

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
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NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 KINDERKAMACK ROAD PARK RIDGE, NJ 07656
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(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
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R 000	<p>Initial Comments</p> <p>Type of Survey: COMPLAINT</p> <p>Complaint#: NJ00159793</p> <p>Census: 11</p> <p>Sample Size: 3</p> <p>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.</p>	R 000		
R 271	<p>8:37-2.8(a)(1) Licensing: Reportable events</p> <p>Licensees shall comply with the health care facility reporting requirements at N.J.A.C. 8:43E-10.11. A dementia care home is considered a "home-based service" under N.J.A.C. 8:43E-10.11(a)1.</p> <p>This STANDARD is not met as evidenced by: Complaint #NJ00159793</p> <p>Based on interview and record review it was determined that the facility failed to notify the Department of Health (DOH) within 24 hours of an event that involved an NJ Ex Order 26.4(b)(1) for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 11/28/2022 at 4:28 p.m., the facility reported to the DOH that an NJ Ex Order 26.4(b)(1) occurred at the facility on NJ Ex Order 26.4(b)(1). The Facility Reported Event (FRE) revealed Resident #2 NJ Ex Order 26.4(b)(1) a NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) after the Resident attempted to NJ Ex Order 26.4(b)(1) without</p>	R 271		

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

TITLE

(X6) DATE

01/19/23

New Jersey Department of Health

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R 271	<p>Continued From page 1</p> <p>NJ Ex Order 26.4(b)(1)</p> <p>On 12/20/2022, the surveyor reviewed the medical record of Resident #2, which revealed that the resident moved into the facility in NJ Ex Ord with diagnoses which included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>During surveyor review of Resident #2's Progress Notes (PN) the surveyor reviewed a documented late entry written by the facility's previous Executive Director (ED) on NJ Ex Order 26.4(b)(1), that revealed that NJ Ex Order 26.4(b)(1) at 4:00 a.m., the ED received a phone call from the facility's overnight Certified Medication Aide (CMA) who stated Resident #2 was attempting to NJ Ex Order 26.4(b)(1) their wheelchair but was able to NJ Ex Order 26.4(b)(1) back into NJ Ex Order 26.4(b)(1). After the CMA NJ Ex Order 26.4(b)(1) the resident back into NJ Ex Order 26.4(b)(1), the CMA noted NJ Ex Order 26.4(b)(1) on the Resident's NJ Ex Order 26.4(b)(1). The PN revealed that the Resident's Hospice Nurse, Responsible Party, Medical Doctor, and the facility's Director of Nursing were informed. The PN also revealed the Resident's NJ Ex Order 26.4(b)(1) Nurse assessed Resident #2 at the facility on NJ Ex Order 26.4(b)(1). The PN revealed new orders were received from NJ Ex Order 26.4(b)(1) personnel related to the treatment of NJ Ex Order 26.4(b)(1) to the Resident's forehead.</p> <p>Continued review of Resident #2's PNs revealed a late entry for 10/18/2022 at 10:45 a.m., which pertained to the facility conducted investigation of Resident #2's NJ Ex Order 26.4(b)(1). The PN revealed Resident #2, NJ Ex Order 26.4(b)(1) on the NJ Ex Ord of their wheelchair when attempting NJ Ex Order 26.4(b)(1).</p> <p>On 12/20/22 at 12:00 p.m., the surveyor interviewed the facility's current ED who stated she was not an employee of the facility at the time</p>	R 271		
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R 271	<p>Continued From page 2</p> <p>of the event and was unable to provide insight into the delay of reporting.</p> <p>On 12/20/2022 at 12:12 p.m., the surveyor interviewed the facility's Regional Clinical Director who stated she was not aware that DOH was not informed of the event until the facility conducted an internal audit on the facility's incidents and reports.</p> <p>On 12/21/2022, the surveyor conducted a post survey interview via telephone call to the facility's previous ED who stated the delay in reporting was an oversight and that the facility reported the event to the DOH once the facility conducted it's internal audit of incidents and reportable events and realized the event had not be reported.</p> <p>On 12/21/2022, the surveyor reviewed the facility policy and procedure titled, "CHANGE IN RESIDENT STATUS", which revealed, " ... 2) Examples of change in condition would include, but not be limited to a new onset or increasing:</p> <p>...w) Change in skin integrity</p> <p>...14) Complete all state reportables that are required per state regulations..."</p>	R 271		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35019	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/23/2023
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NAME OF FACILITY FOX TRAIL MEMORY CARE LIVING PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 KINDERKAMACK ROAD PARK RIDGE, NJ 07656
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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 R0271	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:37-2.8(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/26/2023	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	
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
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 12/20/2022	<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
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