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 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	**505 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 #: NJ00181697, NJ00181722, NJ00182050 CENSUS: 285 SAMPLE SIZE: 11 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 Census: 290 Sample Size: 9 Based on observation, interview, record review and review of other pertinent facility documents on 1/16/2025, 1/17/2025 and 1/22/2025, it was determined that the facility failed to provide NJ Exec Order 26.4b1 to ensure a safe environment for a NJ Exec Order 26.4b1 [redacted] resident. The facility failed to ensure [redacted] were secured to prevent the resident's [redacted] from the unit. This resulted in Resident #2 [redacted] from the nursing unit on [redacted]. This	F 000		

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

Electronically Signed | 03/07/2025

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 000	Continued From page 1 deficient practice was identified for 1 of 1 resident (Resident #2) reviewed for [redacted] The facility failed to ensure a safe environment for Resident #2, posed a serious and immediate risk to the health, safety and wellbeing of the resident. The facility was notified of the Immediate Jeopardy (IJ) situation on 1/22/25 at 4:52 p.m. The [redacted] was presented with IJ template. The [redacted] was not available to attend. An acceptable removal plan was electronically mailed to the surveyor on 1/28/2025 at 5:30 p.m. indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice. The surveyor verified the removal plan on-site on 1/30/2025 and determined the IJ for F689 was removed as of 1/22/2025. The non-compliance continued at a scope and severity for no actual harm with the potential for more than minimal harm that is not Immediate Jeopardy.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and	F 689		3/16/25

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F 689	Continued From page 2 §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00181722, NJ00181697 Based on observation, interview, record review and review of other pertinent facility documents on 1/16/2025, 1/17/2025 and 1/22/2025, it was determined that the facility failed to provide NJ Exec Order 26.4b1 to ensure a safe environment for a NJ Exec Order 26.4b1 resident. The facility failed to ensure NJ Exec O were secured to prevent the resident's NJ Exec from the unit. This resulted in Resident #2 NJ Exec Order 26 from the nursing unit on NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 1 resident (Resident #2) reviewed for NJ Exec Order 26.4b1 The facility failed to ensure a safe environment for Resident #2, posed a serious and immediate risk to the health, safety and wellbeing of the resident. The findings were as follows: The New Jersey Department of Health received a Facility Reportable Event (FRE) dated NJ Exec Order 26.4b1 at 10:51a.m. According to the FRE, on NJ Exec Order 26.4b1, at approximately 11:15 p.m., a nurse conducting rounds noticed that Resident #2 NJ Exec Order 26.4b1 After searching the unit, the nurse called a NJ Exec Order 26.4b1, alerting all staff of the NJ Exec Order 26.4 resident. After NJ Exec Order 26.4b1 the entire facility and perimeter, NJ Exec Order 26.4b1. The resident NJ Exec Order 26.4b1 at that time. On 12/14/24, at approximately 7:00 a.m. while	F 689	1. Resident # 2 was assessed by an RN on NJ Exec Order 26.4b1, post incident, and was noted with NJ Exec Order 26.4b to their NJ Exec Order 26.4b1 and was transferred to the hospital for further evaluation. Upon evaluation, the resident returned to the facility on NJ Exec Order 26.4b1 with no further NJ Exec Order 26 noted and was immediately placed on NJ Exec Order 26.4b1. 2. All residents have the potential to be affected by this deficient practice. On 1/22/2025, 24/7 monitoring of Unit 11's stairwell was implemented to ensure that residents at risk of elopement and wandering have the appropriate supervision to prevent unsafe access to the stairwell. 3. All staff will be in-serviced on the facility's Elopement and Wandering Residents policy by the Staff Educator and/or designee. In-services began on January 31, 2025. 4. An audit will be conducted daily for (4) weeks and then weekly for (4) weeks by the Assistant Director of Nursing and/or designee to ensure a dedicated Behavior Specialist, with no other responsibilities is assigned to and is in fact monitoring the stairwell, that all breaks, planned and	

