

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35a000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL SENIOR LIVING AT DEPTFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1674 DELSEA DRIVE</b> <b>DEPTFORD, NJ 08096</b>		
(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
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT#: NJ00169104; NJ00167541; NJ00173456</p> <p>CENSUS: 43</p> <p>SAMPLE SIZE: 3</p> <p>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.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

07/18/24

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00173456</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the Executive Director (ED) failed to ensure the implementation and enforcement of the facility's policies and procedures titled, "Elopement- Missing Person," "Internal Incident Reports and State Reports," and "Visitor Policy," for 3 of 3 residents reviewed, Resident #'s 1, 2, and 3, for which an Imminent Danger (ID) was identified. The ID was reported to the Licensed Assisted Living Administrator on 5/3/2024 at 12:26 p.m. and included information about the above issues. This deficient practice was evidenced by the following:</p> <p>1. 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 on [NJ ex order 26.4b1] at approximately 5:15 p.m., Resident #2 [NJ ex order 26.4b1] The FRE also revealed that Resident #2 [NJ ex order 26.4b1]</p> <p>On 5/3/2024 at 8:55 a.m., the surveyor entered Building Two to conduct a survey. The facility's Home Health Aide (HHA#1) allowed the surveyor into the facility and did not instruct the surveyor to sign Building Two's Visitor Log.</p>	A 310			

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A 310	<p>Continued From page 2</p> <p>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.</p> <p>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 [REDACTED]</p> <p>At 10:59 a.m., while touring the facility, the surveyor [REDACTED]</p> <p>At 11:00 a.m., the surveyor reviewed the above-mentioned log and observed that the [REDACTED] that time the surveyor interviewed the facility's CMA who stated that the [REDACTED].</p> <p>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 requested.</p> <p>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 and out.</p> <p>At 12:56 p.m., during surveyor interview with the</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>facility's Executive Director (ED), the ED stated that the facility's policy and procedure instructs all visitors to sign in and out of the facility. The ED also stated that all visitors do not sign in and out of the facility.</p> <p>Surveyor review of the Policy and Procedure titled, "Visitor Policy", with a revised date of April 2021, revealed, "...Policy It is requested that visitors of residents or employees sign in at the front and sign out when they leave..."</p> <p>Complaint #: NJ00167541</p> <p>2. On 5/3/24 at 10:28 a.m., the surveyor interviewed a HHA who worked in the memory care part of the facility in [REDACTED] to inquire which residents were at risk for elopement. The HHA stated that there were no residents at risk for elopement.</p> <p>At 10:31 a.m. and 10:41 a.m., the surveyor interviewed a CMA to inquire which residents were elopement risks, and if the facility had a list of elopement risk residents posted anywhere for staff to refer. The CMA stated that there was no list of elopement risk residents posted anywhere. However, the CMA stated that Resident #1 and Resident #3 [REDACTED] NJ ex order 26.4b1, and Resident #1 [REDACTED] NJ ex order 26.4b1</p> <p>The surveyor reviewed a Progress Note (PN) written by a former Director of Health and Wellness (DHW) and the FRE completed and reported by the former ED, dated [REDACTED] NJ ex order 26.4b1. The PN revealed, "Today, around 2pm, [Resident #3] [REDACTED] NJ ex order 26.4b1 and noticed [the resident]." The PN also revealed, [REDACTED] NJ ex order 26.4b1</p>	A 310		

