New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		35a000	00 B. WING		C <b>05/22/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	•
FOX TRAI	L SENIOR LIVING AT DE	PTFORD	SEA DRIVE RD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
A 000	Initial Comments		A 000		
	Initial Comments: TYPE OF SURVEY: COMPLAINT#: NJ00	Complaint 169104; NJ00167541;			
	NJ00173456				
	CENSUS: 43				
SAMPLE SIZE: 3  The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.  A 310  8:36-3.4(a)(1) Administration  (a) The administrator or designee shall be responsible for, but not limited to, the following:		A 310			
	1. Ensuring the dimplementation, and diand procedures,	levelopment, enforcement of all policies including resident rights;			

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

TITLE

(X6) DATE

07/18/24

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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A 310	Continued From page	e I	ASIO			
	· ·	is not met as evidenced				
	by: COMPLAINT #: NJ00	2472456				
	COMPLAINT #. NJUC	7173450				
	Rased on observation	n, interview, record review,				
		nt facility documents, it was				
		Executive Director (ED) failed				
		entation and enforcement of				
	the facility's policies a					
		Person," "Internal Incident				
	Reports and State Re	eports," and "Visitor Policy,"				
	for 3 of 3 residents re	eviewed, Resident #'s 1, 2,				
	· ·	nminent Danger (ID) was				
		s reported to the Licensed				
	_	nistrator on 5/3/2024 at				
		ded information about the				
	above issues. This de					
	evidenced by the follo	owing:				
	1 On 5/1/2024 at 12:	58 p.m., The New Jersey				
		n (NJDOH) received a				
	Facility Reportable E	•				
		ealthcare facilities to report				
	,	OH. The report revealed that				
	on NJ ex order 26.4b1 at appre	oximately 5:15 p.m.,				
	Resident #2 NJ ex 0					
		The FRE also revealed				
	that Resident #2 NJ	ex order 26.4b1				
	0 5/0/0024 12 ==					
		a.m., the surveyor entered				
	_	uct a survey. The facility's				
	`	IHA#1) allowed the surveyor				
	1	d not instruct the surveyor to				
	sign Building Two's V	isitoi Log.	1			

PRINTED: 12/16/2024 FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ С B. WING 35a000 05/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1674 DELSEA DRIVE FOX TRAIL SENIOR LIVING AT DEPTFORD DEPTFORD, NJ 08096 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 310 A 310 Continued From page 2 On 5/3/2024 at 10:18 a.m., the surveyor interviewed the facility's Certified Medication Assistance (CMA) who stated that facility visitors don't always sign in and out as instructed. At 10:30 a.m., the surveyor reviewed the facility's Building One Visitor Log, the Visitor Log which instructed visitors to list the date of visit, their name, reason for visit, their arrival, their exit time, and their signature. Further review of Building One's Visitor Log revealed that the At 10:59 a.m., while touring the facility, the surveyor NJ ex order 26.4b1 At 11:00 a.m., the surveyor reviewed the above-mentioned log and observed that the that time the surveyor interviewed the facility's CMA who stated that the At 10:52 a.m., the surveyor interviewed the facility's HHA #2 who stated that the facility's

visitors don't always sign in and out on the log as

At 12:56 p.m., during surveyor interview with the

At 12:26 p.m., the surveyor interviewed the facility's Health and Wellness Director (HWD) who stated that all visitors do not sign in and out of the facility but that all visitors should sign in

requested.

and out.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
35a000		35a000	B. WING		C <b>05/22/2024</b>
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A 310	facility's Executive Dir that the facility's policy visitors to sign in and also stated that all visof the facility.  Surveyor review of the titled, "Visitor Policy", 2021, revealed, "Povisitors of residents of front and sign out whe Complaint #: NJ0016.  2. On 5/3/24 at 10:28 interviewed a HHA who care part of the facility which residents were HHA stated that there for elopement.  At 10:31 a.m. and 10: interviewed a CMA to were elopement risk of elopement who were the CMA stated that there for elopement risk of elopement who were the CMA stated that there for elopement risk of	rector (ED), the ED stated y and procedure instructs all out of the facility. The ED itors do not sign in and out  e Policy and Procedure with a revised date of April olicy It is requested that remployees sign in at the en they leave"  7541  a.m., the surveyor no worked in the memory in to inquire at risk for elopement. The were no residents at risk  41 a.m., the surveyor inquire which residents, and if the facility had a list dents posted anywhere for A stated that there was no residents posted anywhere. ated that Resident #1 and order 26.4b1 , and order 26.4b1 , and order 26.4b1 The PN tund 2pm, [Resident #3]	A 310		

