STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35017	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING MONTVILL	55 RIVER ROAD MONTVILLE, NJ 07045

(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 Survey Complaint #'s: NJ00161003, NJ00166011, NJ00154948, NJ00179221 Census: 9 Sample Size: 5 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 while the Department works to establish permanent rules pursuant to N.J.S.A. 26:2H-157. This STANDARD is not met as evidenced by: Complaint: # NJ00179221 Based on observation, interview, and review of records, it was determined the facility failed to follow their policies on [NJ Exec Order 26.4b1] and Resident Assessments for 1 of 5 residents reviewed, Resident #2 for which an Imminent Danger (ID) was identified. This deficient practice was	R 016		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/24/25

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R 016	Continued From page 1 evidenced by the following: On NJ Exec Order 26.4b1 at 10:34 a.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by health care facilities to report incidents to the NJDOH. The report included a "date of event" of NJ Exec Order 26.4b1, and a "time of event" of 11:45 p.m. The report revealed that the Power of Attorney (POA) of a facility resident, Resident #2, notified the facility Community Director (CD) via cell phone at 11:45 p.m., that Resident #2 was 'NJ Exec Order 26.4b1', and transported to the hospital for evaluation. Resident #2 was discharged from the hospital at approximately 2:30 a.m., NJ Exec Order 26.4b1, and returned to the facility at approximately 10:50 a.m., NJ Exec Order 26.4b1. On 11/19/24, the surveyor reviewed the medical record (MR) of Resident #2 which revealed a move-in-date of NJ Exec Orde, and a diagnosis of NJ Exec Order 26.4b1. The surveyor reviewed a Service Plan dated NJ Exec Order 26.4, which indicated a service for Resident #2 titled," Safety Check: Freq. (frequent) NJ Exec Order 26.4b1 ...'NJ Exec Order 26.4b1. Report if resident is NJ Exec Order 26.4b1. The community to NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 in a NJ Exec Order 26.4b1." The surveyor review of Resident #2's Service Plan showed no specific updates about the NJ Exec Order 26.4b1 or specific interventions to assist with NJ Exec Order 26.4b1 after the NJ Exec Order 26.4b1 On 11/19/24 at 9:35 a.m., the surveyor interviewed the facility CD who stated that she investigated the NJ Exec Order 26.4b1 and that on the evening of NJ Exec Order 26.4b1, there was an agency Licensed Practice Nurse (LPN) working, and	R 016		

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R 016	Continued From page 2	R 016		

sometime between 9:00 p.m., and 10:00 p.m., the pharmacy driver arrived with a medication delivery. The CD explained that the agency LPN utilized the [NJ Exec Orc] to [NJ Exec Order 2] the front door [NJ Exec Orde] to allow the pharmacy driver to enter; and, that the [NJ Exec Orde] must not have been reset by the LPN after the driver left. The CD further stated that was when Resident #2 [NJ Exec Order 26.4b1 redacted]

During continued surveyor interview, the CD stated that Resident #2 was a [NJ Exec Order 26.4b1]"; and, was able to [NJ Exec Order 26.4b1 redacted], which was where he/she must have [NJ Exec Order 26.4b1 redacted]. The CD stated that there was "definitely a failure on our end", and that it "should be a standard practice to make rounds." The CD stated that she had talked about rounding and checking on the residents with her staff in the past, but there wasn't anything formally signed to show the education prior to the [NJ Exec Order 26.4b1]

The CD additionally stated the [NJ Exec Orde] was repaired by the [NJ Exec Order 26.4b1], and the company additionally examined the entire [NJ Exec Order 26.4b1] of the facility's [NJ Exec Order 26.4b1 redacted]. During tour of the [NJ Exec Order 26.4b1 redacted], the CD showed the surveyor the area of the [NJ Exec Orde] that was removed by Resident #2. The surveyor observed the area of the [NJ Exec Orde] that was since repaired and now secured. Review of the MR confirmed that Resident #2 was a [NJ Exec Order 26.4b1 redacted]

On 11/19/2024 at 11:15 a.m., during surveyor interview with the facility CD, she explained that the agency being utilized at the time of the [NJ Exec Order 26.4b1] was not required to complete any

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R 016	Continued From page 3	R 016		

training or orientation to the facility regarding building security or [NJ Exec Order 26.4b1] The CD stated that they no longer utilized that agency and that there was a new agency in place to be used as needed. The CD further stated the new agency staff were required to take a test prior to working a shift in the facility. The CD stated that she was unsure whether security and [NJ Exec Order 26.4b1] was part of the testing; however, she stated that it could be added.

