervisor informed the facility that our residents ([R76] and [R262]) were involved in peer physical altercation in which [R262] scratched [R76]'s face with her broken comb. Both residents were immediately separated by staff to ensure safety. [R76] sustained scratches on her face and [R262] with no injury from the incident. Both residents denied any pain upon nurses' assessment and interview. Their emergency contacts made aware, and the incident was reported to [name of state] Department of Health (NJDOH). Upon investigation, according to staff, [R76] an [AGE] year-old female who is alert and oriented x three, with BIMS score of 15 and able to make her needs known with history of depression, anxiety, and mood affective disorder, and mostly independent with all her activities of daily living (ADL)'s and ambulates independently on the unit, reported to staff that her peer [R262] just came into her room about four times and when she asked her to leave her room, [R262] became aggressive and scratch her face with a comb that she broke. [R76] sustained multiple scratch marks with no bleeding or opening. Staff ensured that both residents were kept apart and called the RN supervisor. [R76] was educated and encouraged to always call staff to intervene with any issue she has with her peer to prevent further peer physical altercation. She verbalized understanding. Neuro-check and every 15-supervision initiated for three days to ensure her safety and wellbeing. [R262] on the other hand is an [AGE] year-old female who is alert and oriented x three with BIMS score of three with periods of confusion and able to make her needs known when oriented with diagnosis of dementia with behavioral disturbances, history of mood affective disorder, anxiety, depression, and wanders on the unit apparently went in to [R76]'s room by mistake and when [R76] asked her to leave room she became upset, may be thinking she was in her room and another person asking her to leave the room. Hence, she [meaning R262] attacked [R76]. [R262], who is currently on every 15 minutes monitoring was seen by staff in her room relaxing in her bed about 10 minutes before [R76] reported the incident. Upon nurse's assessment, [R262] denied any pain and no visible injury noted on her. She was encouraged and redirected to an area with high staff observation. Psychiatry consultants for further evaluation requested for both residents. Every 15 minutes supervision initiated [R76] for three days for safety, and [R262] continues an ongoing every 15 minutes supervision. Staff will ensure that both residents are kept apart from each other in common shared areas and activities. Management re-adjusted the rooming by moving [R262] to the first floor of the unit for more observation and will ensure to reorientate her to the new room to prevent confusion and further incident occurrence. Neuro-check was initiated for [R76] without any changes in her level of consciousness. Social workers will follow up with them to ensure their safety and well-being. Intervention: Emergency contacts made aware of the incident, involved resident were maintained separated, staff will continue to keep both residents apart from each other in common shared areas and activities whenever possible, social worker will continue to follow up the involved residents to ensure their safety and well-being, management re-adjusted rooming to separate both residents' rooms and promote close monitoring for [R262], psychiatry consult in place for further evaluation for both residents and [R262] medication adjusted as per psychiatrist recommendation, and neuro-check and every 15 minutes check in place for three days for [R76]. Conclusion: From investigation, interviews, and review of records, both [R76] and [R262] have psychiatry diagnosis but have not been in any physical altercation with each other and other peers, and no prior animosity. Hence, abuse is ruled out in this incident. [R76] was educated and encouraged to report her concern with her peers to staff so that appropriate interventions can be put in place to prevent incidents such as this and she verbalized understanding. Both residents are currently followed by an in-house psychiatrist and maintained on psychotropic medication and [R262] medication adjusted as per psychiatrist recommendation. Social workers will continue to follow both residents to ensure their safety and well-being.'' (continued on next page)

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 10/17/2024
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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a facility provided Employee Statement for Licensed Practical Nurse (LPN) 3, dated 08/25/24, indicated, At 3:30 PM, [R76] reported that [R262] keep coming to room and [R76] said to [R262] to get out of my room x four. [R262] got aggressive and broke [R76]'s comb and scratched in face. No bleeding, injury noted, under left eye, redness noted, size: 2x3.1 cm. No complaint of pain, clean eye with normal saline solution (NSS). Applied [NAME] oxide. Notified supervisor, both families and physician. [R76]'s family did not respond, so left a message. Separated both residents. 1:1 monitor for [R262], and every 15 minutes monitor for [R76]." On 10/16/24 at 9:18 AM, an attempt to contact LPN3 was made, and a voice message was left. No return phone call was received by the end of survey. During an interview on 10/15/24 at 4:15 PM, the Risk Manager (RM) stated that this incident was a misunderstanding of someone confused because R262 went into a different room. 2. a. Review of R426's Admission Record, located under the Profile tab in the EMR, indicated R426 was readmitted to the facility on [DATE] with diagnoses including dementia with agitation symptoms. b. Review of R424's Admission Record, located under the Profile tab in the EMR, indicated that R424 was readmitted to the facility on [DATE] with diagnoses including bipolar disorder and dementia. Review of a facility provided Reportable Event Record/Report (initial report), dated 05/15/23, indicated, Date of Event: 05/12/23, time of event: 5:10 PM . Was significant event called in: yes, Date: 05/15/23, and time: 10:30 AM . Type of incident: resident to resident abuse . On 05/12/23, at approximately 5:10 PM, the Registered Nurse (RN) Supervisor informed the facility that our residents ([R426] and [R424]) were involved in peer physical altercation in which [R426] pulled [R424] on her hair. The incident was witnessed by unit nurse and the Certified Nursing Assistant (CNA) redirecting [R424]. The aide was unable to stop the pull because [R426] was fast. They were both separated immediately for safety. No injury, no pain noted on both residents. Emergency contacts made aware, and incident called in to [name of state] Department of Health (NJDOH) . Interventions: Both residents separated immediately, nurse's assessment for pain and injury, neurocheck initiated for [R424], psych consult for further evaluation for both residents, social workers follow up to ensure residents safety and well-being, staff will continue to ensure both residents are kept apart in common shared areas and activities, and emotional support provided. (continued on next page)