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investigation, NJ ex order 26.4b1  and NJ ex order 26.4b1  The FRE indicated at approximately 2:00 p.m., Resident #3 NJ ex order 26.4b1  The surveyor reviewed the FRE completed and reported by the ED and a PN written by a former DHW, both dated """"  DHW NJ ex order 26.4b1 [Resident #3's Responsible Party] NJ ex order 26.4b1  INJ ex order 26.4b1  The surveyor also reviewed the PN written by a former DHW dated """"  The surveyor also reviewed the PN written by a former DHW dated """", which revealed a late entry note for an """ inhich revealed a late entry note for an """ inhich revealed and that occurred on """ inhich revealed an inhich revealed a late entry note for an """ inhich revealed an inhich revealed and that occurred on """ inhich revealed and the entry note for an """ inhich revealed and that occurred on """ inhich revealed that occurred on """ inhich revealed and that occurred on """ inhich revealed that occurred on """ inhich revealed and that occurred on """ inhich revealed and that occurred on """ inhich revealed that occurred on """ inhich re							
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and NJ ex order 26.4b1  and NJ ex order 26.4b1  "FRE revealed the same information.  The surveyor also reviewed the PN written by a former DHW dated which revealed a late entry note for an NJ ex order 26.4b1 that occurred on		Responsible Party]	NJ EX OTUET 20.401				
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." FRE revealed the same information.  The surveyor also reviewed the PN written by a former DHW dated Nuccession which revealed a late entry note for an Nuccession that occurred on			NJ ex order 26.4b1				
." FRE revealed the same information.  The surveyor also reviewed the PN written by a former DHW dated Nuccession which revealed a late entry note for an Nuccession that occurred on							
The surveyor also reviewed the PN written by a former DHW dated Vexorder 28, which revealed a late entry note for an Vexorder 28,450 that occurred on							
former DHW dated Nuccorder 28, which revealed a late entry note for an Nuccorder 26,451 that occurred on		." FRE rev	vealed the same information.				
former DHW dated Number of the control of the contr		Th	denoted the DNI or 200				
entry note for an Nulex order 26.461 that occurred on							
entry note for an							
THE LINGUITY CHARLES IN CONTROL TO THE STATE OF THE STATE		entry note for an	that occurred on				

New Jersey Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

35a000

posted anywhere for staff to refer to.