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F 689	Continued From page 3 conducting rounds, a nurse heard a NJ Exec Order 26.4b1 [redacted] Resident #2 was NJ Exec Order 26.4b1. The staff assisted Resident #2 NJ Exec Order 26.4b1. The resident was noted with NJ Exec Order 26.4b to the NJ Exec Order 26.4b1 Resident #2 was sent to the Emergency room for further evaluation. Upon returning from the hospital on NJ Exec Order 26.4b15 Resident #2 was assigned 1 staff member to NJ Exec Order 26.4b1 the resident each shift (7:00 a.m.-3:00 p.m.; 3:00 p.m.-11:00 p.m. and 11:00 p.m.-7:00 a.m.) According to the facility this is a NJ Exec staff to resident assignment. According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 [redacted]. According to the Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26.4b1, Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ Exe/15, which indicated that the Resident's NJ Exec Order 26.4b1. The MDS also indicated Resident #2 is NJ Exec Order 26.4b1 with most Activities of Daily Living (ADLs). A review of the Resident's Care Plan (CP) initiated on NJ Exec Order 26.4b1 with a revision date of NJ Exec Order 26.4b1 revealed under Focus: "[Resident] is an NJ Exec Order 26.4b1, [Resident] is new to the facility, NJ Exec Order 26.4b1 [redacted] A second Focus dated NJ Exec Order 26.4b1 documented "attempted NJ Exec Order 26.4b1 The Goal included "[Resident] NJ Exec Order 26.4b1 [redacted] through the review date."	F 689	unplanned, are being covered by a Behavior Specialist, that the Behavior Specialist is aware of who the high-risk residents are and that the binder which includes a picture of all high-risk residents is updated and readily accessible. The results of these audits will be reviewed by the Administrator and reported to the facility's quarterly Quality Assurance Performance Improvement committee to identify trends or concerns. The Administrator will be responsible for ensuring compliance.	

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F 689	Continued From page 4 The CP interventions dated [NJ Exec Order 26.4b1] included but was not limited to: Assess for [NJ Exec Order 26.4b1], assess risk for [NJ Exec Order 26.4b1] on admission and change in condition and quarterly, distract Resident from [NJ Exec Order 26.4b1] by [NJ Exec Order 26.4b1] structured activities, food, conversation, television, book. Resident prefers. Document [NJ Exec Order 26.4b1] behavior and attempted [NJ Exec Order 26.4b1] intervention in behavior log. [NJ Exec Order 26.4b1] and provide structured activities: NJ Exec Order 26.4b1 . Interventions dated [NJ Exec Order 26.4b1] included "[NJ Exec Order 26.4b1]: transferred to a [NJ Exec Order 26.4b1] unit." Interventions dated [NJ Exec Order 26.4b1] included: "assessment for [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] transferred to ER (Emergency Room) for evaluation; [NJ Exec Order 26.4b1] after hospital evaluation; [NJ Exec Order 26.4b1] evaluation by US FOIA (b)(6) to ensure wellbeing." On 1/16/2025 at 10:43 a.m., the Surveyor entered unit [NJ Exec Order 26.4b1] and observed Resident #2 with an assigned staff member. The surveyor interviewed the US FOIA (b)(6)) stated [NJ Exec Order 26.4b1] ago Resident #2 went through the [NJ Exec Order 26.4b1]" by the nurse's station and was found in the [NJ Exec Order 26.4b1] which is in the [NJ Exec Order 26.4b1] She further stated, "all residents are allowed to go upstairs, [NJ Exec Order 26.4b1] residents can go up and down the steps through the unsecured door by themselves. On 1/16/2025 at 12:00 p.m., the Surveyor toured unit [NJ Exec Order 26.4b1] with the US FOIA (b)(6) The surveyor observed an [NJ Exec Order 26.4b1] down the hallway which had a sign that read:	F 689		

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F 689	Continued From page 5	F 689		

"stop door has alarm do not push" in English and Spanish. The surveyor also observed a sign: "[redacted]" facing the nurse's station on unit [redacted]. The [redacted] stated the [redacted] is used for the residents on the unit [redacted]. The surveyor observed a ladder leading to the attic on the second floor. A sign was posted: "danger do not climb on ladder" in English and Spanish. The [redacted] further stated Resident #2 [redacted] the facility on [redacted], was [redacted] at the [redacted] desk. On [redacted] resident was transfer from unit [redacted] to unit [redacted] unit.

On 1/17/2025 at 10:40 a.m., the Surveyor interviewed the [redacted]) who stated he was made aware of the incident on [redacted] upon arrival to the facility. The [redacted] went on second floor and observed the attic door was unsecured. On 1/17/2025 at 11:08 a.m., the Surveyor observed a lock applied to the ladder preventing it from being pulled down and preventing resident access to the ladder and attic.