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 10/17/2024
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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a facility provided Concern Investigation (5-day summary), dated 05/15/23, indicated, On 05/12/23, at approximately 5:10 PM, the RN Supervisor informed the facility that our residents ([R426] and [R424]) were involved in peer physical altercation in which [R426] pulled [R424] on her hair. The incident was witnessed by unit nurse and the CNA redirecting [R424]. The aide was unable to stop the pull because [R426] was fast. They were both separated immediately for safety. No injury, no pain noted on either residents. Emergency contacts made aware, and incident called in to NJDOH. Upon investigation, according to RN Supervisor, [R424] who is alert and confused with staff anticipating all her needs, with diagnosis of terminal cancer, anxiety, and depression, and able to walk in the day room with supervision was having a shouting episode for no apparent cause in the day room and while the aide in the day room was redirecting her, [R426] who is alert and oriented x three with Brief Interview for Mental Status (BIMS) score of five and able to make most of her needs known, with diagnosis of depression and multiple cardiac diseases, and requires staff assistance with activity of daily living (ADL)'s was irritated by [R424]'s noise, pulled her hair telling her to stop disturbing her. Staff separated them immediately. RN assessment showed there was no pain and injury noted on both residents. [R426] was encouraged not to put her hands on anyone and report to staff any issue she has with her peers. Psychiatry consult ordered for both residents for further evaluation. Neurocheck initiated for [R424]. [R426] on follow up indicated that she was trying to get [R424]'s attention to stop her from shouting. Staff to ensure both residents are kept apart in common shared areas and activities whenever possible. Conclusion: From investigation, interview, and review of records, [R426]'s action apparently was triggered by [R424]'s continuous shouting for no reason. Both residents have never been involved in peers dispute and prior animosity. Hence abuse was ruled out by the facility. Psych consult in place for both residents for further evaluation. Staff will ensure that both residents are kept apart in common shared areas and activities whenever possible and ensure the safety of all other residents maintained. Both residents are currently followed by an in-house psychiatrist. Social workers will continue to follow both residents to ensure their safety and well-being. Review of R424's facility provided Skin Assessment, dated 05/12/23, indicated no evidence of skin concerns. Review of facility provided Employee Statement for CNA3, dated 05/12/23, indicated, I was in the day room watching over the patients at about 5:00 PM then [R424] in room [room number] was brought to the day room after her shower and was seated at the table and make her noises as she usually do. Then about 5:10 PM the [R426] in room [room number] wheeled over with her wheelchair yelled shut up and pulled on [R424] by her hair. I then called the nurses for assistance and the residents were then separated from each other. During an interview on 10/17/24 at 9:54 AM, CNA3 stated that R424 would mainly stay in her room but when she came out, she would be loud. CNA3 stated that she was unsure of the incident. During an interview on 10/15/24 at 4:15 PM, the RM stated that resident-to-resident interactions were not considered abuse. During an interview on 10/16/24 at 8:50 AM, the Director of Nursing (DON) confirmed that any time two residents touch, that would be considered a resident-to-resident altercation, which is considered abuse. 46319 (continued on next page)

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 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)

F 0600

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

3.

a. Review of R140's significant change MDS, with an ARD of 06/21/24 and located under the MDS tab of the EMR, revealed R140 was admitted to the facility on [DATE] with diagnoses that included major depressive disorder; schizophrenia unspecified; bipolar disorder; and dementia in other diseases classified elsewhere, unspecified severity with behavioral disturbances. It was recorded R140 had a BIMS score of five out of 15, which indicated the resident was severely cognitively impaired.

b. Review of R142's quarterly MDS, with an ARD of 05/23/24 and located under the MDS tab of the EMR, revealed R142 was admitted to the facility on [DATE] with diagnoses that included schizophrenia, mood disorder, bipolar disorder, and major depressive disorder. It was recorded R142 had a BIMS score of 10 out of 15, which indicated the resident was moderately cognitively impaired.

Review of R140's Progress Notes, dated 05/21/24 and located under the Progress Notes tab of the EMR, revealed R140 became verbally aggressive towards R142 at which time a staff member stepped in between both residents. Review of the facility's investigation of the incident revealed, . Upon investigation, according to Staff, [R140] . was angrily speaking in Spanish in the unit hallway saw [R142] and started charging at him unprovoked, staff saw it and immediately got in between the two residents to ensure no physical contact, but [R140] got more upset and tried to hit the staff and missed the staff and hit [R142] who was backing out from the situation. He was immediately placed on 1:1 supervision pending psychiatry evaluation .

Review of R140's Physician Orders, dated 05/21/24 and located under the Orders tab of the EMR, revealed buspirone, an anxiolytic medication, 15 milligrams (mg) three times daily was added to R140's medication regimen as an intervention for the outburst.

c. Review of R66's quarterly MDS, with an ARD of 05/27/24 and located under the MDS tab of the EMR, revealed R66 was admitted to the facility on [DATE] with diagnoses that included depression. It was recorded that R66 had a BIMS score of four out of 15, which indicated the resident was severely cognitively impaired.

Review of R66's Progress Notes, dated 06/15/24, revealed R66 apparently by mistake tried to enter R140's room. R140 went to the doorway to prevent R66 from entering the room. The two residents started arguing about whose room it was, and R140 struck R66 on the back of his head. The staff were able to intervene and separated them immediately. R140 told staff using a Spanish speaking interpreter that he did not want R66 entering his room. Interventions for R140 included a psychiatry evaluation, ongoing supervision every 15 minutes, staff to ensure both residents were kept apart from each other in common shared areas and activities, and reassigning rooms.

d. Review of R128's quarterly MDS, with an ARD of 06/27/24, revealed R128 was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus and hypertension. It was recorded R128 had a BIMS score of 14 out of 15, which indicated the resident was cognitively intact.

(continued on next page)

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 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R140's Progress Notes, dated 09/26/24 and located under the Progress Notes tab of the EMR, revealed R140 struck R128 in the face causing a small scratch. The facility staff immediately separated the two residents. R140 was put on one-on-one monitoring, pending a psychological evaluation, and a medication review was made. R128 was assessed for injuries and moved to another unit for psychological wellbeing and safety with follow-up by social services. The psychiatrist saw and examined R140 and started him on Seroquel, an antipsychotic medication, 50 mg by mouth once daily and on Ativan, an anxiolytic medication, 0.5 mg intramuscularly as needed every six hours for anxiety for 14 days. Review of R140's Progress Notes, dated 09/30/24 and located under the Progress Notes tab of the EMR, revealed R140 was sent to the hospital on 09/30/24 due to aggressive behavior. R140 was treated for pneumonia and was readmitted to the facility on [DATE]. It was recorded one-on-one monitoring was discontinued on October 04, 2024, as per psychiatrist recommendation. During an interview on 10/15/24 at 8:43 AM, R128 reported there had been no further problems with R140. During an interview on 10/15/24 at 2:46 PM, Unit Manager (UM) 3 stated that R140 was on one-to-one monitoring until 10/04/24 and after his last psychiatric treatment, monitoring had been changed to every 15-minute checks. UM3 reported that R140 had been a totally different person since starting the Seroquel and had not shown any type of aggression or agitation. During an interview on 10/16/24 at 10:00 AM, the Behavior Specialist (BS) stated R140 has had a significant change in mood and behaviors since starting the Seroquel. The BS stated the psychiatrist made adjustments to the medication that have leveled out R140's moods, and R140 is calmer and interacts better with others now. NJAC 8:39-4.1 (a)5

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 10/17/2024
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on interview, record review, review of facility reported incidents (FRI), and review of facility policy, the facility failed to ensure allegations of resident-to-resident abuse involving four of eight residents (Resident (R) 262, R76, R426, and R424) reviewed for abuse out of a total sample of 45 were reported to the state agency (SA) within two hours of knowledge of the alleged incidents. This failure had the possibility of negatively impacting all 277 residents currently residing in the facility. Findings include: Review of the facility's policy titled, Abuse, Neglect and Exploitation, reviewed 07/2024, indicated, . Reporting/Response: A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency (SA), adult protective services (APS) and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury . 1. Review of R262's Admission Record, located under the Profile tab in the electronic medical record (EMR), indicated that R262 was admitted to the facility on [DATE] with diagnoses that included dementia and mood affective disorder. Review of R76's Admission Record, located under the Profile tab in the EMR, indicated that R76 was admitted to the facility on [DATE] with diagnoses including mood affective disorder and anxiety. Review of the facility provided Privileged and Confidential Quality Assurance (QA) Document, dated 08/25/24, indicated, . At 3:30 PM, [R262] keep going to other resident rooms. She went four times to [R76]'s room and [R76] said to [R262] to get out of my room and [R262] got aggressive and broke a comb and scratch on [sic] [R76]'s face. No bleeding, no injury noted. Noted redness under left eye. Size: 3.1x2 [centimeters (cm)] . Immediate Action Taken: Separated both residents, every 15-minute checks, skin assessment done, physician and families notified ." Review of the facility provided Long-term Care (LTC) Reportable Event Survey [initial reporting], dated 08/27/24, indicated, . Date of Event: 08/25/24 at 3:30 PM, significant event, called in on 08/25/24 at 7:50 PM . Type of incident: Resident-to-Resident abuse . During an interview on 10/15/24 at 4:15 PM, the Risk Manager (RM) stated that R76 had minor injuries, and only major injuries and allegations of abuse were reported to the state survey agency (SA) within two hours. The RM stated resident-to-resident allegations were not considered abuse. The RM confirmed that the initial report to the SA was not sent within two hours of learning about the incident. (continued on next page)

