STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35012	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CRESSKIL	248 MADISON AVENUE CRESSKILL, NJ 07626

(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) COMPLETE DATE
R 000	Initial Comments Type of Survey: Complaint Complaint #: NJ 00187104 Census: 11 Sample: 3 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 016	8:37-1.1(b) Purpose and Scope This chapter is promulgated for the purpose of establishing interim licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities. This STANDARD is not met as evidenced by: Complaint #: NJ 00187104 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility Community Director failed to ensure that the facility's policies on "CL12-Elopements", "DP04-Incident Reports", "DP06 Alert Charting" were implemented and enforced for 2 of 3 residents, Resident #'s 2 and 3.	R 016		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/19/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35012	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CRESSKIL	248 MADISON AVENUE CRESSKILL, NJ 07626

(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) COMPLETE DATE
R 016	Continued From page 1	R 016		

This deficient practice was evidenced by the following:

On NJ Exec Order 26.4b the New Jersey Department of Health (NJDOH) investigated a Facility Reportable Event (FRE) (A form used by health care facilities to report events), dated NJ Exec Order 26 with a "Date of Event" of NJ Exec Order 26 and a "Time of Event" of 2:30 p.m. The FRE revealed that Resident #'s 2 and 3 NJ Exec Order 26.4b1 . Local NJ Exec was present and notified the facility that Resident #'s 2 and 3 were NJ Exec Order 26 on the NJ Exec Order 26.4b1 .

On 6/12/25 at 11:05 a.m., the surveyor interviewed the Community Director (CD) who stated that she checked the vital signs of Resident #'s 2 and 3 when they NJ Exec Order 26.4b to the NJ Exec Order 26.4 after they NJ Exec Order 26 on NJ Exec Order 26 During continued interview the CD stated that she also notified the physician and emergency contacts of Resident #'s 2 and 3. During continued interview the CD stated that she did not perform a thorough investigation or complete an incident report regarding the NJ Exec Order 26.4b1 of Resident #'s 2 and 3.

1. At 12:15 p.m., review of Resident #2's Medical Record (MR) revealed a move-in date of NJ Exec Order 26 and diagnoses that included but were not limited to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Additional review of Resident #2's MR revealed that there was no documentation by facility staff that Resident #2 NJ Exec Order 26 from the facility on NJ Exec Order . Continued medical record review revealed that there was no documented evidence that Resident #2 was NJ Exec Order 26.4b1 every shift for at least NJ Exec Order 26.4b1 after the NJ Exec Order 26.4b1 on NJ Exec Order 26.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35012	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CRESSKIL	248 MADISON AVENUE CRESSKILL, NJ 07626

(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) COMPLETE DATE
R 016	Continued From page 2 2. At 12:30 p.m., review of Resident #3's MR revealed a move in date of [NJ Exec Order 26.4b] and diagnoses that included but were not limited to [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] The surveyor did not observe any documented evidence in Resident #3's MR by facility staff that Resident #3 [NJ Exec Order 2] from the facility on [NJ Exec Order 2] Continued medical record review revealed that there was no documented evidence that Resident #3 was [NJ Exec Order 26.4b1] every shift for at [NJ Exec Order 26.4b1] after the [NJ Exec Order 26.4b1] on [NJ Exec Order 2] Further review of Resident #'s 2 and 3 MR revealed no documented evidence that Resident #'s 2 and 3 vital signs were checked and no documentation to indicate that their emergency contact or physician were notified of their [NJ Exec Order 26.4b1] on [NJ Exec Order 26.] The surveyor reviewed the facility policy and procedure titled, "CL12-Elopements" dated 3-15-2024, which revealed, "Policy: Elopement precautions will be carried out ...Procedure: ...If an elopement occurs the following steps will be immediately initiated: ... notify the resident's family ... 5. The Community Director or designee will document the elopement and complete all required incident reports ...." The surveyor reviewed the facility policy and procedure titled, "DP04 - Incident Reports" dated 3-15-24, which revealed, " ...The Community will investigate all internal occurrence reports ... Incidents are immediately reported to resident's family/responsible party and physician. a. The date and time ...is documented in the narrative charting section of the resident record ...." The surveyor reviewed the facility policy and	R 016		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35012	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CRESSKIL	248 MADISON AVENUE CRESSKILL, NJ 07626