On 1/17/2025 at 1:00 p.m., the Surveyor observed resident #2 in his/her room with the assigned [redacted]) for this shift.

On 1/17/2025 at 1:40 p.m., the Surveyor interviewed Certified Nurse's Aide (CNA) #2 who was aware of the incident on [redacted]. The CNA further stated upon arrival on unit [redacted] while making rounds, she heard the nurse state Resident #2 was [redacted]. The staff [redacted] for the resident [redacted] the building and [redacted] of the building. [redacted] were summoned and were also [redacted] for the resident. The Resident was [redacted].

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F 689	Continued From page 6 On 1/17/2025 at 2:30 p.m., the Surveyor attempted to contact 3 staff members involved in the care of Resident #2. The CNA caring for the resident on the 3-11 shift, another CNA caring for the resident on the 11-7 shift and an [US FOIA (6 were not able to be reached for interview despite the surveyor's attempts. On 1/22/2025 at 10:33 a.m., the Surveyor observed residents and staff from unit [NJ Exe going through an unsecured door onto the stairway to unit [NJ Exe According to the [US FOIA during an interview with the surveyor on 1/22/2025 at 11:07 a.m., the [NJ Exec Order 26.4b that leads to the second floor has a keypad that does not work. The [NJ Exec Order 26.4b allows the residents to use the stairs when they want to. On 1/22/2025 at 11:10 a.m., the Surveyor interviewed the [US FOIA (b)(6) who stated unit [NJ Ex and [NJ Ex are locked units however, the door was not secured. The [US FOIA (b)(6) further stated the residents go up and down from the second floor to the first floor through this unsecured door. The facility was unable to provide evidence that the unit door was secured. Review of an undated facility policy titled; "Elopement Policy," included the following: Under: "Policy Statement:" This Facility ensures that residents who exhibit wandering behavior and/or at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement." The facility was notified of the IJ situation on	F 689		

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F 689	Continued From page 7 1/22/25 at 4:52 p.m. The US FOIA (b)(6) was presented with the IJ template. The Administrator was not available to attend. An acceptable removal plan was electronically mailed to the surveyor on 1/28/2025 at 5:30 p.m. indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice. The surveyor verified the removal plan during an onsite revisit 1/30/2025 and determined the Immediate Jeopardy for F689 was removed as of 1/22/2025. The Removal Plan is as follows: 1. The facility implemented 24/7 monitoring of Unit NJ Ex's stairwell door from the first floor to ensure that Residents at NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 will have the necessary supervision for preventing unsafe access to the stairwell door. 2. The US FOIA (b)(6) reviewed the daily staffing sheet for 1/30/2025 with surveyor for Unit NJ Exe section which contained: 1 nurse, 4 CNAs and 2 Behavioral Specialists (BSPEC) The role of the BSPEC is to monitor the door. Further review of the daily staffing noted 3-11 shift 1 BSPEC and 11-7 shift 1 BSPEC. An NJ Exec Order 26.4b1 Binder was put in place for high-risk Residents including photos of residents who are not allowed upstairs. 3. Initiating in-services for all staff on the facility's policy on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 The Immediate Jeopardy began on 12/13/2024 to 1/22/2024 and was lowered to no actual harm	F 689		

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F 689	Continued From page 8 with the potential for more than minimal harm that is not an Immediate Jeopardy.	F 689		
F 755 SS=D	N.J.A.C 8:39: 27.1(a) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 755		3/16/25