(X2) MULTIPLE CONSTRUCTION A. BUILDING: \_\_\_

B. WING \_

(X3) DATE SURVEY COMPLETED

С

05/22/2024

NAME OF P	ROVIDER OR SUPPLIER	STREET ADDRESS	, CITY, STAT	TE, ZIP CODE	
FOX TRAI	L SENIOR LIVING AT DEPTFORD	1674 DELSEA D	RIVE		
TOX TICA	E GENION EIVING AI BEI II GNB	DEPTFORD, NJ	08096		T
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION  OF THE PROPERTY OF THE PR		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 310	Continued From page 5	A	310		
	There was no Reportable Event Report prov to the surveyor for this elopement to review.  At 11:37 a.m. and 11:48 a.m., the surveyor interviewed the DHW and ED to inquire about Resident #3's NJ ex order 26.4b1 from the facility or NJ ex order 26.4b1, NJ ex order 26.4b1 and ED both stated that they were not employ at the facility when the aforementioned NJ EX Order 26.4b1 occurred.  3. The surveyor reviewed the FRE complete reported by the ED dated written by the DHW dated written by the DHW dated "Late Entry for NJ ex order 26.4b1, NJ ex order 26.4b1, at approximately 2:45 p [Resident #1] NJ ex order 26.4b1  After investigation, it was found that the resid NJ ex order 26.4b1	ided  ut n N pyed d and n om- icent ' The ED to the ttaff oked			
	At 1:12 p.m., the DHW confirmed that there is no binder or list of elopement risk residents	was			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		'	CONSTRUCTION	(X3) DATE S		
			A. BUILDING: _		С	
	35a000 B. WING		1	, 2/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	-	
EOY TRAI	L SENIOR LIVING AT DE	EPTEOPD 1674 DELS	SEA DRIVE			
FOX INAI	L SENIOR LIVING AT DE	DEPTFOR	D, NJ 08096			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A 310	Continued From page	e 6	A 310			
	"Elopement- Missing of 5/2020, revealed " live at ease, in a safe The community is reseffective systems are risk of resident elope binders are establish color photo b. Reside Copy of executed Ad MOLST, DNR docum Required Documents regulatory required reelopement and missin The policy also indica missing, the Executive the resident's family/s "Exterior Search", an located.  The surveyor also retitled, "Internal Incide Reports," which revenincidents will be reportegulatory requirement to be completed for a injury, and incidents maintained in a binder office and labeled Stalncidents are reporter family/responsible pathe Department immed (609) 633-9034 or (60) hours, followed within confirmation, of the feelopements"	aled, "Injury and unusual rted in compliance with state ints The Internal Report is all unusual occurrences, State Incident Reports are er in the Executive Director's ate Incident Reports d to the resident's arty The facility shall notify ediately by telephone at 109) 392-2020 after business in 72 hours by written ollowing Any				
		a)(22) A-0401; 8:36-5.10(a) 5(a)(2) A-0609; 8:36-15.2				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILDING:	COMPLETED	
		7 20125to	С	
	35a000	B. WING		05/22/2024
ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
L SENIOR LIVING AT DE	PTFORD			
SUMMARY STA		<u> </u>	PROVIDER'S PLAN OF CORRECTION	N (X5)
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
Continued From page	7	A 310		
A-1051				
acceptable removal pl	ans on at 9:19			
8:36-4.1(a)(16) Resid	ent Rights	A 389		
distribute a statement residents of assisted I comprehensive perso assisted living program	of resident rights for all iving residences, nal care homes, and ms. Each resident is entitled			
16. The right to b	e free from physical and			
mental abuse and/or i	iegieot,			
	is not met as evidenced			
	173456			
was determined that t that each resident's rig was enforced when 1 an alleged visitor-to-re was identified as Imm was reported to the Li Administrator on 5/3/2	he facility failed to ensure ght to be free from abuse of 1 resident reviewed for esident abuse, Resident #2 inent Danger (ID). This ID censed Assisted Living 2024 at 12:26 p.m. that			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTER PROBLEM PROB	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  A-1051  The ED provided the survey team with two acceptable removal plans on a.m. A revisit survey was conducted on 5/22/24 and the surveyor verified that the facility's removal plans were implemented.  8:36-4.1(a)(16) Resident Rights  (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:  16. The right to be free from physical and mental abuse and/or neglect;  This REQUIREMENT is not met as evidenced	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STA  1674 DELSEA DRIVE DEPTFORD, NJ 08096  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  A-1051  The ED provided the survey team with two acceptable removal plans on a.m.  A revisit survey was conducted on 5/22/24 and the surveyor verified that the facility's removal plans were implemented.  8:36-4.1(a)(16) Resident Rights  (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:  16. The right to be free from physical and mental abuse and/or neglect;  This REQUIREMENT is not met as evidenced by:  COMPLAINT #: NJ00173456  Based on interview and medical record review, it was determined that the facility failed to ensure that each resident's right to be free from abuse was enforced when 1 of 1 resident reviewed for an alleged visitor-to-resident abuse, Resident #2 was identified as Imminent Danger (ID). This ID was reported to the Licensed Assisted Living Administrator on 5/3/2024 at 12:26 p.m. that	SUMMARY STATEMENT OF DEPTORD  1674 DELSEA DRIVE DEPTFORD, NJ 08096  SUMMARY STATEMENT OF DEPTCIENCIES  (ECAL DEPTCIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  A-1051  The ED provided the survey team with two acceptable removal plans on acceptable removal plans on succeptable removal plans on plans and plans were implemented.  8:36-4.1(a)(16) Resident Rights  (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living programs. Each resident is entitled to the following rights:  16. The right to be free from physical and mental abuse and/or neglect;  This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00173456  Based on interview and medical record review, it was determined that the facility failed to ensure that each resident's right to be free from abuse was enforced when 1 of 1 resident reviewed for an alleged visitor-to-resident abuse, Resident #2  was identified as Imminent Danger (ID). This ID was reported to the Licensed Assisted Living Administrator on 5/3/2024 at 12:26 p.m. that

