

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/10/2024
NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING GREEN BF		STREET ADDRESS, CITY, STATE, ZIP CODE 205 ROCK AVENUE GREEN BROOK, NJ 08812		
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R 000	Initial Comments Complaint #: NJ00159317, NJ00169379, NJ00178670 Census: 11 Sample: 6 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 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: Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to provide a safe and hazard free living environment for 11 of 11 residents, for which an NJ Ex Order 26.4(b)(1) was identified. This deficient practice was evidenced by the following: On 10/10/2024 at approximately 9:28 a.m., during the survey entrance, a request was made to the facility Administrator and Regional Maintenance Director (RMD) to copy of the facility lay-out which identifies the various Resident rooms and common areas. The surveyor also requested if the facility has an emergency generator or has battery back up systems for the emergency light, illuminated exit	R 365		

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

TITLE

(X6) DATE

11/08/24

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R 365	<p>Continued From page 1</p> <p>signs and fire alarm panel. The RMD told the surveyor the facility has a small generator and battery back up systems.</p> <p>Starting at approximately 10:00 a.m., in the presence of the facility's RMD a tour of the facility was conducted. Along the tour the surveyor observed the following Resident safety hazards:</p> <p>1) At approximately 10:16 a.m., one battery back up illuminated exit sign in the corridor between Resident rooms #3 and #4 when tested did not function properly. Fire safety hazard.</p> <p>2) At approximately 10:20 a.m., one battery back up illuminated exit sign above the side exit discharge door when tested did not function properly. Fire safety hazard.</p> <p>3) At approximately 10:30 a.m., during a test of the elevators emergency communications telephone, the telephone did not function. This test was repeated two additional times with the same results. Safety hazard.</p> <p>4) At approximately 10:45 a.m., one battery back up emergency light across from Resident room #14 when tested did not function properly. Fire safety hazard.</p> <p>The RMD confirmed the findings at the times of observations.</p> <p>The Administrator and RMD were informed of the deficient practice during the survey exit on 10/10/2024 at approximately 1:40 p.m. Resident Safety Hazard.</p> <p>1.) On 10/7/24 at 10:29 a.m., during tour of the</p>	R 365			

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R 365	<p>Continued From page 2</p> <p>facility kitchenette located on the first floor, the surveyor observed that the kitchenette had two open areas of access, with no barrier in place to prevent a resident from accessing the area. The surveyor observed the following appliances that were located within the kitchenette:</p> <ul style="list-style-type: none"> - An electric coffee pot that was not plugged in, cool to touch, not in use. - Two toaster ovens - A microwave - A gas stove top - Dishwasher that was on and running. <p>Additionally, the surveyor observed two cabinet doors beneath a sink, that were unlocked within the kitchenette. The surveyor opened the cabinet doors and observed multiple bottles of cleaning chemicals that included the following:</p> <ul style="list-style-type: none"> - [REDACTED] Concentrated Pot and Pan Detergent /1 gallon size - [REDACTED] Interior Primer: Blocks heavy stains and odors: Cautionary warning: Flammable liquid. - [REDACTED] Fungicide Red Dilution: 15 oz per gallon of water concentrate with Cautionary warning: Keep out of reach of children. - [REDACTED] Disinfectant, Virucide, and Sanitizer with Cautionary warning: Keep out of reach of children DANGER. - Clear spray bottle with a clear liquid with no product label observed. The surveyor interviewed a facility Certified Medication Aide (CMA), who stated that the spray bottle contained soap and water to clean the counter tops as needed. - Rinse aide and cleaning product connected to dishwasher by tubing. <p>The surveyor interviewed the facility's Community Director (CD) and asked what measures were put</p>	R 365			