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 10/17/2024
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Review of R426's Admission Record, located under the Profile tab in the EMR, indicated R426 was readmitted to the facility on [DATE] with a diagnosis including dementia with agitation symptoms. Review of R424's Admission Record, located under the Profile tab in the EMR, indicated that R424 was readmitted to the facility on [DATE] with diagnoses that included bipolar disorder and dementia. Review of the facility provided Reportable Event Record/Report [initial reporting], dated 05/15/23, indicated, . Date of Event: 05/12/23, time of event: 5:10 PM . Was significant event called in: yes, Date: 05/15/23, and time: 10:30 AM . Type of incident: resident to resident abuse . On 05/12/23, at approximately 5:10 PM, the Registered Nurse (RN) Supervisor informed the facility that our residents ([R426] and [R424]) were involved in peer physical altercation in which [R426] pulled [R424] on her hair. The incident was witnessed by unit nurse and the Certified Nursing Assistant (CNA) redirecting [R424]. The aide was unable to stop the pull because [R426] was fast. They were both separated immediately for safety. No injury, no pain noted on both residents. Emergency contacts made aware, and incident called in to [name of state] Department of Health (NJDOH) . Interventions: Both residents separated immediately, nurse's assessment for pain and injury, neurocheck initiated for [R424], psych consult for further evaluation for both residents, social workers follow up to ensure residents safety and well-being, staff will continue to ensure both residents are kept apart in common shared areas and activities, and emotional support provided . During an interview on 10/17/24 at 11:45 AM, the Assistant Director of Nursing (ADON), stated that he did not remember when the incident on 05/12/23 was called into the SA, and he had no documentation. During an interview on 10/17/24 at 11:45 AM, the RM stated the ADON was good about calling into the SA; however, this incident occurred over the weekend, and it was not until the following Monday when the initial form was sent to the SA. During an interview on 10/17/24 at 3:45 PM, the Director of Nursing (DON) stated that abuse is reported to the SA within two hours, and she considered resident-to-resident incidents to be abuse. NJAC 8:39-9.4(f)

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 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)

F 0610

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Respond appropriately to all alleged violations.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 25232

Based on interview, record review, review of facility reported incidents (FRI), and review of facility policy, the facility failed to ensure allegations of resident-to-resident abuse involving four of eight residents (Resident (R) 262, R76, R426, and R424) reviewed for abuse out of a total sample of 45 were thoroughly investigated. The failure to thoroughly investigate allegations of abuse had the potential to cause other residents to be at risk of abuse.

Findings include:

Review of the facility's policy titled, Abuse, Neglect and Exploitation, reviewed 07/2024, indicated, . Investigation of alleged abuse, neglect and exploitation: A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigations include: . 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations . 6. Providing complete and thorough documentation of the investigation .

1. Review of R262's Admission Record, located under the Profile tab in the

electronic medical record (EMR), indicated that R262 was admitted to the facility on [DATE] with diagnoses that included dementia and mood affective disorder.

Review of R262's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/13/24 and located under the MDS tab in the EMR, revealed R262 had a Brief Interview for Mental Status (BIMS) score of three out of 15, which indicated R262 was severely cognitively impaired.

Review of R76's Admission Record, located under the Profile tab in the EMR,

indicated that R76 was admitted to the facility on [DATE] with diagnoses including mood affective disorder and anxiety.

Review of R76's quarterly MDS, with an ARD of 07/19/24 and located under the MDS tab of the EMR, revealed R76had a BIMS score of 15 out of 15, indicated that R76 was cognitively intact.

(continued on next page)

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 10/17/2024
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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility provided Concern Investigation [five-day summary], dated 08/26/24, indicated, On August 25, 2024, at approximately 7:30 PM, the Registered Nurse (RN) supervisor informed the facility that our residents ([R76] and [R262]) were involved in peer physical altercation in which [R262] scratched [R76]'s face with her broken comb. Both residents were immediately separated by staff to ensure safety. [R76] sustained scratches on her face and no [sic] [R262] with no injury from the incident . [R76] . reported to staff that her peer [R262] just came into her room about four times and when she asked her to leave her room, [R262] became aggressive and scratch [sic] her face with a comb that she broke. [R76] sustained multiple scratch marks with no bleeding or opening. Staff ensured that both residents were kept apart and called the RN supervisor. [R76] was educated and encouraged to always call staff to intervene with any issue she has with her peer to prevent further peer physical altercation . [R262] on the other hand . wanders on the unit apparently went in to [R76]'s room by mistake and when [R76] asked her to leave room she became upset, may be thinking she was in her room and another person asking her to leave the room. Hence, she [meaning R262] attacked [R76]. [R262], who is currently on every 15 minutes monitoring was seen by staff in her room relaxing in her bed about 10 minutes before [R76] reported the incident . Conclusion: From investigation, interviews, and review of records, both [R76] and [R262] have psychiatry diagnosis but have not been in any physical altercation with each other and other peers, and no prior animosity. Hence, abuse is ruled out in this incident. [R76] was educated and encouraged to report her concern with her peers to staff so that appropriate interventions can be put in place to prevent incidents such as this and she verbalized understanding . Review of the facility's investigative file of the incident revealed employee statements were obtained from five staff members, including the staff member to whom the incident was reported. There was no documentation other residents were interviewed in an effort to identify anyone else who may have been similarly affected. During an interview on 10/15/24 at 4:15 PM, the Risk Manager (RM) stated that this incident was a misunderstanding of someone confused because R262 went into a different room. The RM stated that since this happened in a room, there were no other residents interviewed. 2. Review of R426's Admission Record, located under the Profile tab in the EMR, indicated R426 was readmitted to the facility on [DATE] with diagnoses including dementia with agitation symptoms. Review of R424's Admission Record, located under the Profile tab in the EMR, indicated that R424 was readmitted to the facility on [DATE] with diagnoses including bipolar disorder and dementia. (continued on next page)

