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 _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	**595 COUNTY AVENUE SECAUCUS, NJ 07094**

(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 #: NJ 00176328 Census: 271 Sample Size: #3 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/30/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	60918	A. BUILDING: _____ B. WING _____	C 09/24/2024

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OPTIMA CARE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

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S 000	Initial Comments Complaint #: NJ 00176328 Census: 271 Sample Size: #3 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long-Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 3 of 14-day shifts. The deficient practice was evidenced by the following:	S 560	Element 1- How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. There were no reported negative outcome as a result of this citation. Element 2- How the facility will identify other residents having the potential to be	10/7/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	60918	A. BUILDING: _____ B. WING _____	C 09/24/2024

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OPTIMA CARE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

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S 560	Continued From page 1 Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. The surveyor requested staffing for the weeks of 06/23/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 11 of 14-day shifts as follow: -06/23/24 had 27 CNAs for 265 residents on the day shift, required at least 33 CNAs. -06/24/24 had 31 CNAs for 263 residents on the day shift, required at least 33 CNAs. -06/25/24 had 32 CNAs for 263 residents on the day shift, required at least 33 CNAs. -06/26/24 had 31 CNAs for 263 residents on the day shift, required at least 33 CNAs. -06/27/24 had 31 CNAs for 263 residents on the day shift, required at least 33 CNAs. -06/28/24 had 32 CNAs for 263 residents on the	S 560	affected by the same deficient practice . All the residents have the potential to be affected by the deficient CNA staffing at any given day or shift. Element 3- What measures will be put into place or systemic changes made to ensure that the deficient practice would not recur. This facility recognizes the shortage of CNA during the 11 of 14-day shifts from 6/23/2024 to 07/06/2024; and for the 7 of 14-day shifts and 1 of 14 evening shift from 09/08/2024 to 09/21/2024. Optima Care Fountains will continue to utilize staffing agencies to fill in the open slots. Likewise, overtime and bonus incentives will continue to be offered to our current working staff. The facility will hire a Staffing Recruiter who will focus on nursing staff recruitment and retention efforts in the facility. Element 4- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. The Director of Nursing (DON) and/or designee will review staffing submitted daily by the staffing coordinator for adequacy and compliance with the staffing regulations. Staffing trends and patterns will be submitted to the Quality Assurance and Performance Improvement committee monthly for compliance monitoring.	

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	60918	A. BUILDING: _____ B. WING _____	C 09/24/2024

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OPTIMA CARE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

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S 560	Continued From page 2	S 560		

day shift, required at least 33 CNAs.
-06/29/24 had 28 CNAs for 264 residents on the day shift, required at least 33 CNAs.

-06/30/24 had 21 CNAs for 262 residents on the day shift, required at least 33 CNAs.
-07/01/24 had 31 CNAs for 262 residents on the day shift, required at least 33 CNAs.
-07/03/24 had 32 CNAs for 262 residents on the day shift, required at least 33 CNAs.
-07/06/24 had 19 CNAs for 264 residents on the day shift, required at least 33 CNAs.

For the 2 weeks of Complaint staffing from 09/08/2024 to 09/21/2024, the facility was deficient in CNA staffing for residents on 7 of 14-day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in CNAs to total staff on 1 of 14 evening shifts as follows:

-09/08/24 had 22 CNAs for 270 residents on the day shift, required at least 34 CNAs.
-09/09/24 had 29 CNAs for 270 residents on the day shift, required at least 34 CNAs.
-09/09/24 had 17 total staff for 270 residents on the evening shift, required at least 27 total staff.
-09/09/24 had 6 CNAs to 17 total staff on the evening shift, required at least 8 CNAs.
-09/10/24 had 32 CNAs for 270 residents on the day shift, required at least 34 CNAs.
-09/11/24 had 31 CNAs for 270 residents on the day shift, required at least 34 CNAs.

-09/15/24 had 29 CNAs for 271 residents on the day shift, required at least 34 CNAs.
-09/16/24 had 32 CNAs for 271 residents on the day shift, required at least 34 CNAs.
-09/17/24 had 32 CNAs for 271 residents on the day shift, required at least 34 CNAs.
-09/18/24 had 30 CNAs for 271 residents on the

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S 560	Continued From page 3 day shift, required at least 34 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
60918 Y1	Y2	10/10/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	595 COUNTY AVENUE SECAUCUS, NJ 07094

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 10/07/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/24/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			