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A 310	<p>Continued From page 4</p> <p><b>NJ ex order 26.4b1</b></p> <p><b>NJ ex order 26.4b1</b> The FRE revealed the same information.</p> <p>The surveyor reviewed the FRE completed and reported by the former ED and two PN dated <b>NJ ex order 26.4b1</b>, one PN written by the former ED revealed, on <b>NJ ex order 26.4b1</b> at approximately 2:00 p.m., Resident #3 <b>NJ ex order 26.4b1</b>. The second <b>NJ ex order 26.4b1</b> revealed a late entry for <b>NJ ex order 26.4b1</b>, which indicated, "It was reported that [Resident #3] <b>NJ ex order 26.4b1</b> ... Upon investigation, <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b>. The FRE indicated at approximately 2:00 p.m., Resident #3 <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor reviewed the FRE completed and reported by the ED and a PN written by a former DHW, both dated <b>NJ ex order 26.4b1</b>. The PN revealed, "[The] DHW <b>NJ ex order 26.4b1</b> [Resident #3's Responsible Party] <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b>." FRE revealed the same information.</p> <p>The surveyor also reviewed the PN written by a former DHW dated <b>NJ ex order 26.4b1</b>, which revealed a late entry note for an <b>NJ ex order 26.4b1</b> that occurred on <b>NJ ex order 26.4b1</b>. The PN also revealed, "[Resident #3]</p>	A 310			

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A 310	<p>Continued From page 5</p> <p>NJ Ex Order 26.4b1 community around dinner time." There was no Reportable Event Report provided to the surveyor for this elopement to review.</p> <p>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, NJ ex order 26.4b1 and NJ ex order 26.4b1. The DHW and ED both stated that they were not employed at the facility when the aforementioned NJ Ex Order 26.4b1 occurred.</p> <p>3. The surveyor reviewed the FRE completed and reported by the ED dated NJ ex order 26.4b1 and a PN written by the DHW dated NJ ex order 26.4b1. The PN revealed, "Late Entry for NJ ex order 26.4b1 3:00PM: On NJ ex order 26.4b1, NJ ex order 26.4b1, at approximately 2:45 pm-[Resident #1] NJ ex order 26.4b1 ..</p> <p>After investigation, it was found that the resident NJ ex order 26.4b1 .." The FRE revealed the same information.</p> <p>At 11:57 a.m., the surveyor interviewed the ED to inquire about Resident #1's NJ Ex Order 26.4b1 from the facility on NJ ex order 26.4b1. The ED stated that as a staff member in memory care assisted another resident at the front entrance, Resident #1 NJ ex order 26.4b1 The ED explained that the Activities Director (AD) looked out of a window at the facility and observed Resident #1 NJ ex order 26.4b1</p> <p>The ED confirmed that there was no list or binder of NJ ex order 26.4b1 residents that staff could refer to.</p> <p>At 1:12 p.m., the DHW confirmed that there was no binder or list of elopement risk residents posted anywhere for staff to refer to.</p>	A 310		

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A 310	<p>Continued From page 6</p> <p>The surveyor reviewed the facility policy titled, "Elopement- Missing Person," with an issued date of 5/2020, revealed "Residents have the right to live at ease, in a safe and secure environment. The community is responsible for ensuring effective systems are implemented to reduce the risk of resident elopement ...Elopement risk binders are established to maintain: a. Resident color photo b. Resident Emergency Face Sheet c. Copy of executed Advance Directive (POLST, MOLST, DNR documents) d. Copy of State Required Documents ... Incident reports and regulatory required reports are completed when elopement and missing resident events occur."</p> <p>The policy also indicated when a resident is missing, the Executive Director (ED) is to contact the resident's family/responsible party during the "Exterior Search", and when the resident is located.</p> <p>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 ... 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 office and labeled State Incident Reports ... Incidents are reported to the resident's family/responsible party ... 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...."</p> <p>Reference: 8:36-4.1(a)(22) A-0401; 8:36-5.10(a)(2) A-0563; 8:36-5.15(a)(2) A-0609; 8:36-15.2</p>	A 310		

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A 310	Continued From page 7  A-1051  The ED provided the survey team with two acceptable removal plans on <span style="background-color: black; color: red;">NJ ex order 25-4b1</span> at 9:19 a.m. A revisit survey was conducted on 5/22/24 and the surveyor verified that the facility's removal plans were implemented.	A 310		
A 389	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 included information about the above issues. This	A 389		