On 11/19/24 at 2:15 p.m., the surveyor interviewed a facility Certified Home Health Aide (CHHA #1) who stated that she was not working at the time of the [NJ Exec Order 26.4b1] however, she was aware of the [NJ Exec Order 26.4b1] and received education after the incident on [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] CHHA #1 stated that only facility staff members knew the [NJ Exec Order 26.4b1]. CHHA #1 additionally stated the facility staff accompanied anyone who [NJ Exec Order 26.4b1], and then immediately put the [NJ Exec Orde] back on, by utilizing the [NJ Exec Orde] CHHA #1 further stated that the [NJ Exec Ord] was not given to any outside staff or family members, including agency staff. During continued surveyor interview, CHHA #1 explained that the rounding routine, which included that staff made rounds together at each change of shift to check on the residents, which included the oncoming CHHA or Certified Medication Aide (CMA) and the off going CHHA or CMA together.

On 11/19/24 at 3:15 p.m., the surveyor interviewed CHHA #2 who was working the 3:00 p.m.- 11:00 p.m. shift on the evening of the [NJ Exec Order 26.4b1] who stated that she helped to get Resident #2 into [NJ Exec O] at 9:00 p.m. CHHA #2 also stated that she checked on Resident #2 again at 10:00 p.m. and he/she was still in [NJ Exec O] at that time.

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R 016	Continued From page 4 CHHA #2 further stated at approximately the same time, around 10:00 p.m., CHHA #2 heard the facility doorbell ring. The CHHA #2 explained that at that time, she was still giving care on the second floor, so she called down to the agency nurse and told him what the [redacted] was, so that he could let the pharmacy driver enter the facility. CHHA #2 stated that after all of her residents were in bed, she put clothing in the laundry and went home by 11:00 p.m. During continued surveyor interview, CHHA #2 stated she understood that she should have made rounds to check on the residents one more time before she left to go home. CHHA #2 additionally stated that she knew the [redacted] should not be given to anyone, including agency staff, and that she had never done that before. The surveyor was [redacted] interview with Resident #2 due to [redacted] Although the CD provided an in-service to the facility staff on [redacted] and [redacted] after the [redacted] there was no documentation of education in place for outside providers regarding the facility security. The CD stated to the surveyor that she did usually provide verbal in-servicing to outside providers and agency on the building's security. On 11/19/24 at 1:07 p.m. the surveyor interviewed the CD regarding a facility policy on [redacted] drills and she stated that she had not yet conducted an [redacted] Drill since she began employment in [redacted]. During continued surveyor interview, the CD stated that	R 016		

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R 016	Continued From page 5 she was the one who conducted the resident assessments and updated the service plans. Review of employee records confirmed that the CD was a Licensed Practical Nurse (LPN). The surveyor reviewed a facility document titled, "...Master Assessment", for Resident #2, that was dated [NJ Exec Order 26.4b] that was completed by the CD, LPN. There were no other assessments observed or provided for Resident #2. The surveyor additionally reviewed a MR document for Resident #2 titled "Service Plan" that was also "prepared by" the CD. The CD stated that there was a Registered Nurse (RN) who would physically come to the building for resident assessments; however, that RN was no longer employed with the company, and the management onboarded a company that provided a RN [NJ Exec Order 26.4b1] The CD further stated that the RN cannot physically assess the facility residents because she is remote. The surveyor inquired about RN delegation of the CMAs and the CD stated that there was another RN that visited just to do the CMA delegations. 1.) The surveyor reviewed a facility policy dated 3/15/24, titled, "Elopements" which revealed the following: ...5. Fox Trail Memory Care Living Communities will conduct elopement drills once every six (6) months. Elopement drills will be documented on the Elopement Drill Record form." 2.) The surveyor reviewed and additional a facility policy dated 3/15/24, titled, "Resident Assessments", that indicated the following: "... 1. The Community Director if responsible for completing resident Assessments... 3. The	R 016		