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R 365	<p>Continued From page 3</p> <p>in place to prevent the residents from entering the kitchen area. The CD stated that the residents were never downstairs alone and that there was always a staff member present. The CD acknowledged that there was not barrier and then stated that he would have one installed to prevent the residents from going into the kitchen.</p> <p>At 11:02 a.m., the surveyor interviewed a Certified Home Health Aide (CHHA) who stated that there was always a staff member present in the living/dining room area located directly across from the kitchenette; therefore, there was an eye view of the kitchenette to redirect residents from entering the kitchen.</p> <p>The CHHA also stated that there was a gate in place on both open areas of the kitchenette to prevent the residents from entering the kitchen, until approximately one and a half months ago, when the gates were removed during the kitchen renovations. The CHHA confirmed that there have been no barriers in place since then.</p> <p>On 10/10/24, the surveyor reviewed a facility policy titled, "Personal Rights", dated 3/15/2024 that revealed the following: ...</p> <p>"5. Residents have the following rights: ... I. A safe and decent living environment ..."</p> <p>On 10/9/24 at 1:44 p.m., the surveyor presented the facility CD with an Imminent Danger which included information regarding the need for immediate action to ensure the safety and wellbeing of the facility residents.</p> <p>On 10/10/24, the CD provided an acceptable Removal Plan that which was verified by the surveyor.</p>	R 365			

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R 416	<p>8:37-4.1(a)(1) Admission & Retention-Health Care Monitoring</p> <p>Each resident shall be reassessed and recertified by a physician on a quarterly basis in compliance with N.J.S.A. 26:2H-152.n(6).</p> <p>This STANDARD is not met as evidenced by: Based on interview, and record review, it was determined that the facility failed to ensure that residents were recertified by a physician quarterly, certifying that the residents were appropriate for Dementia Care Home for 5 of 7 residents, Residents #2, #3, #4, #5 and Resident #6 reviewed. This deficient practice was evidenced by the following:</p> <p>On 10/9/24, the surveyor reviewed Resident #2's medical record (MR), which revealed an admission date of [REDACTED], and diagnosis that included, <i>NJ Ex Order 26. 4B1</i>.</p> <p>The surveyor observed a facility document titled, "HEALTH CARE PROVIDER MOVE IN ORDER", dated [REDACTED], that included certification by the Health Care Provider (HCP) which indicated, <i>NJ Ex Order 26. 4B1</i>. " There were no additional quarterly certifications observed by the surveyor in the MR for Resident #2.</p> <p>On 10/10/24, the surveyor reviewed Resident #3's MR, which revealed an admission date of [REDACTED], and diagnosis which included, <i>NJ Ex Order 26. 4B1</i>.</p> <p>The surveyor observed a facility document titled,</p>	R 416		

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R 416	<p>Continued From page 5</p> <p>"HEALTH CARE PROVIDER MOVE IN ORDER", dated [REDACTED], that included certification by the Physician which indicated, "NJ Ex Order 26. 4B1 [REDACTED]" The surveyor continued review of the resident's medical record revealed no documented evidence by a physician certifying that Resident #3 was appropriate to reside in the facility.</p> <p>On 10/10/24, the surveyor reviewed Resident #4's closed MR, which revealed an admission date of [REDACTED], and diagnosis which included, [REDACTED].</p> <p>The surveyor observed a facility document titled, "HEALTH CARE PROVIDER MOVE IN ORDER", dated [REDACTED], that included certification by the Physician that indicated, "NJ Ex Order 26. 4B1 [REDACTED]." There were no additional certifications observed by the surveyor in the MR for Resident #4.</p> <p>The surveyor reviewed Resident #5's closed MR, which revealed an admission date of [REDACTED], and diagnosis of [REDACTED].</p> <p>The surveyor observed a facility document titled, "HEALTH CARE PROVIDER MOVE IN ORDER", dated [REDACTED], that included certification by the Physician which indicated, "NJ Ex Order 26. 4B1 [REDACTED]" There were no additional certifications observed by the surveyor in the MR for Resident #5.</p> <p>On 10/10/24 at 12:20 p.m., the surveyor reviewed Resident #6's MR which revealed an admission date of [REDACTED] and diagnosis which included</p>	R 416		