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F 755	Continued From page 9 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182050 Based on interviews, review of medical records, and other pertinent facility documentation on 1/16/2025 and 1/17/2025, it was determined that the facility failed to: a.) administer medications as prescribed within the appropriate medication administration timeframe and b.) notify the physician when a medication was not available for administration. The facility also failed to follow its policy titled "Medication Administration Policy." This deficient practice was identified for 2 of 3 residents reviewed for medication administration documentation. This deficient practice was evidenced by the following: 1. According to the Admission Record (AR), Resident #1 was admitted to the facility on [redacted], with diagnoses that included but were not limited to: [redacted]. A review of Resident #1's Minimum Data Set (MDS), an assessment tool dated [redacted] revealed a Brief Interview of Mental Status (BIMS) of [redacted] out of 15, which indicated the resident's [redacted]. A review of Resident #1's "Order Summary Sheet" (OSR) with active orders as of [redacted] revealed the following medication orders: [redacted]-give one tablet by mouth every 12 hours with an active order date of [redacted]	F 755	1. Resident #1 was assessed by an RN on [redacted] for [redacted] as a result of this deficient practice. No [redacted] noted. Resident # 4 discharged [redacted] and no longer resides at the facility. LPN # 1 received 1:1 education on 1/16/2025 by the Assistant Director of Nursing on the facility's Medication Administration policy, which includes the requirement to administer medications as prescribed within the appropriate medication administration timeframe and to notify a resident's physician when a medication is not available for administration. 2. All residents have the potential to be affected by this deficient practice. 3. All licensed nurses will be in-serviced on the facility's Medication Administration policy by the Staff Educator and/or designee. In-services began on March 7, 2025. An audit of (5) residents medication pass will be conducted daily for (4) weeks and then weekly for (4) weeks by the Director of Nursing and/or designee to ensure medications are being administered within the appropriate timeframe. An audit of (5) resident's Medication	

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F 755	Continued From page 10 NJ Exec Order 26.4b1 -give one tablet by mouth three times a day with an active order date of NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 -give one tablet by mouth at bedtime with an active order date of NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 - give one tablet by mouth in the evening with an active order date of NJ Exec Order 26.4b1 A review of Resident #1's Medication Administration Record (MAR) for NJ Exec Order 26.4b1 revealed a code of 'NJ Exec O for NJ Exec Order 26.4b1 at 8:00 PM, NJ Exec Order 26.4b1 at 9:00 PM, NJ Exec Order 26.4b1 at 9:00 PM, and NJ Exec Order 26.4b1 at 10:00 PM on NJ Exec Order 26.4b1 at 9:00 PM. Further review of the MAR revealed that code 'NJ Exec O meant "other/see nurse notes." A review of Resident #1's Progress Notes (PNs) dated NJ Exec Order 26.4b1 at 6:43 PM, NJ Exec Order 26.4b1 at 6:59 PM and NJ Exec Order 26.4b1 at 6:35 PM revealed a note from the nurse that stated, "due meds given." A PN dated NJ Exec Order 26.4b1 at 6:59 PM revealed a note from the nurse that stated, "meds given." During an interview with the surveyor on 1/16/2025 at 2:18 PM, the US FOIA (b)(6)) stated that the standard of practice was that medications should be administered an hour before or an hour after the administration time. The US FOIA (b)(6) stated that medications should not be given outside the medication administration timeframe. The US FOIA (b)(6) indicated she could not speak to why the nurse documented in the progress note that medications were administered to the resident	F 755	Administration Records (MAR) will be conducted daily for (4) weeks and then weekly for (4) weeks to ensure the resident's physician was notified when a medication was not available for administration. 4. The results of these audits will be reviewed by the Director of Nursing and reported to the facility's quarterly Quality Assurance Performance Improvement committee to identify trends or concerns. The Director of Nursing will be responsible for ensuring compliance.	

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more than one hour before the administration time. The US FOIA (b)(6) indicated that if the resident requested medications outside of the medication administration timeframe, then it was the nurse's responsibility to notify the physician to get an order to change the administration time. The US FOIA (b)(6) further stated it was important to stay within the hour before and the hour after administration timeframe to ensure there were no potential medication interactions.

During a follow-up interview with the surveyor on 1/17/2025 at 11:30 AM, the US FOIA (b)(6) indicated that the code 'NJ Exec O' on the MAR meant the nurse had to document a reason to why a medication was not given at that time. The US FOIA (b)(6) further stated that if there was a check mark on the MAR that indicated the medication was administered.

2. According to the AR, Resident #4 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 [redacted]

A review of Resident #4's MDS dated NJ Exec Order 26.4b1 revealed a BIMS of [redacted] out of 15, which indicated the resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1.

A review of Resident #4's OSR with active orders as of NJ Exec Order 26.4b1 revealed the following medication orders:

NJ Exec Order 26.4b1 -give one tablet by mouth one time a day for NJ Exec O with an active order date of NJ Exec Order 26.4b1.

NJ Exec Order 26.4b1 [redacted] give one tablet by mouth one time a

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day for [redacted] with an active order date of [redacted].

[redacted]-give one tablet by mouth one time a day for [redacted] with an active order date of [redacted]

A review of Resident #4's MAR for [redacted] revealed a code '[redacted]' for the following medications:

[redacted] on [redacted] at 8:00 AM.