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R 016	Continued From page 6 resident Assessment is completed/updated: a. Prior to move-in. b. 30-days after move-in. c. Quarterly. d. Whenever there is significant change in resident status. On 11/20/24 at 10:04 a.m., the surveyor requested a Removal Plan from the CD for failure to implement the facility policy and procedure on [redacted] related to conducting [redacted] drills. The CD provided a Removal Plan prior to the surveyor exit from the facility on 11/20/24 at 2:08 p.m. On 1/15/25 the surveyor completed a revisit survey but was unable to verify the Removal Plan. The CD was available by phone and stated that she was unable to provide documentation of education or in-servicing related to the RP. The CD was able to provide an example of a "Workplace Quiz" to be utlized for agency personnel; however, the quiz did not contain all of the components noted within the RP including, recognition of [redacted] risks and behaviors or proper response protocols in the event of an attempted or actual [redacted]	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:	R 365		

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R 365	Continued From page 7 Complaint: # NJ00179221 Based on observation, interview and review of records, it was determined the facility failed to maintain a safe environment for 1 of 5 residents reviewed for elopement, Resident #2, for which an Imminent Danger was identified. This deficient practice was evidenced by the following: On 10/31/2024 at 10:34 a.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by health care facilities to report incidents to the NJDOH. The report included a "date of event" of NJ Exec Order 26.4b1, and a "time of event" of 11:45 p.m. The report revealed that the Power of Attorney (POA,) of a facility resident, Resident #2, notified the facility Community Director (CD) via cell phone at 11:45 p.m., that Resident #2 was 'NJ Exec Order 26.4b1', and transported to the hospital for evaluation. Resident #2 was discharged from the hospital at approximately 2:30 a.m., NJ Exec Order 26.4b1, and returned to the facility at approximately 10:50 a.m., NJ Exec Order 26.4b1. On 11/19/24, the surveyor reviewed the medical record (MR) of Resident #2 which revealed a move-in-date of NJ Exec Orde, and a diagnosis of NJ Exec Order 26.4b1. The surveyor reviewed a Service Plan dated NJ Exec Order 26.4b which indicated a service for Resident #2 titled," NJ Exec Order 26.4b1 ..."Monitor for NJ Exec Order 26.4b1 activity. Report if resident is NJ Exec Order 26.4b1 community. The community to provide assistance to manage NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 in a supportive environment." The surveyor review of Resident #2's Service Plan showed no specific updates about the	R 365		

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R 365	Continued From page 8 NJ Exec Order 26.4b1 or specific interventions to assist with NJ Exec Order 26.4b1 after the NJ Exec Order 26.4b1 On 11/19/24 at 9:35 a.m., the surveyor interviewed the facility CD who stated that she investigated the NJ Exec Order 26.4b1 and that on the evening of NJ Exec Order 26.4b1 there was an agency Licensed Practice Nurse (LPN) working, and sometime between 9:00 p.m., and 10:00 p.m., the pharmacy driver arrived with a medication delivery. The CD explained that the agency LPN utilized the NJ Exec Or to NJ Exec Order 2 the NJ Exec Order 26.4b1 to allow the pharmacy driver to enter; and, that the NJ Exec Orde must not have been reset by the LPN after the driver left. The CD further stated that was when Resident #2 must have NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 . During continued surveyor interview, the CD stated that Resident #2 was a NJ Exec Order 26.4b1"; and, was able to NJ Exec Order 26.4b1 , and removed NJ Exec Order 26.4b1, which was where he/she must have NJ Exec Order 26.4b1 The CD stated that there was "definitely a failure on our end", and that it "should be a standard practice to make rounds." The CD stated that she had talked about rounding and checking on the residents in the past with her staff, but there wasn't anything formally signed to show the education prior to the NJ Exec Order 26.4b1 The CD additionally stated the NJ Exec Orde was repaired by the NJ Exec Order 26.4b1, and the company additionally examined the entire NJ Exec Order 26.4b1 of the facility's NJ Exec Order 26.4b1 . During tour of the outside NJ Exec Order 26.4b1 , the CD showed the surveyor the NJ Exec Order 26.4b1 that was NJ Exec Order 26.4b1 by Resident #2. The surveyor observed the area of the NJ Exec Orde that was since	R 365		