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 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility provided Concern Investigation [five-day summary], dated 05/15/23, indicated, . On 05/12/23, at approximately 5:10 PM, the RN Supervisor informed the facility that our residents ([R426] and [R424]) were involved in peer physical altercation in which [R426] pulled [R424] on her hair. The incident was witnessed by unit nurse and the CNA redirecting [R424]. The aide was unable to stop the pull because [R426] was fast. They were both separated immediately for safety. No injury, no pain noted on either residents . Upon investigation, according to RN Supervisor, [R424] who is alert and confused . was having a shouting episode for no apparent cause in the day room and while the aide in the day room was redirecting her, [R426] . was irritated by [R424]'s noise, pulled her hair telling her to stop disturbing her. Staff separated them immediately. RN assessment showed there was no pain and injury noted on both residents. [R426] was encouraged not to put her hands on anyone and report to staff any issue she has with her peers . Conclusion: From investigation, interview, and review of records, [R426]'s action apparently was triggered by [R424]'s continuous shouting for no reason. Both residents have never been involved in peers dispute and prior animosity. Hence abuse was ruled out by the facility . Review of the facility's investigative file of the incident revealed employee statements were obtained from five staff members, including the staff member who was present at the time of the incident. There was no documentation other residents were interviewed in an effort to conduct a thorough investigation in an effort to identify anyone else who may have been similarly affected. During an interview on 10/17/24 at 12:20 PM, the Assistant Director of Nursing (ADON) indicated he helped with abuse investigations. He stated other residents are interviewed sometimes as part of an investigation if they were in the area at the time of the incident. During an interview on 10/16/24 at 3:30 PM, the RM confirmed that there were no resident interviews conducted for this resident-to-resident altercation. NJAC 8:39-9.4(f)

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 10/17/2024
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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51678 Based on interview and record review, the facility failed to provide written information regarding the facility's bed-hold policy for six of nine residents (Resident (R) 75, R111, R127, R209, R90, and R186) reviewed for hospitalization out of a total sample of 45. The failure had the potential to cause confusion for residents planning on returning to the facility. Findings include: Review of the facility's policy titled, Readmission To Facility, revised 07/2023, indicated, It is the policy of this facility to protect the resident's rights to readmission by initiating a bed-hold and permitting each resident to return to the facility after they are hospitalized or placed on therapeutic leave, regardless of payment source . Procedure: 1. The facility will initiate a bed-hold and permit residents to return to the facility and resume residence after they are hospitalized or placed on therapeutic leave . 4. Residents who seek to return to the facility within the bed-hold period in the state plan are allowed to return to their previous room, if available . 1. Review of R75's Progress Notes, dated 08/14/24 and located under the Progress Notes tab of the electronic medical record (EMR), revealed he had been transferred to the hospital for a possible neurological event. It was recorded R75 returned to the facility on [DATE]. Review of R75's Progress Notes and Misc (Miscellaneous) tabs of the EMR revealed no documentation R75 or his representative were provided with written notice of the state or facility's bed-hold policies when transferred to the hospital. 25232 2. Review of R111's Face Sheet, located under the Profile tab of the electronic medical record (EMR) indicated R111 was readmitted to the facility on [DATE] with diagnoses including gastro-esophageal reflux disease (GERD) without esophagitis. Review of R111's Progress Note, dated 08/27/24 and located under the Notes tab of the EMR, indicated, . Around 4:00 PM, [R111] complained of left upper abdominal pain of eight at the pain scale of zero to 10. [R111] alert oriented times three, verbally responsive, able to make needs known . [R111] wants to go to emergency room (ER) for evaluation . Around 4:40 PM [R111] was transferred to ER [emergency room] . Review of R111's Notice of Emergency Transfer, dated 08/27/24 and provided by the facility, indicated, . The reason for the transfer was: abdominal pain . Review of the EMR Misc (Miscellaneous) tab indicated no evidence of a bed hold notice was provided to the resident when transferred to the emergency room . 3. Review of R127's Face Sheet, located under the Profile tab of the EMR, indicated R127 was readmitted to the facility on [DATE] with diagnoses that included major depressive disorder (MDD) and cancer of the larynx. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315476	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R127's Progress Notes, dated 05/29/24 and located under the Notes tab of the EMR, indicated, . [R127] noted alert staring in space when asked questions . orders to transfer to hospital for evaluation . Review of R127's Notice Emergency Transfer, dated 05/29/24 and provided by the facility, indicated, . The reason for the transfer was: Evaluation for Altered Mental Status (AMS) . Review of the EMR Misc tab indicated no evidence of a bed hold notice was provided to the resident when transferred to the hospital. During an interview on 10/16/24 at 2:00 PM, the Director of Nursing (DON) confirmed that bed hold notices were not provided to residents and/or their responsible parties. 20413 4. Review of R209's significant change MDS, with an ARD of 07/28/24 and located under the MDS tab of the EMR, revealed R209 was readmitted to the facility on [DATE]; had diagnoses of heart failure, hypertension, and dementia; and had a BIMS score of 12 out of 15, which indicated R209 was moderately cognitive impaired. Review of R209's Progress Notes, dated 08/02/24 at 2:00 PM and located under the Progress Notes tab of the EMR, revealed R209 was transferred to the hospital for pneumonia. The Progress Notes, dated 08/06/24 at 7:13 PM and located under the Progress Notes tab of the EMR, revealed R209 returned to the facility. Review of R209's Misc and Progress Notes tabs of the EMR revealed no documentation R209 and/or her responsible party were provided a bed-hold notice at the time of transfer to the hospital. During an interview on 10/17/24 at 10:30 AM, R209 stated she remembered going to the hospital, but she did not remember receiving any bed-hold paperwork. 5. Review of R90's Admission Record, located under the Profile tab of the EMR, revealed R90 was readmitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD). Review of R90's Progress Notes, dated 07/27/24 at 1:07 PM and located under the Progress Notes tab of the EMR, revealed R90 was transferred to the hospital and there admitted with diagnoses that included urinary tract infection and pneumonia. The Progress Notes, dated 07/31/24 at 10:33 PM and located under the Progress Notes tab of the EMR, revealed the resident returned to the facility. Review of R90's Misc and Progress Notes tabs of the EMR revealed no documentation R90 and/or her responsible party were provided a bed-hold notice at the time of transfer to the hospital. During an interview on 10/17/24 at 10:50 AM, R90 stated she remembered going to the hospital, but she did not remember getting any bed hold paperwork or having the policy explained. (continued on next page)