[redacted] and [redacted] on [redacted] at 8:00 AM.

A review of Resident #4's PN dated [redacted] at 9:56 AM revealed a nurse's note that indicated '[redacted] was just ordered, has not arrived yet from pharmacy." PNs on [redacted] at 11:07 AM, 11:08 AM, and 11:10 AM revealed a nurse's note that the medication was on order. There was no PN dated [redacted] for a reason to why the medications were not given. There were no PNs which indicated the physician was notified about the medications not being available for the resident.

During an interview with the surveyor on 1/16/2025 at 1:42 PM, the Licensed Practical Nurse (LPN#1) stated if a medication was not delivered by the pharmacy and not in the facility back up, the nurse should have called the pharmacy and then notified the physician. LPN #1 further stated that the nurse should document in the progress notes that they contacted the physician, and the medication was not given.

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During an interview with the surveyor on 1/17/2025 at 11:30 AM, the [redacted] stated that if medications were not available, the nurse was responsible for calling the pharmacy to find out when medication would be delivered. The [redacted] stated the nurse would call the physician and make them aware that the medication was not available. She further stated that the nurse was responsible for documenting that the physician was made aware that a resident's medication was not available for administration. The [redacted] confirmed that there was no documentation in the resident's medical record that reflected the nurses' notified the physician that Resident #4's medications were not given on the dates specified. The [redacted] stated Resident #4's [redacted] medications were delivered and that it was the nurses' fault for not looking for the medications. The [redacted] stated she could not speak to why the nurses did not notify the physician or administer the medications that had been delivered.

Review of the facility policy titled "Medication Administration Policy," dated 3/2023, reflected under "Policy", "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." Under "Procedure", "2. Medications are to be administered in a timely manner following physician's order. 6. The licensed nurse is responsible to follow: e. follows appropriate medication administration guidelines. 18. Uses prudent professional judgement by informing physician in a timely manner when medications held, refused, or otherwise unavailable for administration."

Review of the facility document titled "Medication

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F 755	Continued From page 14 Pass Observation," revised 12/6/2019, reflected "Medications are given one hour before to one hour after the charted time."	F 755		
F 842 SS=D	NJAC 8:39-29.2 (d) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 842		3/16/25

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F 842	Continued From page 15 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182050 Based on interviews, medical record review, and review of other pertinent facility documents on	F 842	1. Residents #1 and #5 were assessed by an RN on NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 [redacted] as a result of this deficient practice. NJ Exec Order 26.4b1 noted.	

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F 842	Continued From page 16 1/16/2025 and 1/17/2025 it was determined that the facility staff failed to consistently document in the "Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status and care provided to the residents. This deficient practice was identified for 3 of 3 residents reviewed for ADL documentation. This deficient practice was evidenced by the following: 1. According to the Admission Record (AR), Resident #1 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 . A review of Resident #1's Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1 revealed a Brief Interview of Mental Status (BIMS) of NJ Ex out of 15, which indicated the NJ Exec Order 26.4b1 . The MDS further revealed that the resident was NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b but requires NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 with NJ Exec Order 26. and NJ Exec Order 26.4b1 . A review of Resident #1's Care Plan (CP) initiated on NJ Exec Order 26.4b1 revealed that the resident had an ADL NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 A review of Resident #1's DSR (ADL Record) and the progress notes (PN) for the month of NJ Exec Order 26.4b1 revealed lack of documentation to indicate that the resident's ADL care was provided and/or the resident NJ Ex Order 26.4b care on the following dates and shifts:	F 842	Resident # 4 discharged NJ Exec Order and NJ Ex at the facility. 2. All residents have the potential to be affected by this deficient practice. 3. All CNAs will be in-serviced on the requirement to consistently and timely document residents' ADL status and the care that they provide by the Staff Educator and/or designee. In-services began on March 7, 2025. All Unit Managers and Supervisors will be in-serviced by the Staff Educator to monitor POC documentation compliance via the facility's electronic medical record system every shift and to remind CNAs to complete their POC documentation when needed. In-services began on March 7, 2025. An audit of (10) residents' ADL documentation will be conducted daily for (2) weeks and then weekly for (2) weeks by the Director of Nursing and/or designee to ensure residents□ ADL status and care being provided is consistently being documented. 4. The results of these audits will be reviewed by the Director of Nursing and reported to the facility's quarterly Quality Assurance Performance Improvement committee to identify trends or concerns. The Director of Nursing will be responsible for ensuring compliance.	