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A 389	<p>Continued From page 8</p> <p>deficient practice was evidenced by the following:</p> <p>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 on [REDACTED] at approximately 5:15 p.m., while receiving assistance bathing, Resident #2 [REDACTED] NJ ex order 26.4b1</p> <p>The FRE also revealed that Resident #2 [REDACTED] NJ ex order 26.4b1 on [REDACTED] NJ ex order 26.4b1 and an [REDACTED] NJ ex order 26.4b1 Registered Nurse assessment.</p> <p>On 5/3/2024 at 10:18 a.m. the surveyor interviewed the facility's Certified Medication Assistance (CMA) who stated that she had [REDACTED] NJ ex order 26.4b1 on [REDACTED] NJ ex order 26.4b1. During the surveyor 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 [REDACTED] NJ ex order 26.4b1. In addition, the CMA stated that [REDACTED] NJ ex order 26.4b1 and [REDACTED] NJ ex order 26.4b1</p> <p>In addition, the CMA stated that at time of the interview [REDACTED] NJ ex order 26.4b1</p> <p>At 10:52 a.m., the surveyor interviewed the facility's Home Health Aide (HHA #1), who stated that [REDACTED] NJ ex order 26.4b1. HHA #1 also stated that she was not made aware of</p>	A 389		

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A 389	<p>Continued From page 9</p> <p>the <b>NJ ex order 26.4b1</b> pertaining to Resident #2 from Administration and <b>NJ ex order 26.4b1</b></p> <p><b>[REDACTED]</b></p> <p>At 12:26 p.m., the surveyor interviewed the facility Health and Wellness Director (HWD) who stated that there was no process in place to identify visitors that enter the facility. The HWD stated that the facility's staff were educated/instructed <b>NJ ex order 26.4b1</b> but was not able to provide the surveyor with documentation of the education.</p> <p>At 12:56 p.m., the surveyor interviewed the facility's Executive Director (ED) who stated that the facility did not have a visitor identification process. The ED also stated that only the staff members that were present at the facility when Resident #2's <b>NJ ex order 26.4b1</b>, were made aware of the incident, and were instructed to <b>NJ ex order 26.4b1</b></p> <p><b>[REDACTED]</b> The ED stated that she informed Resident #2's Power of Attorney to inform the above-mentioned males to not visit the facility until the investigation was complete.</p> <p>At 1 p.m., the surveyor reviewed Resident #2's Medical Record (MR), which included a document titled, "Face Sheet" which revealed that Resident #2 moved into the facility on <b>NJ ex order 26.4b1</b> and had diagnoses which <b>NJ ex order 26.4b1</b></p> <p>On 05/6/2024 at 8:02 a.m., the surveyor requested a removal plan from the Executive Director (ED) due to failing to ensure Resident #2's right to be free from abuse.</p> <p>The ED provided the survey team with an acceptable removal plan on <b>NJ ex order 26.4b1</b> at 9:19 a.m.</p>	A 389		

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A 389	Continued From page 10  The surveyor completed a follow-up survey on 5/22/2024 and confirmed that the facility implemented the removal plan.	A 389		
A 401	8:36-4.1(a)(22) 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:  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 is not met as evidenced by: Complaint #: NJ00167541  Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility <b>NJ ex order 26.4b1</b> <span style="background-color: black; color: black;">[REDACTED]</span> when 2 of 3 residents <b>NJ ex order 26.4b1</b> , Resident #1 and Resident #3. This deficient practice is evidenced by the following:  On 5/3/24 at 10:17 a.m. and 10:36 a.m., the surveyor observed Resident #3 sitting in the dining room talking to another resident, and Resident #1 sitting in the common area watching	A 401		