PRINTED: 12/16/2024 FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ С B. WING 35a000 05/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1674 DELSEA DRIVE FOX TRAIL SENIOR LIVING AT DEPTFORD DEPTFORD, NJ 08096 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 389 A 389 Continued From page 8 deficient practice was evidenced by the following: On 5/1/2024 at 12:58 p.m., The New Jersey Department of Health (NJDOH) received a Facility Reportable Event form (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The report revealed that at approximately 5:15 p.m., while receiving assistance bathing, Resident #2 NJ ex order 26.4b1 The FRE also revealed that Resident #2 NJ ex order 26.4b1 on and an NJ ex order 26.4b1 Registered Nurse assessment. On 5/3/2024 at 10:18 a.m. the surveyor interviewed the facility's Certified Medication Assistance (CMA) who stated that she had NJ ex order 26.4b1 During the surveyor on interview, the facility CMA stated that she was not aware of the identity of the one of the males or the male visitors' names. The CMA also stated

that she was not notified of the NJ ex order 26.4b1
In addition, the CMA stated that

stated that at time of the interview

that NJ ex order 26.4b1

At 10:52 a.m., the surveyor interviewed the facility's Home Health Aide (HHA #1), who stated

#1 also stated that she was not made aware of

and

. HHA

In addition, the CMA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С
	35a000 B. WING		05/22/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
FOX TRAI	L SENIOR LIVING AT DI	EPTFORD	LSEA DRIVE		
	I	DEPTFO	RD, NJ 08096		Т
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A 389	Continued From pag	e 9	A 389		
	the NJ ex order 26.4b1	pertaining to Resident #2 and NJ ex order 26.4b1			
	Health and Wellness that there was no provisitors that enter the that the facility's staff NJ ex order 26.4 but was no	Director (HWD) who stated ocess in place to identify a facility. The HWD stated for were educated/instructed to table to provide the entation of the education.			
	facility's Executive D the facility did not ha process. The ED also members that were p Resident #2's NJ ex made aware of the ir to NJ ex order 26 The ED s Resident #2's Power	tated that she informed of Attorney to inform the ales to not visit the facility			
	Medical Record (MR titled, "Face Sheet" v #2 moved into the fa diagnoses which NJ On 05/6/2024 at 8:02 requested a removal	ex order 26.4b1  2 a.m., the surveyor plan from the Executive failing to ensure Resident			
		survey team with an plan on <sup>Nexoder 26,451</sup> at 9:19 a.m.			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	AND I EAR OF CONNECTION		A. BUILDING: _		COMPLETED
		35a000	B. WING		C <b>05/22/2024</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	
FOX TRAI	L SENIOR LIVING AT DE	PTFORD	_SEA DRIVE RD, NJ 08096		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
A 389	89 Continued From page 10		A 389		
	The surveyor completed 5/22/2024 and confirm implemented the rem				
A 401	8:36-4.1(a)(22) Resid	lent Rights	A 401		
	(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:  22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;				
	This REQUIREMENT by: Complaint #: NJ0016	Γ is not met as evidenced			
	and review of pertined determined that the fa	n, interview, record review, nt facility documents, it was acility NJ ex order 26.4b1  when 2 of 3 residents  1, Resident #1 and Resident ctice is evidenced by the			
	surveyor observed Red	.m. and 10:36 a.m., the esident #3 sitting in the another resident, and the common area watching			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: \_\_\_\_\_\_\_

35a000

B. WING \_\_\_\_\_\_

(X3) DATE SURVEY COMPLETED

> C **05/22/2024**

		35a000		5: 1::0		05/22/2024
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT	E, ZIP CODE	
			1674 DELSI	EA DRIVE		
OX TRAI	L SENIOR LIVING AT DE	PTFORD	DEPTFORD	, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMP
A 401	NJ Ex Order 26.4 At 10:28 a.m., the sur	#1 and #3 were awake	ome	A 401		
		·				
	interviewed a Certified inquire which resident and if the facility had a residents posted anyou The CMA stated there risk residents posted CMA stated Resident	d Medication Aide (CM ts were elopement risk a list of elopement risk where for staff to refer to was NJ ex order 26.4 anywhere. However, the	s, to.			
	#3's Medical Record ( resident was admitted with diagnoses of surveyor reviewed Re NJ ex order 26.4b, NJ ex order 26.4, and NJ ex order 26.4	of NJ ex order 26.4 The esident #3's	he <b>b1</b> 1 5 or			
	written by a former Di Wellness (DHW) and Record (RER) comple former Executive Dire	the Reportable Event eted and reported by the ector (ED), both dated led, "Today, NJ ex order 26.4	ne			