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F 842	Continued From page 17 [redacted] 7:00 AM- 3:00 PM shift on [redacted] and [redacted] [redacted]: 7:00 AM-3:00 PM shift on [redacted] 3:00 PM-11:00 PM shift on [redacted] 11:00 PM- 7:00 AM shift on [redacted] [redacted] and [redacted]: 7:00 AM-3:00 PM shift on [redacted] 3:00 PM-11:00 PM shift on [redacted] 11:00 PM- 7:00 AM shift on [redacted] [redacted] 7:00 AM-3:00 PM shift on [redacted] and [redacted]. 3:00 PM-11:00 PM shift on [redacted]. [redacted]: 7:00 AM-3:00 PM shift on [redacted] 3:00 PM-11:00 PM shift on [redacted] [redacted] Use: 7:00 AM-3:00 PM shift on [redacted] and [redacted] 3:00 PM-11:00 PM shift on [redacted]. 11:00 PM- 7:00 AM shift on [redacted] [redacted]:	F 842		

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F 842	Continued From page 18 7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. 3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1. 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1 [redacted]: 7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. 3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1 [redacted]: 7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. 3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1 7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 [redacted]. NJ Exec Order 26.4b1 [redacted]: 7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 [redacted]	F 842		

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NJ Ex Order 26.4
7:15 AM on NJ Exec Order 26.4b1 .
11:30 AM on NJ Exec Order 26.4b1 .
4:30 PM on NJ Exec Order 26.4b1 .

2. According to the AR, Resident #4 was admitted to the facility on NJ Exec Orde NJ Ex Order with diagnoses that included but were not limited to: NJ Exec Order 26.4b1 [redacted]

A review of Resident #4's MDS dated NJ Exec Order 26.4b1 revealed a BIMS of NJ out of 15 which indicated the resident's NJ Exec Order 26.4b1 . The MDS further revealed that the resident needed NJ Exec Order 26.4b1 with ADLs.

A review of Resident #4's CP initiated on NJ Exec Order 26.4b1 revealed that the resident had NJ Exec Order 26 with performing ADLs related to NJ Exec Order 26.4b1 [redacted]

A review of Resident #4's DSR (ADL Record) and the progress notes (PN) for the month of NJ Exec Order 26.4b1 lack of documentation to indicate that the resident's ADL care was provided and/or the resident NJ Exec Order 26 care on the following dates and shifts:

NJ Exec Order 26.4b1
7:00 AM- 3:00 PM shift on NJ Exec Order 26.4b1

[redacted]
7:00 AM- 3:00 PM shift on NJ Exec Order 26.4b1
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1
11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1
[redacted]

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NJ Exec Order 26.4b1:
7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1
3:00 PM-11:00 PM shift NJ Exec Order 26.4b1.
11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1
[redacted]

NJ Exec Order 26.4b1
7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1
11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 and
NJ Exec Order 26.4b1.

NJ Exec Order 26.4b1
7:00 AM- 3:00 PM shift on NJ Exec Order 26.4b1.
3:00 PM- 11:30 PM shift NJ Exec Order 26.4b1.
11:00 PM- 7:00 Am shift on NJ Exec Order 26.4b1
NJ Exec Order 26.4b1

NJ Exec Order 26.4b1:
7:00 AM- 3:00 PM shift on NJ Exec Order 26.4b1
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1.

NJ Exec Order 26.4b1 [redacted]:
7:00 AM- 3:00 PM shift on NJ Exec Order 26.4b1.
3:00 PM- 11:00 PM shift on NJ Exec Order 26.4b1
11:00 PM- 7:00 AAM shift on NJ Exec Order 26.4b1
[redacted]

NJ Exec Order 26.4b1
[redacted]
7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1.
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1

NJ Exec Order 26.4b1:
7:00 AM -3:00 PM shift on NJ Exec Order 26.4b1.
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1.
11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1
[redacted]

NJ Exec Order 26.4b1 [redacted],

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NJ Exec Order 26.4b1):
7:00 AM -3:00 PM shift on NJ Exec Order 26.4b1.
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1.
11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1

NJ Exec Order 26.4b1 :
7:00 AM -3:00 PM shift on NJ Exec Order 26.4b1.
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1
11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1