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R 365	Continued From page 9 repaired and now secured. Review of the MR confirmed that Resident #2 was a NJ Exec Order 26.4b1 [redacted] On 11/19/24 at 10:26 a.m., the CD provided the requested documentation of the investigation and incident report regarding Resident #2' s NJ Exec Order 26.4b1 The surveyor reviewed the document which revealed the initial report of the incident and immediate interventions by the CD which included that she spoke with staff members on duty, was investigating, collected statements from all staff members and would in-service staff. The surveyor observed the in-service conducted, NJ Exec Order 26.4b1 that was titled, "Dementia Care-Wandering and Elopement", dated 10/29/24 which was signed by seven of the twelve facility employees. The surveyor reviewed the Incident Investigation which revealed the following .... "Was there NJ Exec Order 26.4b1 of this type of incidents? NJ Exec Was a NJ Exec Order 26.4b1 in place? NJ Exec ... Resident Follow Up and Prevention: General ... Added to Alert Charting, Documentation in the Resident Progress Notes, None Resident Follow Up and Prevention: NJ Exec Order 26.4b1 ...Notification of family." The surveyor reviewed the Medication Administration Record (MAR) which indicated the medications that were due to be administered to Resident #2 at 9:00 p.m., were signed as	R 365		

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R 365	Continued From page 10 administered at 9:00 p.m. on [NJ Exec Order 26.4b1]. On 11/19/2024 at 11:15 a.m., during surveyor interview with the facility CD, she explained that the agency being utilized at the time of the [NJ Exec Order 26.4b1] was not required to complete any training or orientation to the facility regarding building security or [NJ Exec Order 26.4b1]. The CD stated that they no longer utilized that agency and that there was a new agency in place to be used as needed. The CD further stated that the new agency staff were required to take a test prior to working a shift in the facility. The CD was unsure whether security and [NJ Exec Order 26.4b1] was part of the testing; however, she stated that it could be added. On 11/19/24 at 2:15 p.m., the surveyor interviewed a facility Certified Home Health Aide (CHHA #1) who stated that she was not working at the time of the [NJ Exec Order 26.4b1] however, she was aware of the [NJ Exec Order 26.4b1] and received education after the incident on [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] CHHA #1 stated that only facility staff members knew the [NJ Exec Order 26.4b1]. CHHA #1 additionally stated the facility staff accompanied anyone who [NJ Exec Order 26.4b1], and then immediately put the [NJ Exec Orde] back on, by utilizing the [NJ Exec Orde] CHHA #1 further stated that the [NJ Exec Ord] was not given to any outside staff or family members, including agency staff. During continued surveyor interview, CHHA #1 explained the rounding routine, which included that staff made rounds together at each change of shift to check on the residents, which included the oncoming CHHA or Certified Medication Aide (CMA), and the off going CHHA or CMA together. On 11/19/24 at 3:15 p.m., the surveyor interviewed CHHA #2 who was working the 3:00	R 365		

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R 365	Continued From page 11	R 365		

p.m.- 11:00 p.m. shift on the evening of the [NJ Exec Order 26.4b1] who stated she helped to get Resident #2 into [NJ Exec O] at 9:00 p.m. CHHA #2 also stated that she checked on Resident #2 again at 10:00 p.m. and he/she was still in [NJ Exec O] at that time.

CHHA #2 further stated at approximately the same time, around 10:00 p.m., CHHA #2 heard the facility doorbell ring. The CHHA #2 explained that at that time, she was still giving care on the second floor, so she called down to the agency nurse and told him what the [NJ Exec Order 26.4b1] was, so that he could let the pharmacy driver enter the facility. CHHA #2 stated that after all of her residents were in [NJ Exec O] she put clothing in the laundry and went home by 11:00 p.m.

During continued surveyor interview, CHHA #2 stated she understood that she should have made rounds to check on the residents one more time before she left to go home. CHHA #2 additionally stated that she knew the [NJ Exec Order 26.4b1] should not be given to anyone, including agency staff, and that she had never done that before.

The surveyor was [NJ Exec Order 26.4b1] interview with Resident #2 due to [NJ Exec Order 26.4b1].

Although the CD provided an in-service to the facility staff on [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] there was no documentation of education in place for outside providers regarding the facility security. The CD stated to the surveyor that she did usually provide verbal in-servicing to outside providers and agency on the building's security.

