STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35019	A. BUILDING: _____ B. WING _____	C 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING PARK RID(	103 KINDERKAMACK ROAD PARK RIDGE, NJ 07656

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments Complaint #: NJ 00173875 Census: 16 Sample: 3 THE FACILITY IS NOT IN COMPLIANCE WITH ALL OF THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 8:37 STANDARDS FOR LICENSURE OF DEMENTIA CARE HOMES.	R 000		
R 016	8:37-1.1(b) Purpose and Scope This chapter is promulgated for the purpose of establishing interim licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities. This STANDARD is not met as evidenced by: Complaint #: NJ 00173875 Based on interview, record review and pertinent facility documents, it was determined that the facility Administrator failed to ensure that the facility's policy on "Incident Reports" was implemented for 1 of 3 residents, Resident #2. The deficient practice was evidenced by the following: On 5/22/24 at 10:40 a.m., the surveyor reviewed the closed medical record (MR) of Resident #2	R 016		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/10/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R 016	Continued From page 1 who moved into the community as a NJ Exec Order 26 resident in NJ Exec Order 26.4b1 and was discharged from the facility in NJ Exec Order 26.4b1. At 10:58 a.m., the surveyor interviewed the Community Director (CD) regarding the two (2) bruises the resident sustained during his/her NJ Exec Order 26 stay and in addition, if an investigation was completed. The CD stated that she was informed by Resident #2's Power of Attorney (POA) on NJ Exec Order 26 of a NJ Exec Order 26.4b1 on the resident's NJ Exec Order 26.4b1. The CD also stated that on NJ Exec Order 26.4 , after the resident was discharge from the community, she was notified of another NJ Exec Order 26.4b1 to the resident's NJ Exec Order 26.4b1. The CD continued to explained that she observed a NJ Exec Order 26.4b1 when the resident moved in on NJ Exec Order 26.4 but did not notify the nurse of the NJ Exec Order 26 The CD stated that it was her responsibility to complete an incident report and complete an investigation. The CD acknowledged that an incident report and investigation should have been completed when she became aware of the NJ Exec Order 26.4b1. The CD failed to complete an investigative report of NJ Exec Order 26.4b1 to rule out potential NJ Exec Order 26 Surveyor review of the policy titled "Incident Reports" with a policy date of 3/15/24 indicated " ... 1. An Internal Occurrence Report is completed by staff for all unusual occurrences, injuries, injuries of unknown origin and incidents ... 2. An Incident Report is completed in the electronic health record (EHR), including all that are state reportable or require modifications to resident monitoring or plans of care...."	R 016		

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R 016	Continued From page 2 Refer to R-0270 8:37-2.8(a)	R 016		
R 270	8:37-2.8(a) Licensing:Reportable events Licensees shall comply with the health care facility reporting requirements at N.J.A.C. 8:43E-10.11. This STANDARD is not met as evidenced by: Complaint #: NJ 00173875 Based on interview, record review and pertinent facility documents, it was determined that the facility failed to notify the Department of Health (DOH) of NJ Exec Order 26.4b1 for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following On 5/22/24 at 10:40 a.m., the surveyor reviewed the closed medical record (MR) of Resident #2 which revealed the resident was admitted to the community with diagnoses which included NJ Exec Order 26.4b1. The closed MR indicated that the resident was admitted on NJ Exec Order 26.4 for NJ Exec Order 2 care and was discharged from from the community on NJ Exec Order 26.4 with the resident's Power of Attorney (POA). At 10:58 a.m., the surveyor interviewed the Community Director (CD) and inquired about Resident #2 and the CD stated that the resident was in the community for a brief NJ Exec Order 2 stay. The surveyor then asked the CD if the resident had any NJ Exec Order 26.4b1 on admission and the CD confirmed that Resident #2 did not have NJ Exec Order 26.4 or any NJ Exec Order 26.4b1 while at the community. During continued interview, the CD then told the surveyor that on NJ Exec Order 2 at approximately 12 noon,	R 270		