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 10/17/2024
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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. Review of R186's quarterly MDS, with an ARD of 08/13/24 and located under the MDS tab of the EMR, revealed R186 was readmitted to the facility on [DATE] with diagnoses that included heart failure and essential hypertension. Review of R186's Progress Notes, tab revealed that on 09/19/24, R186 was transferred to the hospital and admitted there for congestive heart failure. It was recorded that the resident returned to the facility on [DATE]. Review of R186's Misc and Progress Notes tabs of the EMR revealed no documentation R186 and/or his responsible party were provided a bed-hold notice at the time of transfer to the hospital. During an interview on 10/14/24 at 1:30 PM, R186 stated he remembered going to the hospital, but he did not remember getting any bed hold paperwork or having the policy explained. During an interview on 10/17/24 at 1:35 PM, the facility's Regional Director stated that the facility did not have a bed hold policy. NJAC 8:39-5.1(a) NJAC 8:39-5.2(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315476	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51678 Based on observation, interview, record review, and policy review, the facility failed to ensure interventions to aid in the healing of pressure ulcers were implemented as per the plan of care for one of five residents (Resident (R) 157) reviewed for pressure ulcers out of a total sample of 45. This failure had the potential to contribute to delayed healing of the resident's pressure ulcer. Findings include: Review of the facility's policy titled, Pressure Injury Prevention Policy, dated 07/2023, revealed, . Interventions will be implemented in accordance with physician orders, including the type of prevention devices to be used . Review of R157's Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed R157 was admitted to the facility on [DATE] with diagnoses that included stroke, impaired thought process, and anxiety. Review of R157's Care Plan, dated 05/06/24 and located under the Care Plan tab of the EMR, revealed R157 had a pressure ulcer to her right heel. Interventions included treatments as ordered, referral to the wound physician and dietician, and heel offloading measures. Review of R157's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/21/24 and located under the MDS tab of the EMR, revealed R157's 'Brief Interview for Mental Status (BIMS) score was a 14 out of 15, which showed she was cognitively intact. It was recorded R157 had one stage II pressure ulcer, and treatments included pressure reducing chair cushion and bed mattress, turning and repositioning program, nutrition, and hydration to manage skin problems, pressure ulcer care, and application of dressings to feet with or without topical medications. During an observation on 10/15/24 at 10:15 AM, R157 was observed lying in bed with the head of her bed elevated, and she was slumped down and to the right in the bed. R157 stated she had pain in her heels at that time. She did not have protective heel boots on. There was gauze wrapped around both of her heels, and both of her heels were resting on the low air loss mattress. The heels were not elevated to reduce pressure. During an observation on 10/15/24 at 11:28 AM, R157 did not have protective heel boots on. Her heels were lying on the mattress and were not elevated to reduce pressure. During an observation on 10/15/24 at 1:36 PM, Licensed Practical Nurse (LPN) 8 was observed providing a dressing change to R157's stage II pressure ulcer on her right heel. R157 did not have protective heel boots on. LPN8 stated R157 should have heel protectors on. LPN8 searched the resident's room and found the protective heel boots in the resident's closet. During an interview on 10/17/24 at 12:10 PM, the Assistant Director of Nursing (ADON) 1 and Minimum Data Set Coordinator (MDSC) 1 confirmed R157 should have protective heel boots on at all times. NJAC 8:39-27.1(e)

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 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)

F 0697

Level of Harm - Actual harm

Residents Affected - Few

Provide safe, appropriate pain management for a resident who requires such services.

51678

Based on observation, interview, and record review, the facility failed to ensure one (1) of one (1) residents (Resident #157) reviewed for pain management received pain management related to pressure ulcer treatments. Resident #157 exhibited signs and symptoms of pain during their dressing change and staff failed to stop the treatment. The resident was not pre-medicated for pain which caused Resident #157 to suffer unnecessary pain.

Findings Include:

Review of Resident #157's Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed Resident #157 was admitted to the facility with diagnoses which included but not limited to stroke; impaired thought process, and anxiety.

Review of Resident #157's Care Plan, located under the Care Plan tab of the EMR and dated 06/29/23, revealed the resident had potential for pain related to their disease process. Interventions included administering pain medications as ordered, anticipating the need for pain relief, responding immediately to any complaint of pain, and notifying the physician if interventions were unsuccessful or if the resident's current complaint was a significant change in their pain level.

Review of Resident #157's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/21/24, and located under the MDS tab of the EMR, revealed Resident #157 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident was cognitively intact. Further review of the MDS revealed that Resident # 157 had one stage II pressure ulcer was not on a scheduled pain medication regimen, did not receive as needed (PRN) pain medication, and did not report pain.

Review of Resident #157's Medication Administration Record (MAR), dated October 2024, and located under the Orders tab of the EMR, revealed Resident #157 had a physician order for Tylenol 325 milligrams (mg) two tablets, two times a day at 9:00 AM and 5:00 PM and Tylenol 325 mg two tablets every six hours as needed for pain. There was no documented evidence that Resident #157 received either the scheduled or as needed Tylenol from 10/01/24 through 10/15/24.

On 10/15/24 at 10:15 AM, the surveyor observed Resident #157 was lying in bed and was facial grimacing. The resident stated they had pain in both of their heels. The surveyor observed that Resident #157 had gauze wrapped around their heels and their heels were resting on the mattress with no heel protectors in use.

On 10/15/24 at 1:36 PM, the surveyor observed the Licensed Practical Nurse (LPN #8) providing a dressing change to Resident #157's stage II pressure ulcer on the right heel. Resident #157 did not have heel protectors on prior to start of the dressing change. LPN #8 began to remove the gauze covering the pressure ulcer, and the gauze was stuck to the ulcer. Resident #157 was observed facial grimacing, moaning, and grabbed the side rail very tightly until the resident's knuckles were white. LPN #8 asked Resident #157 if they wanted her to stop but continued with the dressing change. Resident #157 did not respond. Resident # 157 continued to grimace, moan, and tightly held onto the side rail during the entire dressing change.

(continued on next page)

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 10/17/2024
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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	On 10/15/24 at 2:15 PM, the surveyor interviewed the LPN #8 who confirmed Resident #157 had pain during the dressing change. LPN #8 confirmed she had not given any pain medication to Resident #157 prior to the dressing change. She stated she did not know if any medication was available for Resident #157 prior to the dressing change. On 10/17/24 at 8:21 AM, the surveyor interviewed the Certified Nursing Assistants (CNA #19) and (CNA #21) who stated Resident #157 only cried out or showed pain was when the resident's feet were moved. On 10/17/24 at 12:10 PM, the surveyor interviewed the Assistant Director of Nursing (ADON #1) and Minimum Data Set Coordinator (MDSC #1) who stated they were not aware of Resident #157's pain with dressing changes and movement of their feet. They confirmed that Resident # 157 should have been medicated for pain prior to the dressing change. The survey team met with the administrative staff requesting policies on pain management and pressure ulcer(s). There was no additional information provided. NJAC 8:39-27.1(a)

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 10/17/2024
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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on observations, interviews, record review, and facility policy review, the facility failed to ensure that two residents (Resident (R) 110 and R76) from a sample of 45 residents had a way of making sure that medications were secured. This failure has the potential to expose residents to hazards of unsecure medications. Findings include: Review of the facility's policy titled, Medication Administration Policy, dated 03/2023, indicated, It is the policy of this facility to ensure that facility staff follows the guidelines for a safe, timely and accurate administration of resident medications. Procedure . The licensed nurse is responsible to . Assures medications are not left unattended. Keeps medications secured in a locked area or in visible control at all times . 1. Review of R110's Admission Record, located under the Profile tab of the electronic medical record (EMR), indicated that R110 was readmitted to the facility on [DATE] with diagnoses that included corneal edema. Review of R110's Order Summary Report, dated 08/20/24 and located under the Orders tab of the EMR, indicated, Muro (this medication is used to reduce the swelling of the surface of the eye (cornea) in certain eye conditions) 128 Ophthalmic Solution 2 % (Sodium Chloride Hypertonic), Instill one drop in left eye four times a day for left eye corneal edema . During a medication pass observation on 10/14/24 at 12:35 PM, Unit Manager (UM) 1 retrieved the eye drops out of the medication drawer and placed them on top of the medication cart. UM1 shut the medication drawer, locked the medication cart, went into R110's room, and washed his hands. The UM1 came back two minutes later, obtained the eye drops, went back into R110's room, and administered the eye drops to R110. 2. Review of R76's Admission Record, located under the Profile tab in the EMR, indicated that R76 was admitted to the facility on [DATE] with diagnoses that included major depressive disorder (MDD), anxiety, mood affective disorder, and mild neurocognitive disorder. During an observation on 10/14/24 at 12:45 PM with R76, there was a clear cup of at least four different medications on the resident's overbed table. The medication cup was filled medication, including one small round white pill, one oblong red pill, one medium white pill, and one small tan pill. The surveyor was unable to identify the other medications. R76 told the surveyor to get out of her room. (continued on next page)