On 11/19/24 at 12:04 p.m., the surveyor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35017	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING MONTVILL	55 RIVER ROAD MONTVILLE, NJ 07045

(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 12 interviewed the CD who stated that she had not yet conducted an [NJ Exec Order 26.4b1] Drill since she began employment in [NJ Exec Order 26.4b1]. Although the CD provided a verbal explanation of her investigation, there was no documentation provided of a thorough investigation that included a summary, timeline or conclusion, to minimize the risk of a future [NJ Exec Order 26.4b1] The surveyor did not observe specific person-centered interventions for Resident #2 regarding [NJ Exec Order 26.4b1] measures post [NJ Exec Order 26.4b1] or documentation of the [NJ Exec Order 26.4b1] on the service plan. The surveyor reviewed a facility policy dated 3/15/24 and titled, "Elopements" which revealed the following: "...5. Fox Trail Memory Care Living Communities will conduct elopement drills once every six (6) months. Elopement drills will be documented on the Elopement Drill Record form." On 11/20/24 at 10:04 a.m., the surveyor requested a Removal Plan from the CD for failure to implement the facility policy and procedure on elopements related to conducting [NJ Exec Order 26.4b1] drills. The CD provided a Removal Plan prior to the surveyor exit from the facility on 11/20/24 at 2:08 p.m. On 1/15/25 the surveyor completed a revisit survey but was unable to verify the Removal Plan. The CD was available by phone and stated that she was unable to provide documentation of education or in-servicing related to the RP. The CD was able to provide an example of a "Workplace Quiz" to be utlized for agency	R 365		

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	D35017	A. BUILDING: _____ B. WING _____	C 01/15/2025

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R 365	Continued From page 13 personnel; however, the quiz did not contain all of the components noted within the RP including, recognition of [NJ Exec Order 26.4b1] risks and behaviors or proper response protocols in the event of an attempted or actual [NJ Ex Order 26.4(b)(1)]	R 365		
R 680	8:37-5.3(a) Personal Care-Staffing Requirements No licensee shall employ or continue to employ any person known to the licensee to have engaged in conduct violative of the rights of residents set forth at N.J.A.C. 8:37-3.1 or who the licensee has reason to believe would be likely to engage in such conduct. This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure that 4 of 5 staff members who were employed by the facility, were screened to ensure that they were safe to work with the facility residents. This deficient practice was evidenced by the following: On 11/20/24 at 9:20 a.m., the surveyor reviewed a sample of five employee files. The surveyor reviewed the employee and health file of a facility Certified Home Health Aide (CHHA), Employee #1, who had a hire date of [NJ Ex Order 26.4(b)(1)]. Review of files, showed no documented evidence that Employee #1 had a pre-employment history and physical (H&P), references, background check, two step [NJ Ex Order 26.4(]) test/ or annual [NJ Ex Order 26.4(b)(1)] screening, or a signed job description on file. The surveyor reviewed the employee and health	R 680		

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R 680	Continued From page 14 file of a facility CHHA, Employee #3, who had a hire date of [NJ Exec Order 26.4]. Review of the files showed no documented evidence that Employee #3 had a pre-employment [NJ Exec Order] references, background check, [NJ Exec Order 26.4b1] test, annual [NJ Exec] screenings, or a signed job description on file. The surveyor reviewed the employee and health file of a facility Certified Medication Aide (CMA), Employee #4, who had a hire date of [NJ Exec Order 26.4]. Review of the files showed no documented evidence that Employee #4 had a pre-employment [NJ Exec Order] [NJ Exec Order 26.4b1] test, or a signed job description on file. The surveyor reviewed the employee and health file of a facility CMA, Employee #5, who had a hire date of [NJ Exec Order 26.4] Review of the files showed no documented evidence that Employee #5 had a pre-employment [NJ Exec Order], [NJ Exec Order 26.4b1] test, or a signed job description on file. On 11/20/2024 at 9:42 a.m., the surveyor interviewed the Community Director (CD) who stated that she had provided the surveyor with all of the requested personnel and health files that were onsite. During surveyor interview with the CD, she additionally stated that the facility did not have a policy regarding screening employees prior to or during employment to ensure that they were safe to work with residents in the facility.	R 680		
R 712	8:37-5.4(a)(1) Personal Care-Training & Staffing Requirement All staff who are employed by the facility who have regular direct contact with residents and are	R 712		