PRINTED: 12/16/2024

FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ С B. WING 35a000 05/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1674 DELSEA DRIVE** FOX TRAIL SENIOR LIVING AT DEPTFORD DEPTFORD, NJ 08096 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 401 A 401 Continued From page 12 NJ ex order 26.4b1 The PN also revealed, The RER revealed the same information. The surveyor reviewed the RER completed and reported by the former ED and two PN dated , one PN written by the former ED revealed, on Nex order 26.4 at approximately 2:00 p.m., Resident #3 was observed in the community NJ ex order 26.4b1 second PN written by a former DHW revealed a late entry for which indicated, and the NJ ex order 26.4b1 The RER indicated at approximately 2:00 p.m., Resident #3 NJ ex order 26.4b1 The surveyor reviewed the RER completed and reported by the ED and a PN written by a former DHW, both dated NJ ex order 26.4b1 NJ ex order 26.4b1 NJ ex order 26.4b1 The RER revealed the same

information.

The surveyor also reviewed the PN written by a

PRINTED: 12/16/2024 FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ С B. WING 35a000 05/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1674 DELSEA DRIVE FOX TRAIL SENIOR LIVING AT DEPTFORD DEPTFORD, NJ 08096 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 401 A 401 Continued From page 13 former DHW dated NUEXOrder 26, which revealed a late entry note for an NUEXOrder 26.451 that occurred on . The PN also revealed, "[Resident #3] NJ ex order 26.4b1 At 11:37 a.m. and 11:48 a.m., the surveyor interviewed the DHW and ED to inquire about Resident #3's NJ Ex Order 26.4b1 from the facility on NJ ex order 26.4b1, and NJ ex order 26.1 The DHW and ED both stated they were not employed at the facility when the aforementioned NJEX occurred. 2. At 11:57 a.m., the surveyor interviewed the ED to inquire about Resident #1's elopement from the facility on NJ ex order 26.4. The ED stated as a staff member in memory care assisted another resident at the front entrance, Resident #1 followed a visitor out of the facility. The ED explained that the Activities Director (AD) looked out of a window at the facility and observed Resident #1 in the community parking lot trying to open car doors. The ED confirmed that there was no list or binder of NJ ex order 26.4b1 residents that staff could refer to. At 12:31 p.m., the surveyor reviewed the Medical

The surveyor

and a PN
The PN

Record of Resident #1, which revealed the resident was admitted to the facility in