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R 416	Continued From page 6 NJ Ex Order 26. 4B1 . The surveyor observed a facility document titled, "HEALTH CARE PROVIDER MOVE IN ORDER", dated NJ Ex Order 26. 4B1 , that included certification by the Physician which revealed, " NJ Ex Order 26. 4B1 _____ ." There were no additional certifications observed by the surveyor in the MR for Resident #6. On 10/10/24 at 1:00 p.m., the surveyor interviewed the Community Director who stated that if the physician re-certifications were completed, that they would be in the resident paper charts. The CD further stated that the resident's initial certifications were in the MR, however not the re-certifications.	R 416		
R 720	8:37-5.4(a)(2)(i-ii) Personal Care-Training & Staffing Requirement All staff who are employed by the facility who have regular direct contact with residents and are not licensed healthcare professionals shall successfully complete the following: 2.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 This STANDARD is not met as evidenced by: Based on interview and record review it was	R 720		

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R 720	<p>Continued From page 7</p> <p>determined that the facility failed to ensure that staff who were employed by the facility completed the five-day course and orientation by a Registered Nurse (RN) for 6 of 6 employees reviewed as evidenced by the following:</p> <p>On 10/9/24 at 12:15 p.m., the surveyor reviewed the employee files of Employee #1 who was employed on <small>NJ Ex Order 26, 48</small>, Employee #2 who was employed on <small>NJ Ex Order 26, 48</small>, Employee #3 who was employed on <small>NJ Ex Order 26, 48</small>, Employee #4 who was employed on <small>NJ Ex Order 26, 48</small>, Employee #5 who was employed on <small>NJ Ex Order 26, 48</small> and Employee #6 who was employed on <small>NJ Ex Order 26, 48</small>.</p> <p>The surveyor observed that the above 6 employees did not have documented evidence in their files to indicate that they completed the five-day course and orientation to the facility as required by the regulation.</p> <p>On 10/10/24 at 11:45 a.m., the surveyor interviewed the Community Director (CD) regarding the above employees training. The CD stated that he would reach out to Human Resources. The CD was not able to provide the surveyor the above 6 employees training document.</p>	R 720		
R1000	<p>8:37-6.2(a)(1) Pharmacy-Administration of Medication</p> <p>Facilities employing certified medication aides to administer medications to residents shall comply with the requirements at N.J.A.C. 8:36-11.5.</p>	R1000		

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R1000	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Complaint # NJ 00178670</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure that a Registered Nurse (RN) provided consistent delegation to the facility Certified Medication Aides (CMA), in accordance with the requirements of N.J.A.C. 8:36-11.5. Additionally, the facility failed to ensure that medications were accurately administered and documented in accordance with prescriber orders for 1 of 7 residents, Resident #6, in accordance with the requirements of N.J.A.C. 8:36-11.5.</p> <p>On 10/09/24 at 9:45 a.m., during a narcotic count with a CMA, the surveyor reviewed the [REDACTED] Count Sheet" and observed that there were no signatures for the following dates: [REDACTED] NJ Ex Order 26. 4B1 [REDACTED].</p> <p>Further review of the [REDACTED] NJ Ex Order 26.4(b) count sheet identified that there were 52 missing in-coming and out-going signature blanks from [REDACTED] NJ Ex Order 26. [REDACTED] on the first and second shift.</p> <p>Additionally, the surveyor reviewed the [REDACTED] NJ Ex Order 26.4(b)(1) Record" for [REDACTED] NJ Ex Order 26. 4B1 [REDACTED] tablet for Resident # 6. Continued review of the record showed that [REDACTED] NJ Ex Order 26. 4B1 [REDACTED] tablets were missing and not signed out as administered.</p> <p>At 1:29 p.m. the surveyor interviewed the CMA and inquired about the procedure for [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] counts. The CMA informed the surveyor that the in-coming staff performed</p>	R1000		