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 10/17/2024
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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/14/24 at 12:50 PM, Licensed Practical Nurse (LPN) 2 confirmed that she had given R76 her medication this morning. LPN2 stated the resident did not take the medications at that time and twice refused to give the medications back to her. LPN2 stated that she just could not take the medication cup from R76, and that was the reason R76 still had the medications. LPN2 was unable to tell the surveyor what medications were in the medication cup. During an interview on 10/17/24 at 9:18 AM, the Director of Nursing (DON) confirmed that no medications should be left either with a resident and/or on top of the medication cart and out of the nurse's line of sight. The DON stated that if the resident did not take their medication when the nurse was present, then the nurse was to remove the medication from the resident. NJAC 8:39-29.4(h)

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 10/17/2024
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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on observations, interviews, record review, and test tray sample, the facility failed to provide food that was palatable, flavorful and at proper temperature for nine of nine residents (Resident (R) 111, R162, R117, R23, R44, R140, R152, R177, and R200) reviewed for food palatability. This failure had the potential for residents who disliked a meal to experience nutritional problems or dissatisfaction with their meals. Findings include: Review of the facility's policy and procedure for Holding Hot Food Prior to Service, last revised 04/20/2022, revealed, . It is the policy of this facility to hold hot food at acceptable temperature range prior to service . Upon removal from the oven or stove, cooked meats are to be kept at an internal temperature of 140 degrees or higher in a steamtable, or suitable device . 1. Review of R111's Admission Record, located under the Profile tab in the EMR, indicated that R111 was readmitted to the facility on [DATE] with a diagnosis of dysphagia. Review of R111's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/30/24 and located under the tab MDS in the EMR, indicated that R111's Brief Interview for Mental Status (BIMS) score was 13 out of 15, which indicated that R111 was cognitively intact. Review of R111's Order Summary Report, located under the Orders tab of the EMR and dated 10/16/24, indicated, No added salt (NAS) diet, regular texture, thin consistency. During an interview on 10/14/24 at 12:16 PM, R111 stated that sometimes the food was cold. R11 stated it could happen on all meals. 2. Review of R162's Admission Record, located under the Profile tab of the EMR, indicated that R162 was admitted to the facility on [DATE] with diagnoses that included unspecified focal traumatic brain injury and cerebral infarction. Review of R162's quarterly MDS, located under the tab MDS in the EMR and with an ARD' of 08/17/24, revealed R162 had a BIMS score of 15 out of 15, which indicated that R162 was cognitively intact. Review of Order Summary Report, dated 10/16/24 and located under the Orders tab of the EMR, indicated, NAS/Consistent Carbohydrate Diet (CCD) diet, regular texture, thin consistency. During an interview on 10/14/24 at 12:23 PM, R162 stated that the food was overcooked and had no taste. 3. Review of R117's Admission Record, located under the Profile tab in the EMR, indicated R117 was admitted to the facility on [DATE] with a diagnosis of major depressive disorder (MDD). Review of R117's annual MDS, located under the MDS tab in the EMR and with an ARD of 07/26/24, revealed R117 had a BIMS score of 15 out of 15, which indicated R117 was cognitively intact. (continued on next page)

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 10/17/2024
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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R117's Order Summary Report, dated 10/16/24 and located under the Orders tab in the EMR, indicated, Regular diet, regular texture, thin consistency. During an interview on 10/14/24 at 11:53 AM, R117 stated that the food is sometimes cold and sometimes bland. R117 stated that sometimes the food is not cooked enough, but did not give an example. R117 stated that he was the resident council president, and food concerns had been brought up during the meeting, and the dietary manager had come to the meetings as well. 20413 4. Review of Resident Council Minutes, dated October 2023 through October 2024 and provided by the Administrator, revealed the following documentation regarding food quality: October 2023 - hot foods are lukewarm. November 2023 - . understand food cannot have a lot of spices but needs more flavor . February 2024 - . Need better quality food . Better quality meals, more varieties . March 2024 - . Variety of foods. Requesting more hot meals . Food quality needs to be improved. Better quality meals. Not tasty . April 2024 - . Sometimes cold . and . Food needs to be tasty - better variety . May 2024 - . Better quality foods . June 2024 - . Food quality is not satisfying . July 2024 - . Needs better quality meals and menus . Interview with Resident Council President and six Residents (R23, R44, R117, R140, R152, R177, and R200) during the Resident Council interview on 10/15/2024 at 2:00 PM revealed that there were frequent complaints from residents about the food being cold and tasteless. The residents stated that it was a continuing problem, and the facility had not addressed the problem. Interview with the Food Service Director (FSD) on 10/16/24 at 11:15 AM revealed that the FSD did not attend any of the Resident Council meetings. The FSD was unaware of any concerns about the hot food temperatures being cold and the food quality being tasteless. During the noon meal preparation on 10/16/24 at 11:30 AM., food for the meal was removed from the oven, temperatures were obtained, and the food was placed on the steam table. The food temperatures when removed from the oven were: Seasoned chicken thighs- 160 degrees Fahrenheit (F) Italian green beans - 200 degrees F. Carrots - 170 degrees F. (continued on next page)

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 10/17/2024
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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The meal trays were prepared and then loaded onto covered carts at 11:35 AM to begin delivery to resident rooms. No temperatures were observed to be taken during this time. During an interview at 11:40 AM, the FSD was asked for the food temperature logbook for the steam table. The FSD stated that they did not have one. While still in the kitchen, samples were taken for the test tray, which was the final tray from lunch at 1:00 PM. The FSD and the Assistant Food Service Director (AFSD) were present. The FSD tested the food temperature using the facility's food thermometer. The temperature of the seasoned chicken thighs was 117 degrees F. The temperature of the Italian green beans was 114 degrees F. The temperature of the carrots was 112 degrees F. The tray was then covered and placed in the food cart. The cart was taken to the last unit and the last room to be served. At 1:15 PM, the food temperatures were taken again by the FSD. The temperature of the seasoned chicken thighs was 113 degrees F. The temperature of the Italian green beans was 112 degrees F. The temperature of the carrots was 110 degrees F. At 1:15 PM, the surveyor, FSD, and AFSD each tasted the seasoned chicken thigh. All agreed that it was cold and was not flavorful. The surveyor, FSD, and AFSD each tasted the Italian green beans and carrots. All agreed that they were cold and not flavorful. When questioned about the food temperature and quality, there was no response from the FSD or AFSD. During an interview on 10/17/24 at 10:30 AM, the Registered Dietician (RD), who stated there were Morning Meetings/QA meetings that were attended by department heads, including the FSD. The RD stated that they were aware of the food complaints. The RD stated several conversations had occurred with the FSD about the food quality during the morning meetings. The RD supplied three examples of recent Morning Meeting/QA notes where food issues were discussed. Review of Morning Meeting/QA notes dated 09/12/24, 09/25/24, and 10/03/24, revealed, . Units one and two complain about food temperatures ., . Issues with food temps on Units two and eight . FSD to check temps ., and . Residents complain about food temps being low . During an interview on 10/17/24 at 11:30 AM, the FSD stated that starting today, they would be taking periodic temperatures on the steam table, while they are loading the food trays. NJAC 8:39-17.4(a) (2)(d)

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 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)

F 0812

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.

