

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/29/2020
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>8:37-2.1(i) Initial Comments</p> <p>When determining whether an applicant is capable of operating a dementia care home, the Department shall consider any evidence of licensure violations representing serious risk of harm to residents, any evidence of an applicant's violation of any State licensing or Federal standards in connection with an inappropriate discharge or denial of admission of a resident or patient, and an applicant's record of criminal convictions involving fraud, patient or resident abuse or neglect, a crime of violence, a crime of moral turpitude, or any other crime that presents a risk of harm to the safety or welfare of residents.</p> <p>Census: 10</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 12/29/20. The facility was found not to be in compliance with the New Jersey Administrative Code 8:37 infection control regulations standards for Licensure of Demential Care Homes and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p>	R 000		
R 016	<p>8:37-1.1(b) Purpose and Scope</p> <p>This chapter is promulgated for the purpose of establishing interim licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was</p>	R 016		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/29/2020
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 016	<p>Continued From page 1</p> <p>determined that the facility Administrator failed to ensure that staff properly disposed of Personal Protective Equipment (PPE) in the residents' room before exiting a residents' room that was positive for COVID-19. This deficient practice was evidenced by the following:</p> <p>On 12/29/20 at 10:05 a.m. the surveyor began the entrance conference of the survey, during the entrance conference the Administrator stated that the resident census was 10 and that of the 10 residents, there were 2 residents that were positive for COVID-19 at that time. The surveyor inquired as to who the two residents were and their room numbers. The surveyor conducted the entrance conference and made observations, while conducting the entrance conference. At 10:40 a.m. the surveyor observed a Care Partner donn PPE. The surveyor ascertained that the Care Partner was preparing to go into one of the resident's rooms that was COVID-19 positive.</p> <p>The surveyor observed that upon exiting the room of a COVID-19 positive resident, the Care Partner had removed the PPE, brought it out of the resident's room and placed it in an open garbage can in the bathroom across the hall from the resident's room. The surveyor immediately inquired and was informed that the Care Partner washed her hands before leaving the bathroom, and at that time the surveyor informed the Administrator of the observation at 10:48 a.m. The surveyor informed the Administrator that immediate action to correct the deficient practice was necessary.</p> <p>During interview with the Care Partner, the surveyor learned that she had been trained by the facility on donning and doffing of PPE, however, the surveyor observed that there was no signage on the resident's door that documented that the</p>	R 016		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/29/2020
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 016	<p>Continued From page 2</p> <p>resident was on contact and droplet precautions and no signage on donning and doffing of PPE.</p> <p>The Administrator and the surveyor both spoke to the facility Director of Nurses (DON), by phone, immediately following informing the Administrator of the observation. According to the DON, there should have been a red "Biohazard" bin in the resident's room which the Care Partner should have disposed of the PPE in prior to exiting the room. The Administrator and DON immediately provided an in-service to the Care Partner on the proper way to discard PPE.</p> <p>The surveyor inquired as to why there were no signs posted on the resident's door to inform everyone that the resident was on precautions and to remind staff about what PPE was required and how to don and doff the PPE. The Administrator and DON stated that there were no signs available at the facility at that time.</p>	R 016		