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R1000	<p>Continued From page 9</p> <p>NJ Ex Order 26.4(b) counts with the out-going staff and both staff signed the shift-to-shift maintenance record to indicate the count of the NJ Ex Order 26.4(b)(1) was correct. In addition, the CMA stated that the CMA's do not work 3rd shift which was the reason there were no in-coming and out-going signature for the 3rd shift. The CMA confirmed that she first noticed the NJ Ex Order 26.4B1 tablets missing on NJ Ex Order 26.4B and that she notified the Community Director (CD).</p> <p>At 1:43 p.m., the surveyor interviewed the CD who also explained that the NJ Ex Order 26.4(b)(1) count was performed at the beginning and end of every shift and documented by the in-coming and out-going staff member. In addition, the CD stated that he was notified of the missing NJ Ex Order 26.4(b) by the covering CD when he returned from vacation. The CD stated that once he was made aware of the missing NJ Ex Order 26.4(b) he submitted a Facility Reportable Event to the Department of Health.</p> <p>The surveyor reviewed the facility policy and procedure titled, "MEDICATION ORDERS: CONTROLLED SUBSTANCE" which indicated, "... J. When controlled substances are stored centrally in the DCU [Dementia Care Unit], the inventory will be verified at the [end of each shift] ..."</p> <p>The facility failed to ensure that staff were consistently documenting their signatures to confirm that shift-to-shift NJ Ex Order 26.4(b)(1) counts were performed and NJ Ex Order 26.4(b)(1) inventory was accurate in order to maintain accountability of the NJ Ex Order 26.4(b)(1).</p> <p>On 10/10/24 at 9:00 a.m., during the medication observation with a Certified Home Medication</p>	R1000		

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R1000	<p>Continued From page 10</p> <p>Aide (CMA) #1, the surveyor inquired about the process for delegation by a Registered Nurse (RN). The CMA stated that she did not see a RN regularly, but that there was a RN who visited the facility sometimes. During continued interview, the surveyor asked if the RN observed CMA pass medications and if medication administration was delegated by the RN, and the CMA stated, "not really."</p> <p>Further, the CMA stated that the RN had not observed her pass medications and she was not sure about the delegation process. The surveyor viewed the Electronic Medication Record (EMR) during the medication observation and asked the CMA if there was a delegation task located within the EMAR. The CMA stated that there was no RN delegation on the EMAR. The surveyor reviewed the EMAR and observed no RN delegation during the medication observation.</p> <p>At 10:00 a.m., the surveyor interviewed the facility Community Director (CD) regarding CMA delegation by the RN, and he stated that there was a binder and provided the surveyor with the binder that contained "RN Delegation Forms."</p> <p>The surveyor reviewed the RN delegation forms which revealed the following information:</p> <ol style="list-style-type: none"> 1. The surveyor observed a document for Resident #2, titled, "New Jersey Nurse (RN) Delegation", for CMA #2, dated 5/15/24, with a last review date of 6/15/24. The form was signed by a RN however, there were no further entries or reviews observed. 2. The surveyor observed a document for Resident #3, titled, "New Jersey Nurse (RN) Delegation", for CMA #2, dated 5/15/24, with a 	R1000		

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R1000	<p>Continued From page 11</p> <p>last review date of 6/15/24. The form was signed by a RN however, there were no further entries or reviews observed.</p> <p>3. The surveyor observed a document for Resident #5, titled, "New Jersey Nurse (RN) Delegation", for CMA #2, dated 5/15/24, with a last review date of 6/15/24. The form was signed by a RN however, there were no further entries or reviews observed.</p> <p>4. The surveyor observed a document for Resident #6, titled, "New Jersey Nurse (RN) Delegation", for CMA #2, dated 5/15/24, with a last review date of 6/15/24. The form was signed by a RN however, there were no further entries or reviews observed.</p> <p>5. The surveyor observed a document for an unsampled Resident, titled, "New Jersey Nurse (RN) Delegation", for CMA #2, dated 5/15/24, with a last review date of 6/15/24. The form was signed by a RN however, there were no further entries or reviews observed.</p> <p>6. The surveyor observed a document for an unsampled Resident, titled, "New Jersey Nurse (RN) Delegation", for CMA #2, dated 5/15/24, with a last review date of 6/15/24. The form was signed by a RN however, there were no further entries or reviews observed.</p> <p>7. The surveyor observed a document for an unsampled Resident, titled, "New Jersey Nurse (RN) Delegation", for CMA #2, dated 5/15/24, with a last review date of 6/15/24. The form was signed by a RN however, there were no further entries or reviews observed.</p> <p>8. The surveyor observed a document for an</p>	R1000			