20413

Based on observation, interview, record review, and facility policy review, the facility failed to maintain proper food holding temperatures. This had the potential to affect 273 of 273 residents who ate food from the kitchen. This failure had the potential to cause food borne illness in the facility.

Findings include:

Review of the facility's policy and procedure for Holding Hot Food Prior to Service, last revised 04/20/2022, revealed, . It is the policy of this facility to hold hot food at acceptable temperature range prior to service . Upon removal from the oven or stove, cooked meats are to be kept at an internal temperature of 140 degrees or higher in a steamtable, or suitable device .

During the noon meal preparation on 10/16/24 at 11:30 AM., food for the meal was removed from the oven, temperatures were obtained, and the food was placed on the steam table. The food temperatures when removed from the oven were:

Seasoned chicken thighs- 160 degrees Fahrenheit (F).

Italian green beans - 200 degrees F.

Carrots - 170 degrees F.

The meal trays were prepared and then loaded onto covered carts at 11:35 AM to begin delivery to resident rooms. No temperatures were observed to be taken during this time.

During an interview at 11:40 AM, the FSD was asked for the food temperature logbook for the steam table. The FSD stated that they did not have one.

While still in the kitchen, samples were taken for the test tray, which was the final tray from lunch at 1:00 PM. The FSD and the Assistant Food Service Director (AFSD) were present. The FSD tested the food holding temperatures using the facility's food thermometer. The temperature of the seasoned chicken thighs was 117 degrees F. The temperature of the Italian green beans was 114 degrees F. The temperature of the carrots was 112 degrees F. The tray was then covered and placed in the food cart.

During an interview on 10/17/24 at 10:30 AM, the Registered Dietician (RD), who stated there were Morning Meetings/QA meetings that were attended by department heads, including the FSD. The RD stated that they were aware there were food complaints. The RD stated several conversations had occurred with the FSD about the food quality during the morning meetings. The RD supplied three examples of recent Morning Meeting/QA notes where food issues were discussed.

(continued on next page)

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 10/17/2024
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of Morning Meeting/QA notes dated 09/12/24, 09/25/24, and 10/03/24, revealed, . Units one and two complain about food temperatures ., . Issues with food temps on Units two and eight . FSD to check temps ., and . Residents complain about food temps being low . During an interview on 10/17/24 at 11:30 AM, the FSD stated that starting today, they would be taking periodic temperatures on the steam table, while they are loading the food trays. NJAC 8:39-17.2(g)

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 10/17/2024
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)
F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 22411 Based on interview and record review, the facility failed to inform three of three residents and/or their responsible parties (Resident (R) 380, R112, and R265) reviewed for arbitration agreements out of a total sample of 45 of their right to rescind the arbitration agreement within 30 calendar days and their right to not be required to enter into a binding arbitration agreement as a condition of admission. Findings include: Review of the facility's undated Admission Agreement revealed in section 9. Miscellaneous Category G, Disputes, Any controversy, dispute or disagreement arising out of or in connection with this Agreement, the breach thereof, or the subject matter thereof including Facility's obligation thereof shall be settled by binding arbitration, which shall be conducted in Jersey City, New Jersey in accordance with the American Health Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration, and which to the extent of the subject matter of the arbitration shall be binding not only on all the parties to this Agreement, but on any other entity controlled by, in control of or under common control with the party to the extent that such affiliates joins in the arbitration, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The Admission Agreement and Arbitration Agreement did not have language informing the resident or responsible party of their right to rescind the arbitration agreement with 30 calendar days. The agreement failed to contain language which clearly informed the residents or their representative they were not required to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at the facility. Review of the facility's undated binding Arbitration Agreements Policy revealed, This facility asks all residents to enter into an agreement for binding arbitration. We do not require binding arbitration as a condition of admission to or as a requirement to continue to receive care at, this facility. During an interview on 10/15/24 at 3:20 PM with the Administrator, Director of Nursing (DON), and Regional Nurse, the Administrator stated there was a clause in the admission packet regarding arbitration and the Admissions Director went over that with the families. During an interview on 10/16/24 at 3:53 PM, the Admission Director stated the facility's Arbitration Agreement was in the Admission Agreement. She stated it was explained to the residents that if they had concerns or needed to contest something, they can find resolutions before involving the court systems, and the facility has that right as well. The Admission Director stated information related to patients' rights, consent to treatment, and financial information was all in the admission packet. The Admission Director stated they tried to get residents to sign within 24 to 48 hours of admission. She stated some resisted at first, but if the Admission Agreement was not signed, then the consent to treat was not signed either. The Admission Director was asked if signing the Admission Agreement was also signing the Arbitration Agreement. She stated, Yes. (continued on next page)

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 10/17/2024
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)
F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of R112's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/24/24 and located under the MDS tab of the EMR, revealed R112 scored 12 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated the resident was moderately cognitively impaired. During an interview on 10/17/24 at 12:03 PM, R112 stated she had signed her Admission Agreement. She stated the Admission Director had explained things, she had understood what they were saying, and if she did not, they would explain them to her. R112 was asked if she remembered signing an Arbitration Agreement. She stated she did not remember that. NJAC 8:39-13.1(a)

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 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Optima Care Fountains	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)

F 0848

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Provide a neutral and fair arbitration process and agree to arbitrator and venue.

22411

Based on interview and record review, the facility failed to ensure their arbitration agreement informed three of three residents and/or their responsible parties (Resident (R) 380, R112, and R265) reviewed for arbitration agreements out of a total sample of 45 of their right to the selection of a neutral arbitrator agreed upon by both parties. The agreement also failed to inform the residents and/or their representatives of their right to select a venue for arbitration that was convenient to both parties.

Findings include:

Review of a copy of the facility's undated Admission Agreement revealed in section 9. Miscellaneous Category G, Disputes, Any controversy, dispute or disagreement arising out of or in connection with this Agreement, the breach thereof, or the subject matter thereof including Facility's obligation thereof shall be settled by binding arbitration, which shall be conducted in Jersey City, New Jersey in accordance with the American Health Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration, and which to the extent of the subject matter of the arbitration shall be binding not only on all the parties to this Agreement, but on any other entity controlled by, in control of or under common control with then party to the extent that such affiliates joins in the arbitration, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

Review of the facility's undated binding Arbitration Agreements Policy revealed, This facility asks all residents to enter into an agreement for binding arbitration. We do not require binding arbitration as a condition of admission to or as a requirement to continue to receive care at this facility.

During an interview on 10/16/24 at 3:53 PM, the Admission Director revealed, The Arbitration Agreement is in the admission packet. The Admission Director stated that by signing the admission packet, the residents would be signing the arbitration agreement as well. She stated they explained the arbitration agreement during the admission process. The Admission Director was asked if per the facility's Arbitration Agreement, the facility would select the location of Arbitration and the arbitrator. She stated, Yes. The Admission Director stated it was a corporate admission packet.

Review of R112's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/24/24 and located under the MDS tab of the EMR, revealed R112 scored 12 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated the resident was moderately cognitively impaired.

During an interview on 10/17/24 at 12:03 PM, R112 stated she had signed her Admission Agreement. She stated the Admission Director had explained things, she had understood what they were saying, and if she did not, they would explain them to her. R112 was asked if she remembered signing an Arbitration Agreement. She stated she did not remember that.