(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) COMPLETE DATE
R 016	Continued From page 3 procedure titled, "DP 06 - Alert Charting" dated 3-15-24, which revealed, "1. Alert charting procedures will be initiated if a resident ...d. Has eloped from the Community ... 2. The alert charting process includes: ... b. Each resident placed on alert charting will be monitored for at least forty-eight (48) hours ...ii. There is to be an alert charting entry in the resident record each shift ...."	R 016		
R 365	8:37-3.1(a)(12) Resident Rights Every resident of a dementia care home shall have the right to a safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident. This STANDARD is not met as evidenced by: Complaint #: NJ 00187104 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to provide a safe environment for 2 of 3 residents reviewed for NJ Exec Order 26.4b1 Resident #'s 2 and 3. This deficient practice was evidenced by the following: On NJ Exec Order 26.4 the New Jersey Department of Health (NJDOH) investigated a Facility Reportable Event (FRE) (A form utilized by health care facilities to report events), dated NJ Exec Order 26.4, with a "Date of Event" of NJ Exec Order 26.4 and a "Time of Event" of 2:30 p.m. The FRE revealed that Resident #'s 2 and 3 NJ Exec Order 26.4b1 . Local NJ Exec Order 26.4b1 were	R 365		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35012	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CRESSKIL	248 MADISON AVENUE CRESSKILL, NJ 07626

(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) COMPLETE DATE
R 365	Continued From page 4	R 365		

present and notified the facility that the resident's NJ Exec Order 26.4b1 .

At 9:15 a.m., the surveyor entered the facility through the front door. The surveyor observed that the door was unlocked, and no alarm sounded as the surveyor entered the facility.

At 10:10 a.m., the surveyor interviewed the Community Director (CD) stated that the front door alarm was activated and alarms when the door was opened if it wasn't deactivated prior to opening the door. The CD also stated that the alarms had to be set and reset manually.

At 10:21a.m., the surveyor unlocked and opened the front door in the presence of the CD. The surveyor was unable to hear an alarm to alert the staff that the door was opened. At that time the CD attempted to activate the alarm from the control panel at the front door but was unable. The Clinical Operations Director (COD) was also unable to immediately activate the alarm.

At 10:25 a.m., the surveyor interviewed a facility Certified Medication Aide (CMA) who stated that she functions as a Home Health Aide (HHA) when she worked on alternate shifts. The CMA stated that she checks on her assigned residents every 1-2 hours when she works the night shift. The CMA also stated that they did not document the times that rounds were made.

At 10:30 a.m., the surveyor interviewed a facility HHA who stated that there was a food delivery at the time of the NJ Exec Order 26.4b1 incident on NJ Exec Order 26. The HHA also stated that she was checking the food delivery manifest, and another staff member was opening the boxes and putting the food away. She stated that the front door and front gate was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35012	A. BUILDING: _____ B. WING _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CRESSKIL	248 MADISON AVENUE CRESSKILL, NJ 07626

(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) COMPLETE DATE
R 365	Continued From page 5 left open at the time of the delivery person was bringing in the boxes. Further interview of the HHA revealed that a NJ Exec Order 26.4b1 who was working in the area came to the facility and presented her with a NJ Exec Order 2 of Resident #'s 1 and 2 and inquired as to whether they lived at the facility. She also stated that she went to retrieve the Resident #'s 1 and 2 from NJ Exec Order 26.4b1 . The HHA confirmed that she was able to set the alarm but stated that the alarm is not always set during the day due to visitors coming in and out. At 11:05 a.m., the surveyor interviewed the CD who stated that she was notified by a staff member that Resident #'s 1 and 2 were NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(of the NJ Ex Order 26.4(b)(1). She also stated that staff did not know when Resident #'s 1 and 2 NJ Exec Order 26.4b1. The CD also stated that she did not do a through investigation or obtain statements from the staff on duty at the time of the incident. The surveyor reviewed the facility policy titled, "GP02-Personal Rights" dated 3-15-2024, which revealed "Policy: All Fox Trail Memory Care Living staff will observe and respect the personal rights of all residents ... Procedure: 5. I. A safe and decent living environment ...."	R 365		

POC #5 accepted 11/18/25

Fox Trail MEMORY CARE LIVING

Facility Name: Fox Trail Memory Care Living - Cresskill

Survey Type: Complaint

Complaint #: NJ 00187104

Date of Survey: 6/12/2025

Cited Regulations: R016 and R365

Prepared by: NJ Exec Order 26.4b1

Re- Submission date:11/17/2025

1.Purpose and Scope

- Both residents are safe, functioning well. They have had monthly NJ Exec Order 26.4b1 from Primary Care provider and NJ Exec Order 26.4b1 as needed. Both resident 2 and 3 remain in the community.