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R1000	<p>Continued From page 12</p> <p>unsampled Resident, titled, "New Jersey Nurse (RN) Delegation", for CMA #2, dated 5/15/24, with a last review date of 6/15/24. The form was signed by a RN however, there were no further entries or reviews observed.</p> <p>The surveyor observed no indication that a document titled, "New Jersey (RN) Delegation was completed for Resident #1, or two additional unsampled residents listed on the current facility census that was provided by the CD.</p> <p>The surveyor reviewed the facility staff list provided and observed five CMA's listed; however, the surveyor observed CMA, RN delegation documents, for CHHA #2 only. There were no CMA, RN delegation documents observed for CMA #1 who was observed for medication pass, or the other three CMA's observed on the facility employee list.</p> <p>At 1:00 p.m., during a follow up interview with the CD, he stated that as far as he knew, all of the CMA, RN delegations were located in the binder provided.</p> <p>The surveyor reviewed a facility policy titled "Nurse Delegation", dated 3/15/24, which included State Regulation references: (1)-N.J.A.C 13:37-6.2, that revealed the following: ...</p> <p>" a. Nurse delegation procedures must follow all state regulations....</p> <p>f. At least weekly, a registered professional nurse shall review and sign off on any modifications or additions to the MAR that were made by the certified medication aide under the registered professional nurse's delegation."</p>	R1000			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/10/2024
NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING GREEN BF			STREET ADDRESS, CITY, STATE, ZIP CODE 205 ROCK AVENUE GREEN BROOK, NJ 08812		
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R1296	Continued From page 13	R1296			
R1296	<p>8:37-7.4(d) Physical Plant-Ligthing & Electrical Service</p> <p>An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement to the facility that the electrical circuits and wiring in the facility are satisfactory and in safe condition.</p> <p>This STANDARD is not met as evidenced by: Based on observation and review of facility provided documentation on 10/10/2024, it was determined that the facility failed to provide electrical inspection. This deficient practice was evidenced by the following:</p> <p>On 10/10/2024 at approximately 9:28 a.m., during the survey entrance, a request was made to the facility Administrator and Regional Maintenance Director (RMD) to provide the following mandatory inspections from 01/01/2023 through 10/09/2024 which include the following:</p> <p>Uniform Fire Code Inspections, Fire Alarm and Detection System Inspections, Fire Sprinkler System Inspections, Annual Electrical Inspections and all Emergency Drills (Fire and Disaster drills) for review.</p> <p>At approximately 11:10 a.m., a review of the mandatory inspections was conducted. The surveyor observed no evidence of an annual Electrical Inspection for 2023 or 2024.</p> <p>A request was made to the facility RMD to provide any annual Electrical Inspections that had been</p>	R1296			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING GREEN BF			STREET ADDRESS, CITY, STATE, ZIP CODE 205 ROCK AVENUE GREEN BROOK, NJ 08812		
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R1296	Continued From page 14 performed. The RMD could not provide any electrical inspections. The Administrator and RMD were informed of the above concern during the survey exit on 10/10/2024 at approximately 1:40 p.m. Residents Safety Hazard.	R1296			
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 #: NJ 00159317 Based on interview and pertinent facility document review, it was determined that the facility failed to retain medical record for resident that was discharged from the facility for 1 of 7 residents reviewed, Resident #7. This deficient practice was evidenced by the following: On 10/9/24 at 9:30 a.m., the surveyor requested the closed medical record (MR) of Resident #7 for review. Resident #7's record was not provided to the surveyor by the end of the first day of the survey. Upon entering the facility on the second day of the survey, 10/10/24, the surveyor asked the Community Director (CD) for the medical record of Resident #7 a second time. At 9:50 a.m., the CD informed the surveyor that he was unable to locate Resident #7's closed	R2000			