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R 712	Continued From page 15 not licensed healthcare professionals shall successfully complete the home health aide course (75 hours) given by a home health agency approved by the State Board of Nursing. This STANDARD is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documented evidence that all staff who had regular direct contact with the residents received the mandatory five-day course training requirement to be given by a Registered Nurse (RN) or other healthcare professional for 4 of the 5 employees reviewed, Employee #s 1, 3, 4 and 5. This deficient practice was evidenced by the following: On 11/20/24 at 9:30 a.m., the surveyor reviewed the employee and health file of facility Certified Home Health Aide (CHHA), Employee #1, who had a hire date of [NJ Exec Order 26.4b]. Review of the files showed no documentation of the five-day course training requirement given by a RN or other health care professional that included orientation and specific dementia care training. The surveyor reviewed the employee and health file of a facility CHHA, Employee #3, who had a hire date of [NJ Exec Order 26.4]. Review of the file showed no documentation of a five-day course given by a Registered Nurse (RN), or other healthcare professional that included orientation and specific dementia care training. The surveyor reviewed the employee and health file of a facility Certified Medication Aide (CMA),	R 712		

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R 712	Continued From page 16 Employee #4 who had a hire date of [NJ Exec Order 26.4b] Review of the file showed no documentation of a five-day course given by a RN, or other healthcare professional that included orientation and specific dementia care training. The surveyor reviewed the employee and health file of a facility CMA, Employee #5 who had a hire date of [NJ Exec Order 26.4b] Review of the file showed no documentation of a five-day course given by a RN, or other healthcare professional that included orientation and specific dementia care training. On 11/20/2024 at 9:42 a.m., the surveyor interviewed the Community Director (CD), she stated that she provided the surveyor with all the requested personnel file information that she had onsite. The surveyor reviewed a 3/14/24 facility policy titled, "GP12-Staffing, Emergency Training, Cardiopulmonary Resuscitation (CPR) and First Aid Training," which revealed and included the following: (4) - N.J.A.C 8:37-5.4 All staff who are employed by the facility who have regular direct contact with residents and are not licensed healthcare professionals successfully complete the following: a. The home health Aide course (75 hours) given by a home health agency approved by the State Board of Nursing; and b. A five-day course given by a registered nurse or other healthcare professional, which shall include: i. Orientation to the facility; ii Specific training regarding Alzheimer's disease; and iii Incorporate the Centers for Medicare and Medicaid Services Hand in Hand: A Training Series for Nursing Homes Toolkit on the care of persons with dementia (information and the manner in which to	R 712		

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R 712	Continued From page 17 obtain the toolkit is available at the following website: http://surveyortraining.cms.hhs.gov/pubs/HandinHand.aspx). The course shall be divided as follows: (1) Day One: Mission; policies and procedures; rules for residents; rules for staff; scheduling of meals and activities; documentation requirements; residents' rights; confidentiality; and ethical behavior (2) ;ii. Day Two: Safety issues; preventing falls and accidents; fire training and evacuation; infection controls and universal precautions; and Occupational Safety and Health Administration, and related issues; (3) Day Three: Didactic information concerning Alzheimer's disease; audiovisuals; role plays; definition of dementia; associated behaviors of dementia (such as rummaging, wandering, impulsiveness, etc.); distinctive characteristics of individuals with dementia; and use of Senior Living University or similar tapes; (4) Days Four and Five: Structured observation at a dementia-specific adult day care program or at a dementia unit of an assisted living facility; trainees to observe a multidisciplinary team in action with clients with dementia and to given structured worksheets to complete; and trainees to participate in discussion sessions with their supervisor each day. During the first 30 days on the job, a new employee shall be paired with an employee with more than one year of work experience in a dementia care home, so that there will be role-modeling and instant feedback for problem-solving."	R 712		