The surveyor reviewed the RER completed and

reviewed Resident #1's MMSE dated Resident #1 scored a 13, which indicated,

NJ ex order 26.4b1

reported by the ED dated

written by the DHW dated

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
					c
		35a000	B. WING		05/22/2024
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE	
FOX TRAI	L SENIOR LIVING AT DE	PTFORD	LSEA DRIVE RD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
A 401	RER revealed the sar At 1:12 p.m., the DHV no list or binder of staff could refer to.  The surveyor reviewe "Elopement- Missing of 5/2020, which reveright to live at ease, ir environment. The corensuring effective systeduce the risk of resi Elopement risk binder maintain: a. Resident	for 33 ex order 26.4b 3:00 PM: On at approximately 2:45 pm-order 26.4b1  The me information.  V confirmed that there was residents that  d the facility policy titled, Person," with an issued date aled, "Residents have the a safe and secure nmunity is responsible for items are implemented to ident elopement rs are established to color photo b. Resident et c. Copy of executed OLST, MOLST, DNR	A 401		
A 473	8:36-5.1(g) General F (g) The assisted living personal care home, shall adhere to applic	Requirements g residence, comprehensive or assisted living program able Federal, State, and llations, and requirements.	A 473		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
AND FLAN C	FCORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED
35a000		B. WING		C <b>05/22/2024</b>	
NAME OF PR	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
FOX TRAI	L SENIOR LIVING AT DE	PTFORD 1674 DELS DEPTFORE	EA DRIVE D, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
A 473	473 Continued From page 15		A 473		
	by: Based on interview and determined the facility. Jersey Department of department of the facility deficient practice was On 5/3/2024 at 8:50 at the address of the facility with the name of the name on the facility file at the NJDOH. At is a legal document the	nd observation, it was y failed to notify The New f Health (NJDOH) licensing sility's name change. This is evidenced by the following:  a.m., the surveyor arrived at solility and observed a large of a facility that did not reflect ity's license of occupancy on License of Occupancy (LOC) that proves a facility is safe to meets all State Regulations			
	noted the facility's dis	reyor entered the facility and eplayed LOC did not reflect ve-mentioned sign but in the LOC that the NJDOH			
	the facility was operat name. At that time, th updated LOC. The EI	reyor interviewed the rector (ED) who stated that ting under a new business are surveyor requested an D stated she did not have an act the name change of the			
	·	esented to the surveyor cility name, not the name on			
A 563	8:36-5.10(a)(2) Gene	ral Requirements	A 563		
		otify the Division of Health ield Operations immediately			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _		COMPLETED		
		35a000	B. WING		C <b>05/22/2024</b>	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE		
FOX TRAIL SENIOR LIVING AT DEPTFORD			SEA DRIVE RD, NJ 08096			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
A 563	after business hours, written confirmation, of the confirmation, of the confirmation, of the confirmation, of the confirmation, and all deaths resulting or incidents in the services. Reports of secontain information	of 633-9034 (609) 392-2020 if followed within 72 hours by of the following:  currence or incident of an ding, but not s, disasters, any elopements; ng from accidents e facility or related to facility such incidents shall ion about injuries to residents cruption of services, and	A 563			
	by: Complaint #: NJ0016  Based on interview, repertinent facility docusthat the facility failed writing within 72 hour eloped from the facility deficient practice was On 5/3/24 at 11:15 a. Resident #3's Medica revealed a Progress I former Director of Head	record review, and review of aments, it was determined to notify the Department of liately by telephone and in resafter 1 of 3 residents ty, Resident #3. This is evidenced by the following.  I.m., the surveyor reviewed al Record (MR), which Note (PN) written by a				

PRINTED: 12/16/2024 FORM APPROVED New Jersey Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ С B. WING 35a000 05/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1674 DELSEA DRIVE FOX TRAIL SENIOR LIVING AT DEPTFORD DEPTFORD, NJ 08096 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 563 A 563 Continued From page 17 note for NJ ex order 26.4b1 The PN revealed, NJ ex order 26.4b1 On 5/3/24, between 11:37 a.m. and 11:48 a.m., the surveyor interviewed the DHW and the Executive Director (ED) to inquire about Resident #3's NJ ex order 26.4b1 DHW and the ED both confirmed that they were not employed at the facility when the above NJ Ex Order 26.4b1 occurred. The surveyor then requested the Reportable Event Record (RER), incident report, and assessments for the elopement for review. At 3:18 p.m., the ED stated she was not able to locate the RER for Resident #3's The surveyor reviewed the facility policy titled, 'NJ ex order 26.4b1 The surveyor also reviewed the facility policy titled, "Internal Incident Reports and State Reports," which revealed, "Injury and unusual

The surveyor also reviewed the facility policy titled, "Internal Incident Reports and State Reports," which revealed, "Injury and unusual incidents will be reported in compliance with state regulatory requirements ... State Incident Reports are maintained in a binder in the Executive Director's office and labeled State Incident Reports ... The facility shall notify the Department immediately by telephone at (609) 633-9034 or (609) 392-2020 after business hours, followed within 72 hours by written confirmation, of the following ... Any elopements...."