NJ Exec Order 26.4b1
7:00 AM -3:00 PM shift on NJ Exec Order 26.4b1
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1.
11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1

NJ Exec Order 26.4b1
7:00 AM -3:00 PM shift on NJ Exec Order 26.4b1
3:00 PM-11:00 PM shift on NJ Exec Order 26.4b1.
11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1

NJ Exec Order 26
7:15 AM NJ Exec Order 26.4b1.
11:30 AM on NJ Exec Order 26.4b1
4:30 PM on NJ Exec Order 26.4b1

3. According to the AR, Resident #5 was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that include but were not limited to: NJ Exec Order 26.4b1

A review of Resident #5's MDS dated NJ Exec Order 26.4b1 revealed a BIMS of NJ Exe out of 15 which indicated the resident's NJ Exec Order 26.4b1. The MDS further revealed the resident required NJ Ex Order 26.4(b)(1) with ADLs.

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F 842	Continued From page 22 A review of Resident #5's CP initiated on NJ Exec Order 26.4b1 revealed that the resident had an ADL NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 A review of Resident #5's DSR (ADL Record) and the progress notes (PN) for the month of NJ Exec Order 26.4b1 revealed lack of documentation to indicate that the resident's ADL care was provided and/or the resident NJ Exec Order 26.4 care on the following dates and shifts: NJ Exec Order 26.4b1: 7:00 AM- 3:00 PM shift on NJ Exec Order 26.4b1 . 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 : 7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1 . 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1: 7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1 . 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 . NJ Exec Order 26.4b1): 7:00 AM-3:00 PM shift on NJ Exec Order 26.4b1 . 11:00 PM- 7:00 AM shift on NJ Exec Order 26.4b1 NJ Exec Order 26	F 842		

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F 842	Continued From page 23 7:15 AM on NJ Exec Order 26.4b1 . 11:30 AM on NJ Exec Order 26.4b1 During an interview with the surveyor on 1/16/2025 at 11:05 AM, the Certified Nursing Assistant (CNA #1) stated that the CNAs were responsible for documenting showers and ADL care into the Point of Care (POC), a mobile enable app that runs on wall mounted kiosks that enables care staff to document ADLs at the end of their shift. CNA #1 stated that every task on the POC must be addressed, and blank spaces were not acceptable. CNA #1 further stated that if there were a blank space on the DSR that would mean either someone did not do the task in the POC, or they had not completed the task yet. During an interview with the surveyor on 1/17/2025 at 11:30 AM, the US FOIA (b)(6)) stated the CNAs were responsible for completing all ADL documentation before the end of their shift. The US FOIA (b)(6) could not explain why there was blank spaces in the residents' DSRs. The US FOIA (b)(6) indicated that it was the CNAs, nurses, supervisor, and Unit Manager (UM) responsibility to ensure that ADL documentation was completed at the end of each shift and reflected on the DSR. The facility was unable to provide the surveyor with a policy on ADL documentation.	F 842		

New Jersey Department of Health

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 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	505 COUNTY AVENUE SECAUCUS, NJ 07094

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S 000	Initial Comments The facility was 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00181697, NJ00181722, NJ00182050 Based on review of facility documents on 01/16/2025 and 01/17/2025, it was determined that the facility failed to ensure staffing ratios were met for a.) the two weeks of Complaint staffing from 12/08/2024 to 12/21/2024, the facility was deficient in CNA staffing for residents on 11 of 14-day shifts and b.) the two weeks of staffing prior to survey from 12/29/2024 to 01/11/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts. This deficient practice had the potential to affect all residents.	S 560	1. There were no reported negative outcomes as a result of this alleged deficient practice. 2. All residents have the potential to be affected by the same alleged deficient practice. 3. The Director of Nursing and/or designee will continue to review the facility□s staffing needs with the Staffing Coordinator at a minimum weekly. The facility recruiter will continue to track CNA applicants and all recruitment efforts	3/16/25

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

Electronically Signed | 03/07/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	505 COUNTY AVENUE SECAUCUS, NJ 07094