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A 401	<p>Continued From page 11</p> <p>television. Residents #1 and #3 were awake, <b>NJ Ex Order 26.4b1</b>.</p> <p>At 10:28 a.m., the surveyor interviewed a Home Health Aide (HHA) who worked in memory care (Building 1), to inquire which residents were at risk for elopement. The HHA stated there were no residents who were at risk for elopement.</p> <p>At 10:31 a.m. and 10:41 a.m., the surveyor interviewed a Certified Medication Aide (CMA) to inquire which residents were elopement risks, and if the facility had a list of elopement risk residents posted anywhere for staff to refer to. The CMA stated there was <b>NJ ex order 26.4b1</b> risk residents posted anywhere. However, the CMA stated Resident #1 and Resident #3 <b>NJ ex order 26.4b1</b> and Resident #1 <b>NJ ex order 26.4b1</b></p> <p>1. At 11:15 a.m., the surveyor reviewed Resident #3's Medical Record (MR), which revealed the resident was admitted to the facility in <b>NJ ex order 26.4b1</b> with diagnoses of <b>NJ ex order 26.4b1</b>. The surveyor reviewed Resident #3's <b>NJ ex order 26.4b1</b> dated <b>NJ ex order 26.4b1</b>, and <b>NJ ex order 26.4b1</b> Resident # <b>NJ ex order 26.4b1</b> scored a 15 or higher on all MMSE, which indicated, <b>NJ ex order 26.4b1</b></p> <p>The surveyor reviewed a Progress Note (PN) written by a former Director of Health and Wellness (DHW) and the Reportable Event Record (RER) completed and reported by the former Executive Director (ED), both dated <b>NJ ex order 26.4b1</b>. The PN revealed, "Today, <b>NJ ex order 26.4b1</b>, [Resident #3] <b>NJ ex order 26.4b1</b></p>	A 401		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35a000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL SENIOR LIVING AT DEPTFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1674 DELSEA DRIVE</b> <b>DEPTFORD, NJ 08096</b>		
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A 401	<p>Continued From page 12</p> <p><b>NJ ex order 26.4b1</b> The PN also revealed, <b>NJ ex order 26.4b1</b> [REDACTED] " The RER revealed the same information.</p> <p>The surveyor reviewed the RER completed and reported by the former ED and two PN dated <b>NJ ex order 26.4b1</b>, one PN written by the former ED revealed, on <b>NJ ex order 26.4b1</b> at approximately 2:00 p.m., Resident #3 was observed in the community <b>NJ ex order 26.4b1</b> The second PN written by a former DHW revealed a late entry for <b>NJ ex order 26.4b1</b> which indicated, <b>NJ ex order 26.4b1</b> [REDACTED] and the <b>NJ ex order 26.4b1</b> The RER indicated at approximately 2:00 p.m., Resident #3 <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>The surveyor reviewed the RER completed and reported by the ED and a PN written by a former DHW, both dated <b>NJ ex order 26.4b1</b>. The PN revealed, "[The] DHW <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> [REDACTED] <b>NJ ex order 26.4b1</b> [REDACTED] The RER revealed the same information.</p> <p>The surveyor also reviewed the PN written by a</p>	A 401		

If continuation sheet 14 of 22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35a000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL SENIOR LIVING AT DEPTFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1674 DELSEA DRIVE</b> <b>DEPTFORD, NJ 08096</b>		
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A 401	<p>Continued From page 14</p> <p>revealed, [NJ ex order 26.4b1] for [NJ ex order 26.4b1] 3:00PM: On [NJ ex order 26.4b1], at approximately 2:45 pm-[Resident #1] [NJ ex order 26.4b1]</p> <p>[REDACTED]</p> <p>The RER revealed the same information.</p> <p>At 1:12 p.m., the DHW confirmed that there was no list or binder of [NJ ex order 26.4b1] residents that staff could refer to.</p> <p>The surveyor reviewed the facility policy titled, "Elopement- Missing Person," with an issued date of 5/2020, which revealed, "Residents have the right to live at ease, in a safe and secure environment. The community is responsible for ensuring effective systems are implemented to reduce the risk of resident elopement ... Elopement risk binders are established to maintain: a. Resident color photo b. Resident Emergency Face Sheet c. Copy of executed Advance Directive (POLST, MOLST, DNR documents) d. Copy of State Required Documents".</p>	A 401		
A 473	<p>8:36-5.1(g) General Requirements</p> <p>(g) The assisted living residence, comprehensive personal care home, or assisted living program shall adhere to applicable Federal, State, and local laws, rules, regulations, and requirements.</p>	A 473		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL SENIOR LIVING AT DEPTFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1674 DELSEA DRIVE</b> <b>DEPTFORD, NJ 08096</b>		
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A 473	<p>Continued From page 15</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and observation, it was determined the facility failed to notify The New Jersey Department of Health (NJDOH) licensing department of the facility's name change. This deficient practice was evidenced by the following:</p> <p>On 5/3/2024 at 8:50 a.m., the surveyor arrived at the address of the facility and observed a large sign with the name of a facility that did not reflect the name on the facility's license of occupancy on file at the NJDOH. A License of Occupancy (LOC) is a legal document that proves a facility is safe to inhabit residents and meets all State Regulations to operate.</p> <p>At 8:55 a.m., the surveyor entered the facility and noted the facility's displayed LOC did not reflect the name on the above-mentioned sign but matched the name on the LOC that the NJDOH had on file.</p> <p>At 9:39 a.m., the surveyor interviewed the facility's Executive Director (ED) who stated that the facility was operating under a new business name. At that time, the surveyor requested an updated LOC. The ED stated she did not have an updated LOC to reflect the name change of the facility.</p> <p>All documentation presented to the surveyor contained the new facility name, not the name on the LOC.</p>	A 473		
A 563	<p>8:36-5.10(a)(2) General Requirements</p> <p>(a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately</p>	A 563		