Reference: 8:36-4.1(a)(22) A-0401

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
35a000		B. WING		C <b>05/22/2024</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FOX TRAI	L SENIOR LIVING AT DE	PTFORD	SEA DRIVE			
040.15	STIMMADY ST		RD, NJ 08096	PROVIDER'S PLAN OF CORRECTION	d over	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPL	ETE.
A 609	9 Continued From page 18		A 609			
A 609	8:36-5.15(a)(2) Gene	eral Requirements	A 609			
	agency shall be notifithe resident's consent occurrence, in the ev  2. Any serious arincident occurs which	ole person or community ied, when known, and with it, immediately after the ent of the following: ccident, criminal act or involves the ults in serious harm or injury ent's				
	This REQUIREMENT is not met as evidenced by: Complaint #: NJ00167541 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to immediately notify the responsible party of a resident after the resident NJ Ex Order 26.4bt facility for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:  On 5/3/24 at 11:15 a.m., the surveyor reviewed the Progress Note (PN) written by a former Director of Health and Wellness (DHW) dated which revealed a late entry note for Resident #3's NJ EX ORGER 26.4bt that occurred on Further reviewof the PN revealed that the note did not indicate that Resident #3's Responsible Party (RP) was notified of the aforementioned					
	Resident #3's Further reviewof the not indicate that Resi (RP) was notified of the condition on 5/7/24 at 9:44 a.m.	that occurred on the state of t				

STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.12 . 27.11 .	,, oon,,,		A. BUILDING: _		33 22.25	
		35a000	B. WING		C <b>05/22/2024</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
FOX TRAI	L SENIOR LIVING AT DE	PTFORD 1674 DELS				
		DEPTFORI	D, NJ 08096			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
A 609	Continued From page	e 19	A 609			
	Resident #3's NJ ex NJ ex order 26.4bt RP stated that she was of the NJ ex order 26.4bt that she was of the NJ ex order 20.4bt that she was only aware of one on Resident # Resident # then notified, by the factorial she was order 20.4bt then notified, by the factorial she was order 20.4bt then notified, by the factorial she was order 20.4bt then notified, by the factorial she was order 20.4bt then notified, by the factorial she was order 20.4bt then notified, by the factorial she was order 20.4bt then notified, by the factorial she was order 20.4bt then notified, by the factorial she was order 20.4bt then notified, by the factorial she was only aware of one of the was order 20.4bt then notified, by the factorial she was only aware of one of the was order 20.4bt then notified the was only aware of one of the was one of th	Resident #3's as not notified by the facility at occurred on Resident #3's RP stated she le Resident #3's RP explained that on led via telephone by the local #3 NJ ex order 26.4b1 #3's RP stated that she was acility, of the resident's led the facility policy titled, ports and State Reports,"				
	which revealed, "Incic resident's family/responses." Reference: 8:36-4.1(a					
A1051	8:36-15.2 Resident R	ecords	A1051			
	maintained for all resi	by this subchapter shall be idents and shall be kept nises for review at any time the Department.				
	by: COMPLAINT #: NJ00 Based on interview, repertinent facility document that the facility failed frecords and facility do the New Jersey Depart	is not met as evidenced 0173456 ecord review, and review of ments, it was determined to ensure requested medical ocuments were available for artment of Health surveyor to dents reviewed, Resident #2				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		35a000	B. WING		05/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			SEA DRIVE	,		
FOX TRAIL SENIOR LIVING AT DEPTFORD			RD, NJ 08096			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE	
			+			
A1051	Continued From page	e 20	A1051			
	and #3. This deficient	practice was evidenced by				
	the following:					
	4 0 5/4/0004 4 40	50 T. N. I				
	Department of Health	58 p.m., The New Jersey				
	•	vent (FRE), a document				
		icilities to report incidents to				
	the NJDOH. The repo	•				
	NJ ex order 26.4b1 at approxir	nately 5:15 p.m., NJ ex order				
		, Resident #2				
	complained of NJ ex reported that NJ ex					
		o revealed that Resident #2				
	NJ ex order 26.4b					
	NJ ex order 26.4b					
	registered nurse asse	essment.				
	On E/2/2024 at 0:20 a	a manufic a conduction a				
		a.m., while conducting a rveyor #1 requested the				
		rector (ED) and Health and				
		WD) provide the surveyor				
	with the facility's FRE	and NJ ex order 26.4b1				
		NJ ex order 26.4b1				
	Surveyor #1 received	the requested FRE at 12:25				
	p.m. from the facility's					
	, ,					
		or #1 received the facility's				
		o the NJ ex order 26.4b1				
	that took place on	75.41				
	Complaint #: NJ0016	7541 n 11:37 a.m. and 11:48 a.m.,				
		ved the Director of Health				
	•	and the Executive Director				
	(ED) to inquire about	Resident #3's incidents of				
		facility on NJ ex order 26.4b1				
		ne DHW and ED both stated				
	that they NJ ex ord					
	surveyor then reques	The ted the Reportable Event				