NJAC 8:39-13.1(a)

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 10/17/2024
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)
F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. 22411 Based on record review, interviews, and observations, the facility failed to maintain documentation and demonstrated evidence of its' ongoing Quality Assessment and Performance Improvement (QAPI) program. This failure had the potential to negatively affect 277 of 277 residents who resided at the facility. Findings include: Review of the facility's policy titled, QAPI Plan Quality Assessment and Performance Improvement, updated 04/01/24, indicated, . Optima Care Fountains maintains a coordinated quality assessment and assurance program which integrates the review activities of all nursing home programs and services to enhance the quality of life and resident care and treatment. The purpose of the QAPI at Optima Care Fountains is to take a proactive approach to continually improving the way we care for and engage with our residents, caregivers, and other partners. To do this we study, plan, analyze, and validate specific areas of improvement for positive resident care outcomes. This will allow us to realize our Vision and carry out our Mission Statement. The QAPI will meet monthly. QAPI activities and outcomes will be on the agenda of every staff meeting and shared with residents and family members through their respective council and monthly newsletter. The minutes for all meetings will be posted throughout the facility. The QAPI committee will report all activities to the governing board during regularly scheduled meetings . Review of the Second Quarter QA Meeting Agenda, dated 07/18/24 and provided by the facility, revealed topics for accident/incident report, weight report, quality measures report, pharmacy report, food temperatures, lab reports, social services report, infection control, audits, and departments reports. In attendance were the Administrator, Director of Nursing (DON), Assistance Director of Nursing (ADON) 3, the Medical Director, ADON1, Social Services Behavior Specialist (SSB), Food Service Director, Medfax, Nurse Educator, Pharmacy Consultant, the Dietician, and Regional Consultant. Observations on 10/14/24 at 4:31 PM in the South day room did not reveal any meeting minutes from QAPI or the monthly newsletter. Observations on 10/16/24 at 1:34 PM of the South dining room and activities area did not reveal any meeting minutes from QAPI or the monthly newsletter. Throughout the days of the survey, from 10/14/24 through 10/17/24, no QAPI meeting minutes were observed posted in the facility. During an interview on 10/17/24 at 4:57 PM, the DON, Regional Nurse, and ADON3, were asked for the last two quarters' QAPI meeting minutes. ADON3 stated they might have to go around to each department to gather the information. The DON stated they only have an agenda. The DON stated they do not keep meeting minutes. NJAC 8:39-33.1 NJAC 8:39-33.2

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 10/17/2024
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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 22411 Based on interviews and record reviews, the facility failed to obtain feedback, use data, and take action to conduct systematic investigations and analyses of underlying causes or contributing factors of problems affecting facility-wide processes. Specifically, the facility failed to use feedback and data from resident council meetings to address food palatability concerns. This failure had the potential to affect the nutritional status of 273 of 273 residents who ate food from the kitchen. Findings include: Review of the facility's policy titled, QAPI Plan Quality Assessment and Performance Improvement, updated 04/01/24, indicated, Optima Care Fountains maintains a coordinated quality assessment and assurance program which integrates the review activities of all nursing home programs and services to enhance the quality of life and resident care and treatment. The purpose of the QAPI at Optima Care Fountains is to take a proactive approach to continually improving the way we care for and engage with our residents, caregivers, and other partners. To do this we study, plan, analyze, and validate specific areas of improvement for positive resident care outcomes. This will allow us to realize our Vision and carry out our Mission Statement. Review of the Resident Council Meeting minutes, dated October 2023 through October 2024, revealed residents lodged complaints about food palatability and temperatures during eight of 12 meetings. Review of a sample meal tray revealed the food was cold and was not palatable. (Cross-Reference F804) Review of the second quarter QA Meeting Agenda, dated07/18/24, revealed topics for accident/incident report, weight report, quality measures report, pharmacy report, food temperatures, lab reports, social services report, infection control, audits, and departments reports. In attendance were the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON)3, the Medical Director, ADON1, Social Services Behavior Specialist (SSB), Food Service Director, Medfax, Nurse Educator, Pharmacy Consultant, the Dietician, and Regional Consultant. During an interview on 10/17/24 at 4:57 PM, the DON, Regional Nurse, and ADON3, were asked about the concerns that had been made by the residents regarding food palatability. The DON revealed, Food service is not my department. That would be up to the Food Service Manager to create the root cause and an action plan to handle that. The DON stated, I'm not sure what plans or measures are in place. ADON3 stated that residents are always complaining about the food, it was just an ongoing issue, and you can't please everyone. When asked about the prioritizing opportunities for improvement and determining which performance improvement projects were initiated, the group made no response. When asked what had been done about providing a solution for residents or a response to the grievances related to food palatability, the group made no response. NJAC 8:39-33.1 NJAC 8:39-33.2

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 10/17/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51678 Based on observation, record review, interview, and review of facility policy, the facility failed to ensure staff donned the appropriate personal protective equipment (PPE) when providing direct care to two of 13 residents (Resident (R) 110 and R157) on Enhanced Barrier Precautions (EBP) out of a total sample of 48. This failure could promote the spread of multi-drug-resistant organisms throughout the facility. Findings include: Review of the facility's policy titled, Enhanced Barrier Precautions, dated 04/01/24, revealed, . All staff must wear gloves and gowns during high-contact activities for residents identified. Examples of high-contact activities are: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device are or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. Wound care: any skin opening requiring a dressing . 1. Review of R110's Admission Record, located under the Profile tab of the EMR, revealed R110 was admitted to the facility on [DATE] with diagnoses including cerebrovascular disease (brain condition) and personality disorder. Review of R110's EMR revealed R110 had an open wound on his left lower leg that required a dressing. During an observation on 10/14/24 at 2:50 PM, a sign was noted outside R110's door that indicated the resident was on EBP. Certified Nursing Assistants (CNA) 3 and CNA20 were observed providing personal care for R110. They did not have gowns on. During the care, both CNAs held soiled linens against their uniforms. During an interview on 10/14/24 at 3:15 PM, CNA 3 and CNA 20 confirmed they were aware R110 was on EBP due to his wound. They stated they had not used protective gowns as it was the end of their shift, and they were just helping the next shift out by providing care for R110. 2. Review of R157's Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed R157 was admitted to the facility on [DATE] with diagnoses that included stroke, impaired thought process, and anxiety. During an observation on 10/15/24 at 1:36 PM, R157 was observed to have a stage II pressure ulcer to her right heel that required a dressing. During an observation on 10/17/24 at 8:25 AM, a sign was noted outside R157's door that indicated the resident was on EBP. CNA19 and CNA21 were observed providing a bed bath for R157. They did not wear gowns during the care. CNA21 was observed holding soiled linens against her uniform. During an interview on 10/17/24 at 8:45 AM, CNA19 and CNA21 stated they were aware R157 was on EBP in place due to her wound. They stated they had forgotten to put on gowns prior to the care. CNA21 stated she had just gone into the room to help, so she did not feel she had to put on a gown. CNA21 stated she had not seen the EBP signage outside of R157's door. (continued on next page)

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 10/17/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/17/24 at 5:30 PM, the Infection Preventionist (IP) confirmed all residents who needed EBP had the proper signage and supplies outside of their doors. The IP confirmed the CNAs had received education on the proper procedure for EBP. NJAC 8:39-19.4