New Jersey Department of Health

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R2000	Continued From page 15 medical record. The CD explained that he looked in the attic and could not find Resident #7's record. The CD also stated that he made corporate aware of Resident #7's missing record. At 1:30 p.m., the surveyor informed the CD that the surveyor was unable to complete the investigation, as the facility was unable to provide the closed medical record. The surveyor reviewed the facility policy and procedure titled, "Thinning of Charts and Preserving Records", which revealed, "Policy: The resident record is retained in a manner that maintains accessibility, confidentiality, and safety of the record. ... Procedure: ... 2. Preservation of Records ... b. Upon discharge or death of a resident, the entire record is closed and retained per policy and state requirements ..."	R2000			
R2008	8:37-9.1(a) Dietary-Diet and Menu Every resident shall be provided with an appetizing, nutritionally adequate diet that is of good quality food, served at the proper temperature, correctly prepared, attractively and properly served in sufficient quantity, and in a form and texture that will meet his or her nutritional needs, taking into account his or her food preferences. This STANDARD is not met as evidenced by: Based on interview and record review, it was determined that the facility staff failed to monitor and record food temperatures to ensure meals were served at the proper temperatures, placing 11 of 11 residents at risk. This deficient practice	R2008			

New Jersey Department of Health

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R2008	<p>Continued From page 16</p> <p>was evidenced by the following:</p> <p>On 10/10/24 at 11:50 a.m., the surveyor observed a copy of a document titled, "FoodSafety.gov Safe Minimum Internal Temperature Chart for Cooking", hanging on the wall, to the left of the stove in the kitchen. The reference chart included references for different food categories, food types within the categories, and proper internal temperatures for the specific food types.</p> <p>At 11:50 a.m., the surveyor observed a facility Certified Home Health Aide (CHHA), preparing lunch for the facility residents. The surveyor interviewed the CHHA, and inquired about the process of checking food temperatures and where the food temperatures were recorded. The CHHA showed the surveyor a thermometer and explained that was the thermometer the staff utilized to check the food temperatures. The CHHA then provided the surveyor with a binder that contained food temperature log templates.</p> <p>The surveyor reviewed the food temperature binder and observed that all temperature logs were blank. The surveyor observed specific temperature logs titled, "Thursday, June 20, 2024", and "Saturday, June 22, 2024."</p> <p>The temperature logs did not have food temperatures recorded for the following dates, meals and food items:</p> <p>On 6/20/24, breakfast items included: Brown Sugar French Toast, Egg of Choice, and Yogurt. The surveyor observed that there were no temperatures for the items listed above.</p> <p>On 6/20/24, lunch items included: Bacon and Cheese Chopped Steak, Mushroom Rice, and</p>	R2008		

New Jersey Department of Health

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R2008	<p>Continued From page 17</p> <p>Peas and Carrots. The surveyor observed that there were no temperatures for the items listed above.</p> <p>On 6/20/24, dinner items included: Honey Mustard Deli Sandwich, Orange Cottage Salad, and Pickled Beets. The surveyor observed that there were no temperatures for the items listed above.</p> <p>On 6/22/24, breakfast items included: Deluxe Waffle and Bacon. The surveyor observed that there were no temperatures for the items listed above.</p> <p>On 6/22/24, lunch items included: Herb Roasted Turkey, Homestyle Stuffing, and Roasted Brussels Sprouts. The surveyor observed that there were no temperatures for the items listed above.</p> <p>On 6/22/24, dinner items included: Breadcrumb Chicken Tenders, Normandy Blend, and Baked Macaroni and Cheese. The surveyor observed that there were no temperatures for the items listed above.</p> <p>During surveyor interview with the Community Director (CD), the surveyor requested the dietary policy, however, the CD was not able to provide the policy..</p>	R2008			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35013	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/12/2024
NAME OF FACILITY FOX TRAIL MEMORY CARE LIVING GREEN BROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 205 ROCK AVENUE GREEN BROOK, NJ 08812	

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 R0365	Correction	ID Prefix R0416	Correction	ID Prefix R0720	Correction
Reg. # 8:37-3.1(a)(12)	Completed	Reg. # 8:37-4.1(a)(1)	Completed	Reg. # 8:37-5.4(a)(2)(i-ii)	Completed
LSC	11/08/2024	LSC	11/08/2024	LSC	11/08/2024
ID Prefix R1000	Correction	ID Prefix R1296	Correction	ID Prefix R2000	Correction
Reg. # 8:37-6.2(a)(1)	Completed	Reg. # 8:37-7.4(d)	Completed	Reg. # 8:37-8.3	Completed
LSC	11/08/2024	LSC	11/08/2024	LSC	11/08/2024
ID Prefix R2008	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:37-9.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/08/2024	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 10/10/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			