New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL SENIOR LIVING AT DEPTFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1674 DELSEA DRIVE DEPTFORD, NJ 08096</b>		
(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
A 563	<p>Continued From page 16</p> <p>by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following:</p> <p>2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00167541</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to notify the Department of Health (DOH) immediately by telephone and in writing within 72 hours after 1 of 3 residents eloped from the facility, Resident #3. This deficient practice was evidenced by the following.</p> <p>On 5/3/24 at 11:15 a.m., the surveyor reviewed Resident #3's Medical Record (MR), which revealed a Progress Note (PN) written by a former Director of Health and Wellness (DHW) dated [redacted] The PN revealed a [redacted]</p>	A 563		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35a000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
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A 563	<p>Continued From page 17</p> <p>note for <b>NJ ex order 26.4b1</b> The PN revealed, <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>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 <b>NJ ex order 26.4b1</b>. The DHW and the ED both confirmed that they were not employed at the facility when the above <b>NJ Ex Order 26.4b1</b> occurred. The surveyor then requested the Reportable Event Record (RER), incident report, and assessments for the elopement for review.</p> <p>At 3:18 p.m., the ED stated she was not able to locate the RER for Resident #3's <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>The surveyor reviewed the facility policy titled, <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>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...."</p> <p>Reference: 8:36-4.1(a)(22) A-0401</p>	A 563		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35a000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2024</b>
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A 609	Continued From page 18	A 609		
A 609	<p>8:36-5.15(a)(2) General Requirements</p> <p>(a) The resident's family, guardian, and/or designated responsible person or community agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following:</p> <p>2. Any serious accident, criminal act or incident occurs which involves the resident and results in serious harm or injury or results in the resident's arrest or detention;</p> <p>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 [REDACTED] facility for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>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 [REDACTED], which revealed a late entry note for Resident #3's [REDACTED] that occurred on [REDACTED]. Further review of the PN revealed that the note did not indicate that Resident #3's Responsible Party (RP) was notified of the aforementioned [REDACTED].</p> <p>On 5/7/24 at 9:44 a.m., the surveyor interviewed Resident #3's RP via telephone to inquire about</p>	A 609		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL SENIOR LIVING AT DEPTFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1674 DELSEA DRIVE</b> <b>DEPTFORD, NJ 08096</b>		
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A 609	Continued From page 19  Resident #3's <b>NJ ex order 26.4b1</b> on <b>NJ ex order 26.4b1</b> Resident #3's RP stated that she was not notified by the facility of the <b>NJ Ex Order 26.4b1</b> that occurred on <b>NJ ex order 26.4b1</b> , <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> Resident #3's RP stated she was only aware of one <b>NJ ex order 26.4b1</b> t which occurred on <b>NJ ex order 26.4b1</b> Resident #3's RP explained that on <b>NJ ex order 26.4b1</b> , she was notified via telephone by the local police that Resident #3 <b>NJ ex order 26.4b1</b> #3's RP stated that she was then notified, by the facility, of the resident's <b>NJ ex order 26.4b1</b> .  The surveyor reviewed the facility policy titled, "Internal Incident Reports and State Reports," which revealed, "Incidents are reported to the resident's family/responsible party."  Reference: 8:36-4.1(a)(22) A-0401	A 609		
A1051	8:36-15.2 Resident Records  The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.  This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00173456  Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure requested medical records and facility documents were available for the New Jersey Department of Health surveyor to review for 2 of 3 residents reviewed, Resident #2	A1051		