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R 270	Continued From page 3 she was informed by the resident's POA that the resident had a NJ Exec Order 26.4b1 at the resident's NJ Exec Order 26.4b1. The CD stated that she informed the resident's POA that the [redacted] was [redacted] and was present when the resident was admitted on [redacted] The CD also stated that she did not notify the Regional Clinical Director (RCD) of the above incident unti[redacted] when the [redacted] was brought to her attention by the POA. In addition, the CD told the surveyor that on [redacted] at 3 p.m., after the resident was discharged from the community, she received a text with a picture from the resident's POA regarding another NJ Exec Order 26.4b1 on the resident's [redacted] The CD stated that she did not fill out a report nor initiate an investigation for the [redacted]. At 1:11 p.m., the surveyor interviewed the RCD regarding the above [redacted] and the RCD stated that she completed Resident #2's assessment on admission. However, the RCD stated that she did not observe any [redacted] upon the resident's assessment on [redacted] when the resident was admitted to the community. The RCD stated that she was notified of a [redacted] on [redacted] by the CD. The RCD added that she could not recall if she was notified of the NJ Exec Order 26.4b1 The surveyor reviewed the facility's policy and procedure titled, "Incident Report" which indicated, "Injuries and unusual incidents will be reported in compliance with state regulatory requirements ... Procedure 2. a). The Incident Report or ... is used to submit written reports to state agencies...	R 270		

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R 270	Continued From page 4 1. An Internal Occurrence Report is completed by staff for all unusual occurrences, injuries, injuries of unknown origin, and incidents. 2. An Incident Report is completed in the electronic health record (EHR), including all that are state reportable or ... 3. The Community will investigate all internal occurrence reports and state required incident reports. Investigations shall include but not be limited to: i A from occurring in the future...." The facility submitted a Removal Plan to immediate address the immediacy of reporting and investigation issues. Staff were inserviced. Removal Plan was accepted on 5/26/24.	R 270		
R1000	8:37-6.2(a)(1) Pharmacy-Administration of Medication Facilities employing certified medication aides to administer medications to residents shall comply with the requirements at N.J.A.C. 8:36-11.5. This STANDARD is not met as evidenced by: Complaint #: NJ 00173875 Repeat Deficiency Based on interview, record review and pertinent facility documents, it was determined that the facility failed to administer medication as ordered by the resident's physician in accordance with	R1000		

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R1000	Continued From page 5 N.J.A.C. 8:36-11.5(f) for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following: Reference: N.J.A.C. "8:36-11.5(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders." On 5/22/24 at 9:43 a.m., the surveyor interviewed the Certified Medication Aide (CMA) regarding medication administration and documentation procedures. The CMA stated that the facility used an electronic Medication Administration Record (eMAR) to administer medication. Additionally, the CMA explained that after a medication was administered, she would sign out the medication in the eMAR. At 10:40 a.m., the surveyor reviewed the closed medical record (MR) of Resident #2 who moved into the facility as a [redacted] resident on [redacted] with diagnoses which included [redacted] and NJ Exec Order 26.4b1. Resident #2 was discharged from the facility on [redacted]. Continued review of Resident #2's MR revealed a document titled "ePrescription Copy" which indicated the following orders for Resident #2: "Rx 3 Refill: NJ Exec Order 26.4b1 Miscellaneous Date of order: NJ Exec Order 26.4b1 Sig: NJ Exec Order 26.4b1 every 14 days. Record reading NJ Exec Order 26.4b1 ..." "Rx 2 Refill: NJ Exec Order 26.4b1 Date of order: NJ Exec Order 26.4b1 Sig: "NJ Exec Order 26.4b1	R1000		

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R1000	Continued From page 6 At 10:58 a.m., the surveyor interviewed the Community Director (CD), also a CMA regarding medication transcription and NJ Exec Order 26.4b1 reading. The CD stated that medication orders were logged into the eMAR by IPPC pharmacy. She added that IPPC pharmacy and the Regional Clinical Director (RCD) reviewed the prescriptions. She confirmed that Resident #2 was on NJ Exec Order 26.4b1 monitoring. During continued interview with the CD she stated that Resident #2's family used a cellphone to monitor the NJ Exec Order 26.4b1 readings. She explained that the facility used NJ Exec Order 26.4b1 to the resident's reading. According to NJ Exec Order 26.4b1, a NJ Exec Order 26.4b1 is a NJ Exec Order 26.4b1 worn on the back of the NJ Exec Order 26.4b1 used in with a cell phone that sends real time readings. At 11:39 a.m., the surveyor interviewed the RCD who confirmed that she reviewed Resident #2's prescriptions upon admission and stated that she was unaware that Resident #2 was on at that time. Further review of Resident #2's MR, the surveyor observed a document titled "Mediation Administration Record" (MAR) dated NJ Exec Order 26.4b1 TO NJ Exec Order 26.4b1." However, the surveyor did not observe an order for NJ Exec Order 26.4b1 " as ordered by the physician. At 11:48 a.m. the surveyor interviewed the CD and the RCD. The RCD stated that the "x" on the MAR means the order was not carried out.	R1000		