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R2000	Continued From page 18	R2000		
R2000	8:37-8.3 Resident Records-Retention Records shall be retained and preserved in accordance with N.J.S.A. 26:8-5 et seq. This STANDARD is not met as evidenced by: Complaint: #NJ00154948 Based on interview and record review, it was determined that the facility failed to retain a complete medical record (MR) for a resident who was discharged from the facility for 1 of 5 residents reviewed, Resident #4. This deficient practice was evidenced by the following: The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form utilized by health care facilities to report events), dated [redacted] with a "Date of Event" of [redacted] and a "Time of Event" of 5:00 p.m. The FRE revealed that a facility resident, Resident #4, was sent out to the hospital for a change in mental status on [redacted], and returned to the facility on [redacted]. Upon return to the facility, a Certified Medication Aide (CMA) noticed that Resident #4 had a [redacted], and his/her [redacted]. Resident #3 was examined by a physician who ordered an [redacted]. Review of the FRE further indicated that the hospital discharge paperwork showed no indication that Resident #4 had a [redacted] to the [redacted] On 11/19/2024 at 9:00 a.m., the surveyor requested the closed MR of Resident #4 . At 12:20 p.m., the Community Director (CD) informed the surveyor that she was not able to	R2000		

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R2000	Continued From page 19 locate Resident #4's closed MR. The CD stated that Resident #4's MR might be located in the attic, but she had to wait until the next day to retrieve it when the maintenance staff would be onsite to assist. The CD provided the surveyor with a portion of the MR which included Resident #4's "Service Plan", "Face sheet", "Master Assessment", "Progress Notes", and the facility Incident Report regarding the incident. The CD stated that she was unable to retrieve any further MR records, beyond what she provided. The surveyor reviewed Resident #4's "Face Sheet" which revealed that Resident #4 had an admission date of [NJ Exec Order 26.4b1] and a diagnosis of NJ Exec Order 26.4b1. The MR indicated that Resident #4 was discharged from the facility on [NJ Exec Order 26.4b1] The surveyor reviewed the facility Incident Report which revealed that Resident #4 returned from the hospital with a NJ Exec Order 26.4b1 [redacted], and that there was "no report from the hospital if resident NJ Exec Order 26.4b1 CD was unable to provide the surveyor with the hospital discharge records for Resident #4. On 11/19/2024 at 2:15 p.m., the surveyor interviewed Certified Home Health Aide (CHHA #1) who stated that although she recalled who Resident #4 was, she had no recollection of anything happening with Resident #4, nor did she recall being on duty when the resident returned from the hospital. At 3:15 p.m., the surveyor interviewed CHHA #2 who stated that she was not familiar with any incident that occurred with Resident #4 on [NJ Exec Order 26.4b1]	R2000		

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R2000	Continued From page 20 On 11/20/24 at 9:20 a.m., the CD stated that she was unable to locate the closed MR for Resident #4. The surveyor was unable to review the complete MR for Resident #4. The surveyor reviewed a facility policy titled, "Documentation Retention", dated 3/15/24 which revealed the following: "... (1) - N.J.A.C 8:37-8.3 Records shall be retained and preserved in accordance with N.J.S.A. 25:8-5 et seq." The surveyor made three requests to the hospital for Resident #3's MR of the hospital stay, but the records were not provided.	R2000		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35017 Y1	A. Building B. Wing Y2	4/17/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING MONTVILLE	55 RIVER ROAD MONTVILLE, NJ 07045

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 R0680	Correction
Reg. # 8:37-1.1(b)	Completed	Reg. # 8:37-3.1(a)(12)	Completed	Reg. # 8:37-5.3(a)	Completed
LSC	01/16/2025	LSC	02/20/2025	LSC	11/20/2024
ID Prefix R0712	Correction	ID Prefix R2000	Correction	ID Prefix	Correction
Reg. # 8:37-5.4(a)(1)	Completed	Reg. # 8:37-8.3	Completed	Reg. #	Completed
LSC	11/20/2024	LSC	11/20/2024	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?
1/15/2025	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35017 Y1	A. Building B. Wing Y2	4/17/2025 Y3

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ID Prefix R0016	Correction	ID Prefix R0365	Correction	ID Prefix R0680	Correction
Reg. # 8:37-1.1(b)	Completed	Reg. # 8:37-3.1(a)(12)	Completed	Reg. # 8:37-5.3(a)	Completed
LSC	01/16/2025	LSC	02/20/2025	LSC	11/20/2024
ID Prefix R0712	Correction	ID Prefix R2000	Correction	ID Prefix	Correction
Reg. # 8:37-5.4(a)(1)	Completed	Reg. # 8:37-8.3	Completed	Reg. #	Completed
LSC	11/20/2024	LSC	11/20/2024	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?
1/15/2025	☐ YES ☐ NO