New Jersey Department of Health

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A1051	<p>Continued From page 20</p> <p>and #3. This deficient practice was evidenced by the following:</p> <p>1. On 5/1/2024 at 12:58 p.m., The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The report revealed that on [redacted] at approximately 5:15 p.m., [redacted], Resident #2 complained of [redacted] and reported that [redacted] FRE also revealed that Resident #2 [redacted] and an [redacted] registered nurse assessment.</p> <p>On 5/3/2024 at 9:39 a.m., while conducting a complaint survey, Surveyor #1 requested the facility's Executive Director (ED) and Health and Wellness Director (HWD) provide the surveyor with the facility's FRE and [redacted]</p> <p>Surveyor #1 received the requested FRE at 12:25 p.m. from the facility's HWD.</p> <p>At 2:15 p.m., Surveyor #1 received the facility's investigation related to the [redacted] that took place on [redacted]. Complaint #: NJ00167541</p> <p>2. On 5/3/24 between 11:37 a.m. and 11:48 a.m., the surveyor interviewed the Director of Health and Wellness (DHW) and the Executive Director (ED) to inquire about Resident #3's incidents of [redacted] from the facility on [redacted], and [redacted]. The DHW and ED both stated that they [redacted]. The surveyor then requested the Reportable Event</p>	A1051		

New Jersey Department of Health

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A1051	<p>Continued From page 21</p> <p>Records (RER), incident reports, and assessments for each [REDACTED] NJ Ex Order 26.4b1 for review.</p> <p>At 3:02 p.m., the DHW provided the surveyor Resident #3's Mini-Mental State Examinations (MMSE) and [REDACTED] NJ Ex Order 26.4b1 assessments for [REDACTED] NJ ex order 26.4b1, and [REDACTED] NJ ex order 26.4b1 incidents for review. However, the DHW stated she was not able to locate Resident #3's MMSE nor the [REDACTED] NJ Ex Order 26.4b1 assessment following the [REDACTED] NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>additionally, at 3:18 p.m., the ED stated that she was not able to locate the incident reports for Resident #3's [REDACTED] NJ Ex Order 26.4b1 or [REDACTED] NJ ex order 26.4b1 and [REDACTED] NJ ex order 26.4b1 nor the RER for the [REDACTED] NJ Ex Order 26.4b1 occurred on [REDACTED] NJ ex order 26.4b1</p> <p>The surveyor 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 ... 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 office and labeled State Incident Reports."</p> <p>Reference: 8:36-4.1(a)(22) A-0401</p>	A1051		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35a000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/20/2024
NAME OF FACILITY FOX TRAIL SENIOR LIVING AT DEPTFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 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 report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0389	Correction	ID Prefix A0401	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-4.1(a)(22)	Completed
LSC	05/06/2024	LSC	06/27/2024	LSC	05/04/2024
ID Prefix A0473	Correction	ID Prefix A0563	Correction	ID Prefix A0609	Correction
Reg. # 8:36-5.1(g)	Completed	Reg. # 8:36-5.10(a)(2)	Completed	Reg. # 8:36-5.15(a)(2)	Completed
LSC	07/17/2024	LSC	05/04/2024	LSC	05/04/2024
ID Prefix A1051	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-15.2	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/15/2024	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/22/2024		<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			