

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/05/2021
NAME OF PROVIDER OR SUPPLIER FOUNTAIN SPRINGS AT CAPE MAY NURSING & REHABTATION			STREET ADDRESS, CITY, STATE, ZIP CODE 502 ROUTE 9 NORTH CAPE MAY COURT HOUSE, NJ 08210		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS COMPLAINT # NJ142676. CENSUS: 105. SAMPLE: 4.	F 000			
F 584 SS=F	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584		3/9/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/22/2021

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.

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F 584	<p>Continued From page 1</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Complaint: NJ 142676</p> <p>Based on observations, Interviews, and review of facility documentation on 2/5/2021, it was determined that the facility failed to maintain the residents' environment in good repair and in a clean and sanitary condition, as well as, failed to follow their policy titled, "Quality of Life-Homelike Environment."</p> <p>At 9:11 a.m. during the survey entrance, a request was made to the facility's Administrator (Admin) and Director of Maintenance (DOM), to provide a copy of the facility layout which identifies the various rooms in the facility. The surveyor also requested, "What is the facility's system for handling maintenance requests." The Admin. told the surveyor, there are two Nursing Units (East and West) and they have a maintenance request log at each Nursing Unit. The surveyor made a request to review November and December 2020, January and February 2021 maintenance requests from both log books.</p>	F 584	<p>F-584</p> <p>1. The screen in resident#3 room was immediately repaired and the rest of the building was checked for holes in the screens. The sprinkler pipe in the shower room number #1 was repaired and the rest of the building was inspected to assure that there are no other leaking pipes. The stained ceiling tile was immediately replaced. The rest of the building was checked for stained ceiling tiles. The shower chair in shower room number #2 was immediately cleaned and the rest of the shower chairs as well as the shower equipment in the building were checked to assure that no fecal material or any other debris or stains were found and To assure that these chairs were sanitized and clean. The bathroom door frame in resident room #4 room was patched and painted. The black dirt buildup on the transition strip from the bathroom to the room was cleaned, as well as the hinge side of the door frame. The rest of the door was checked and cleaned. The rest of the buildings resident</p>		

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F 584	Continued From page 2 At 10:26 a.m., in the presence of the Facility's DOM, a tour of the building was conducted. This tour included inspection of common areas, shower rooms, and inspection inside of 6 Resident rooms with the surveyor observing the following: 1. At 10:53 a.m., an inspection inside of Sample Resident #3's room was performed. During this inspection the surveyor conducted an interview with Resident #3. The surveyor asked, "Have you ever seen any Mice or Bugs in your room." The resident stated, Yes a while ago, so I put a paper towel in the hole in the screen. The surveyor observed at the window, a paper towel installed in the approximately 2 inch by 1 inch hole in the screen. 2. At 11:07 a.m., an inspection inside the "West" wing shower room #1 was performed. The surveyor observed one ceiling tile with a 20 inch in diameter wet stain bowing downward and 10 ceramic wall tiles with a brownish water streak running down the tiles. At this time the surveyor asked the DOM, "What's going on with the ceiling tile." The DOM told the surveyor that the sprinkler pipe above the tile has a small leak. 3. At 11:16 a.m., an inspection inside the "West" wing shower room #2 was performed. The surveyor observed on the foot rest of a shower chair an approximately 1-1/2 inch by 1 inch sized piece of feces. 4. At 11:38 a.m., an inspection inside Resident #4's room was performed. The surveyor observed that the bathroom door frame was chipped and missing paint. Along the transition strip between	F 584	rooms were checked for black dirt buildup and cleaned where necessary. The two ceiling tiles and resident number two room were replaced and the source of the leak was repaired as necessary. 2. All residents have the potential to be affected by this deficient practice when policies and procedures are not followed to create a Homelike/Safe environment. Due to the fact that the facility is required to maintain a clean home-like environment. By not maintaining proper cleanliness and maintenance free environment, is a violation of the resident's proper homelike environment and dignity. 3. An in-service was done on 2/5/21 by the Administrator with the Maintenance Director and the Director of Housekeeping in regards to the policies and procedures for a Homelike/Safe environment. An in-service was done by the Administrator and Director of Nurses with all nursing staff as well as other Department Heads as to the importance of maintaining the report logs on the Nursing Units so that all items for residents can be immediately addressed. The nursing staff was in-serviced to always make sure when they leave the shower room that the equipment is free and clear of any debris or fecal matter as well as the sanitation of the equipment. The housekeepers were in-serviced as well to check the shower rooms to assure the equipment is clean. The Administrator and Director of Nursing in-serviced the staff that nursing will		

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F 584	<p>Continued From page 3</p> <p>the bathroom ceramic floor tiles and rooms vinyl composition floor tiles, there was an approximately 1/4 of an inch high by 1/8 of an inch wide black dirt build up on the floor along the length of the transition strip. On the hinge side of the door frame there was a 2 inch wide by 2 inch by 1/4 inch high black dirt build up.</p> <p>5. At 11:49 a.m., an inspection inside Resident #2's room was performed. The surveyor observed two brown stained ceiling tiles that appeared to be wet. One of the ceiling tiles had a 24 inch by 30 inch in diameter brown stain bowing downward. At this time, the surveyor used his clip board to touch the tile. The surveyor confirmed the tile was wet. The DOM used his plastic holder for his digital thermometer to push on the tile. The plastic holder pushed a hole through the tile to confirm the ceiling tile was wet. The DOM repeated pushing on the tile and created a second hole through the ceiling tile.</p> <p>A review of the facility policy for Quality of Life-Homelike Environment, with a revised date 12/15/2020, reads in part under "Policy statement: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible." Under "Policy Interpretation and Implementation: 2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment;"</p> <p>NJAC 8:39 -31.2 (e).</p>	F 584	<p>ensure to clean up the shower room after using it. The Infection Preventionist in-serviced the Nursing Administrator in regards to infection control.</p> <p>4. The Administrator, Maintenance Director, and Housekeeping Director will thoroughly inspect 10 rooms daily x 30 days to ensure that residents have a Homelike/Safe environment. The Administrator will ensure that all residents have a sanitary, orderly and comfortable interior. All findings will be reported and reviewed at the Quality Assurance Meeting x 3 quarters.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315193	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/9/2021	Y3
NAME OF FACILITY FOUNTAIN SPRINGS AT CAPE MAY NURSING & REHABTATION			STREET ADDRESS, CITY, STATE, ZIP CODE 502 ROUTE 9 NORTH CAPE MAY COURT HOUSE, NJ 08210		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0584	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	03/09/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
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LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/5/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		