2. Interventions to Prevent Recurrences

- All residents have the potential to be affected by unmonitored gates and doors, service plans were reviewed and updated with additional interventions as necessary.

3. Mandatory Training Details

Community Director will continue to provide training to all staff on resident's safety and elopement prevention.

- Staff were in serviced on alarm functionality for setting and resetting the door alarms. 06/20/2025
- Training started and completed on 6/20/2025
- The community director will continue to make sure that any new employees receive training during orientation to ensure universal coverage.
- Staff member is to be present at the door during deliveries to ensure no resident exits the building started 7/1/2025.
- Outside providers and vendors are to be accompanied while entering and exiting the building. Measure started on 7/1/2025.
- The community director will continue to do random alarm checks. Started on 7/1/2025 and continuing until 9/1/2025. Completion date of measures : 9/1/2025

4. Ongoing Compliance Measures

- The community director will continue to do random alarm checks until 9/1/2025. After 9/1/2025 Community Director will do random checks every 3 months.
- Monthly staff audits and trainings will be conducted by the community director with a sign in sheet will be maintained for all participants. First staff audit completed 7/20/2025 and will be completed monthly until 9/1/2025 and then re evaluated. Completion date: 9/1/2025

Deficiency 0365-8:37 Residents rights

1.Purpose

- Both residents are [redacted] and [redacted]. Both residents 2 and 3 remain living in the community.

2.Who has potential to be affected

- All residents have the potential to be affected by unmonitored gates and doors, service plans were reviewed and updated with additional interventions as necessary.

3.How will the facility prevent recurrence

- During deliveries one staff member is required to monitor door and gate.
- Alarms are to remain on and always functioning correctly.
- Outside vendors and provider are to be accompanied by staff during entering and exiting the building to prevent destructions starting immediately.
- All staff were retrained on 6/20/2025 by the community director and director of clinical operations, Training included alarm functionality for setting and resetting the door alarms.
- Elopement assessments were completed on each resident to determine elopement risk. 6/20/2025 and will be completed every 3 months.

4.How will the facility monitor ongoing compliance

- Community Director will conduct random door alarm checks weekly and document on spreadsheet. Alarm checks was started on 7/1 however weekly spreadsheet hung on door began documentation on 9/1/2025 to track alarm. Spreadsheet will be continued until 11/1/2025 and then re evaluated. Completion date: 11/1/2025.

- Resident safety checks conducted through shift and documented on electronic health records. Started on 7/1/2025 and will continue on EMAR indefinitely.
- Community director and Clinical will continue to audit electronic log daily to ensure compliance. Start date 07/15/2025. Community director will check at the end of every shift indefinitely.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35012 Y1	A. Building B. Wing Y2	11/18/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CRESSKILL	248 MADISON AVENUE CRESSKILL, NJ 07626

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 R0016	Correction	ID Prefix R0365	Correction	ID Prefix	Correction
Reg. # 8:37-1.1(b)	Completed	Reg. # 8:37-3.1(a)(12)	Completed	Reg. #	Completed
LSC	09/01/2025	LSC	11/01/2025	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	
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	

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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/12/2025	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35012 Y1	A. Building B. Wing Y2	11/18/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CRESSKILL	248 MADISON AVENUE CRESSKILL, NJ 07626

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 R0016	Correction	ID Prefix R0365	Correction	ID Prefix	Correction
Reg. # 8:37-1.1(b)	Completed	Reg. # 8:37-3.1(a)(12)	Completed	Reg. #	Completed
LSC	09/01/2025	LSC	11/01/2025	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	
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	

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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/12/2025	☐ YES ☐ NO