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S 560	Continued From page 1 Findings include: 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. 1. For the 2 weeks of Complaint staffing from 12/08/2024 to 12/21/2024, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows: On 12/08/24 the facility had 30 CNAs for 290 residents on the day shift, required at least 36 CNAs. On 12/10/24 the facility had 33 CNAs for 290 residents on the day shift, required at least 36 CNAs. On 12/11/24 the facility had 34 CNAs for 290	S 560	being made. The facility will continue to supplement their CNA staffing by utilizing agency staff. The facility will continue to offer incentives including referral bonuses and sign-on bonuses in addition to bonuses to current staff for picking up extra shifts. 4. The Director of Nursing and/or designee will review the facility's daily staffing for adequacy and compliance with the staffing mandate. Staffing trends and patterns will be submitted to the facility's quarterly Quality Assurance and Performance Improvement committee for compliance monitoring.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	505 COUNTY AVENUE SECAUCUS, NJ 07094

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S 560	Continued From page 2 residents on the day shift, required at least 36 CNAs. On 12/14/24 the facility had 30 CNAs for 291 residents on the day shift, required at least 36 CNAs. On 12/15/24 the facility had 28 CNAs for 291 residents on the day shift, required at least 36 CNAs. On 12/16/24 the facility had 35 CNAs for 290 residents on the day shift, required at least 36 CNAs. On 12/17/24 the facility had 35 CNAs for 289 residents on the day shift, required at least 36 CNAs. On 12/18/24 the facility had 34 CNAs for 289 residents on the day shift, required at least 36 CNAs. On 12/19/24 the facility had 35 CNAs for 289 residents on the day shift, required at least 36 CNAs. On 12/20/24 the facility had 30 CNAs for 289 residents on the day shift, required at least 36 CNAs. On 12/21/24 the facility had 34 CNAs for 289 residents on the day shift, required at least 36 CNAs. 2. For the 2 weeks of staffing prior to survey from 12/29/2024 to 01/11/2025, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:	S 560		

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 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	**505 COUNTY AVENUE SECAUCUS, NJ 07094**

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S 560	Continued From page 3 On 12/29/24 the facility had 21 CNAs for 285 residents on the day shift, required at least 36 CNAs. On 12/30/24 the facility had 28 CNAs for 284 residents on the day shift, required at least 35 CNAs. On 12/31/24 the facility had 32 CNAs for 284 residents on the day shift, required at least 35 CNAs. On 01/01/25 the facility had 24 CNAs for 283 residents on the day shift, required at least 35 CNAs. On 01/02/25 the facility had 31 CNAs for 283 residents on the day shift, required at least 35 CNAs. On 01/03/25 the facility had 29 CNAs for 283 residents on the day shift, required at least 35 CNAs. On 01/04/25 the facility had 33 CNAs for 283 residents on the day shift, required at least 35 CNAs. On 01/05/25 the facility had 26 CNAs for 283 residents on the day shift, required at least 35 CNAs. On 01/06/25 the facility had 34 CNAs for 283 residents on the day shift, required at least 35 CNAs. On 01/07/25 the facility had 32 CNAs for 286 residents on the day shift, required at least 36 CNAs.	S 560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 4 On 01/08/25 the facility had 35 CNAs for 285 residents on the day shift, required at least 36 CNAs. On 01/09/25 the facility had 32 CNAs for 285 residents on the day shift, required at least 36 CNAs. On 01/10/25 the facility had 33 CNAs for 285 residents on the day shift, required at least 36 CNAs. On 01/11/25 the facility had 25 CNAs for 285 residents on the day shift, required at least 36 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315476 Y1	A. Building B. Wing Y2	3/25/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	505 COUNTY AVENUE SECAUCUS, NJ 07094

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 F0689 Reg. # 483.25(d)(1)(2) LSC	Correction Completed 03/07/2025	ID Prefix F0755 Reg. # 483.45(a)(b)(1)-(3) LSC	Correction Completed 03/07/2025	ID Prefix F0842 Reg. # 483.20(f)(5), 483.70(h)(1)-(5) LSC	Correction Completed 03/07/2025
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	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
1/30/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315476 Y1	A. Building B. Wing Y2	3/25/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	505 COUNTY AVENUE SECAUCUS, NJ 07094

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FOLLOWUP TO SURVEY COMPLETED ON 1/30/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
60918	A. Building B. Wing	3/25/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	505 COUNTY AVENUE SECAUCUS, NJ 07094

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 03/07/2025	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 1/30/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
60918		3/25/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OPTIMA CARE FOUNTAINS	505 COUNTY AVENUE SECAUCUS, NJ 07094

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REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 1/30/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			