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R1000	Continued From page 7 In addition, surveyor review of the MAR revealed an "x", which indicated the NJ Ex Order 26.4(b)(1) readings were not signed out as completed, next to the following dates and times for the order 'NJ Exec Order 26.4b1 . Record reading 3 times a day before meals." The MAR confirmed that on the following dates, NJ Exec Order 26.4b1 were not documented as done: On NJ Exec Order 26.4 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 26.4 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 26.4 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 26.4 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 26.4 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 26 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 2 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 26 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 2 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 2 at 7:30 a.m., 11:30 a.m., 4:30 p.m. On NJ Exec Order 2 at 7:30 a.m., 11:30 a.m., 4:30 p.m., and On NJ Exec Order 2 at 7:30 a.m., 11:30 a.m. Resident #2 had a total of NJ Exec Order 26.4b1 readings over 12 days that were not completed as ordered by the physican. During continued interview reguarding the above missed NJ Exec Order 26.4b1 readings, the CD stated that the NJ Exec Order 26.4b1 readings were completed but not documented as it was against the resident's Health Insurance Portability and Accountability Act (HIPPA) rights. The facility was requested to submit a removal plan to ensure immediate correction of imminent danger pharmaceutical issues identified. On 5/23/24, the facility submitted a Removal Plan on	R1000		

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R1000	Continued From page 8 5/23/23 and was revised and accepted on 5/26/24. Staff were all inserviced regarding facility policies and procedures to address pharmaceutical concerns.	R1000		
R1920	8:37-8.1(a)(9) Resident Records It shall be the duty of each licensee to maintain an orderly file with respect to each resident containing at least any complaints made by or about the resident, the date of such complaint and action taken by the licensee in response to the complaint. This STANDARD is not met as evidenced by: Complaint #: NJ 00173875 Based on interview and record review, it was determined that the facility failed to keep a record of complaints made by resident for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 5/22/24 at 10:40 a.m., the surveyor reviewed the closed medical record (MR) of Resident #2 who moved into the facility as a [NJ Exec Order 26] resident on [NJ Exec Order 26.4] and was discharged from the facility on [NJ Exec Order 26.4]. At 10:58 a.m., the surveyor interviewed the Community Director (CD) regarding documentation of the [NJ Exec Order 26.4b1] the resident sustained during his/her [NJ Exec Order 26] stay. The CD stated that she was informed by Resident #2's [NJ Exec Order 26] on [NJ Exec Order 26] of a [NJ Exec Order 26.4b1] on the resident's [NJ Exec Order 26.4b1]. The CD also stated that on [NJ Exec Order 26.4] after the resident's discharge from the	R1920		

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R1920	Continued From page 9 community, she was notified of another NJ Exec Order 26.4b1 to the resident's NJ Exec Order 26.4b1. The CD explained that she observed a NJ Exec Order 26.4b1 when the resident moved in on NJ Exec Order 26.4 but did not notify the nurse of the NJ Exec Order 26. The CD stated that it was her responsibility as the CD to complete incident reports and investigations. However, the CD stated that she did not document nor complete an investigation to rule out NJ Exec Order 26. At 12:49 p.m. the surveyor interviewed Resident #2's Power of Attorney (POA) via telephone. Resident #2's POA confirmed that the CD was notified of the NJ Exec Order 26.4b1 to the resident's NJ Exec Order 26.4 on NJ Exec Order 26. and of the NJ Exec Order 26.4b1 on NJ Exec Order 26. and that there were NJ Exec Order 26.4b1 on the resident when he/she was admitted to the community on NJ Exec Order 26.4b. At 3:20 p.m. during continued interview, the CD and RCD both acknowledged that an incident report and investigation should have been completed regarding Resident #2's NJ Exec Order 26.4b. Refer to R-0270 8:37-2.8(a)	R1920		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35019 Y1	A. Building B. Wing Y2	9/11/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING PARK RIDGE	103 KINDERKAMACK ROAD PARK RIDGE, NJ 07656

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix R0016	Correction	ID Prefix R0270	Correction	ID Prefix R1000	Correction
Reg. # 8:37-1.1(b)	Completed	Reg. # 8:37-2.8(a)	Completed	Reg. # 8:37-6.2(a)(1)	Completed
LSC	06/30/2024	LSC	06/30/2024	LSC	06/30/2024
ID Prefix R1920	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:37-8.1(a)(9)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/30/2024	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/22/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35019 Y1	A. Building B. Wing Y2	9/11/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix R0270 Reg. # 8:37-2.8(a) LSC	Correction Completed 06/30/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 5/22/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			