PRINTED: 12/16/2024

FORM APPROVED New Jersey Department of Health (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ С B. WING \_ 35a000 05/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE F

A1051 Continued From page 21 Records (RER), incident reports, and assessments for each Sessements for each Sessements for each However, the DHW stated she was not able to locate Resident #3's MMSE nor the However, the DHW stated she was not able to locate the incident reports for Resident #3's Sessements for the RER for the NUEX ORDIN 26.4b) occurred on The surveyor reviewed the facility policy titled, "Internal Incident Reports and State Reports," which revealed, "Injury and unusual occurrences, injury, and incidents The Internal Report is to be completed for all unusual occurrences, injury, and incidents State Incident Reports are maintained in a binder in the Executive Director's	OX TRA	L SENIOR LIVING AT DEPTFORD	ELSEA DRIVE ORD, NJ 08096		
Records (RER), incident reports, and assessments for each NJ EX Order 26.4b1 for review.  At 3:02 p.m., the DHW provided the surveyor Resident #3's Mini-Mental State Examinations (MMSE) and NJ EX ORDER 26.4b1 incidents for review.  However, the DHW stated she was not able to locate Resident #3's MMSE nor the NJ EX ORDER 26.4b1 assessment following the assessment following the NJ EX ORDER 26.4b1 occurred on NJ EX ORDER 26.4b1 occur	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
Reference: 8:36-4.1(a)(22) A-0401	A1051	Records (RER), incident reports, and assessments for each NJ Ex Order 26.4b1 for review.  At 3:02 p.m., the DHW provided the surveyor Resident #3's Mini-Mental State Examinations (MMSE) and NJEX Order 26.4b1 assessments for NJEX Order 26.4b1 assessments for NJEX Order 26.4b1 assessment following the NJEX Order 26.4b1 assessment following the NJEX Order 26.4b1 additionally, at 3:18 p.m., the ED stated that she was not able to locate the incident reports for Resident #3's NJEX Order 26.4b1 or NJEX Order 26.4b1 occurred on NJEX ORDER 26.4b1 occurred 26.4b1 occurred 26.4b1 occurred 26.4b1 occurred 26.4b1 occurred 26.4b1 occurred 26.	A1051		

## STATE FORM: REVISIT REPORT

	O IA I E I O KIM. KE	VIOIT REFORM		
PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVIS	IT
	A. Building			
35a000 <sub>Y1</sub>	B. Wing	Y2	8/20/2024	Y3
NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE				
FOX TRAIL SENIOR LIVING AT DI	EPTFORD	1674 DELSEA DRIVE		
		DEPTFORD, NJ 08096		
		•		

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

	Toportionin).								
ITEI	М	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix Reg. # LSC	A0310 8:36-3.4(a)(1)	Correction  Completed  05/06/2024	ID Prefix Reg. # LSC	A0389 8:36-4.1(a)(16)	Correction  Completed  06/27/2024	ID Prefix Reg. # LSC	A0401 8:36-4.1(a)(22)		Correction Completed 05/04/2024
ID Prefix Reg. # LSC	A0473 8:36-5.1(g)	Correction  Completed 07/17/2024	ID Prefix Reg. # LSC	A0563 8:36-5.10(a)(2)	Correction  Completed 05/04/2024	ID Prefix Reg. # LSC	A0609 8:36-5.15(a)(2)		Correction Completed 05/04/2024
ID Prefix Reg. # LSC	A1051 8:36-15.2	Correction  Completed 06/15/2024	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction
ID Prefix Reg. # LSC		Correction  Completed	ID Prefix Reg. # LSC		Correction  Completed	ID Prefix Reg. # LSC			Correction
ID Prefix Reg. # LSC		Correction  Completed	ID Prefix Reg. # LSC		Correction  Completed	ID Prefix Reg. # LSC			Correction
REVIEWED BY STATE AGENCY (INITIALS)  REVIEWED BY REVIEWED BY CMS RO (INITIALS)		DATE	SIGNATUR	E OF SURVEYOR			DATE		
FOLLOWUP TO SURVEY COMPLETED ON 5/22/2024				RECTED DEFICIENCIES NCIES (CMS-2567) SEN			☐ YE	s 🔲 no	

Page 1 of 1 EVENT ID: K09P12