New Jersey Department of Health

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 06/13/2022

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
H 000	Initials Comments The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.	H 000		
H5790	8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00154897 Based on interview and record review, it was determined that the facility failed to retain a completed Universal Transfer Form (UTF) for 1 of 3 residents reviewed who was transferred to the hospital for evaluation, Resident #2. This deficient practice was evidenced by the following: On 6/13/22 at 10:50 a.m., the surveyor reviewed Resident #2's medical record and according to the "Face Sheet", the resident was admitted to the facility in NJ Ex Order 26.4(b)(1) with diagnoses which included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) [redacted]) The Executive	H5790		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/07/22

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H5790	Continued From page 1 Director (ED) explained to the surveyor that the resident was [NJ Ex Orde] and [NJ Ex Order 26.4(b)] to [NJ Ex Order 26.4] only, [NJ Exec Order 26.4b1] with a walker and required [NJ Ex Order 26.4(b)(1)] with Activities of Daily Living (ADL). Further surveyor review of the medical record revealed a progress note dated [NJ Ex Order 26.4(b)] at 10:45 a.m. for a [NJ Ex Order 26.4(] late entry note written by the Regional Clinical Director (RCD). The RCD documented that she received a telephone call from the ED that Resident #2 "was not acting (his/her) usual self, [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)] and NJ Ex Order 26.4(b)(1) ." The RCD documented that she instructed the ED to send the resident to [NJ Ex Order 26.4(b)(1)] via 911 for evaluation. At 11:20 a.m., the surveyor interviewed the ED and requested the resident's UTF for [NJ Ex Order 26.4(] when the resident was transferred to [NJ Ex Order 26.4(b)(1)]. The ED told the surveyor that a completed UTF was sent with the resident at the time of transfer and was not aware that a copy needed to be retained in the resident's medical record. The facility failed to retain a copy of the UTF in the resident's medical record when the resident was transferred to [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(].	H5790		
R 000	Initial Comments Complaint #: NJ 00154897 Census: 14 Sample: 3 THE FACILITY IS NOT IN COMPLIANCE WITH	R 000		

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R 000	Continued From page 2 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 100	8:37-2.3(a) Licensing: Administrator Each dementia care home shall have an administrator who is responsible for the day-to-day operations of the dementia care home. This STANDARD is not met as evidenced by: Complaint #: NJ 00154897 Based on interview and record review, it was determined that the facility failed to ensure its policy titled, "Incident Reporting," was implemented when: the Executive Director (ED) failed to notify the Regional Clinical Director/Registered Nurse (RCD/RN), who failed to notify the resident's Power of Attorney and who failed to notify the resident's Physician of an NJ Ex Order 26.4(b)(1) and subsequent NJ Ex Order [redacted] for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 6/13/22 at 10:21 a.m., the surveyor interviewed the ED regarding a "Reportable Event Report" (RER) that occurred at the facility on NJ Ex Order 26.4([redacted] and was reported to the Department of Health on NJ Ex Order 26.4(b)[redacted] During the interview, the ED stated that on NJ Ex Order 26.4([redacted] at approximately 4:45 a.m., Resident #2 was observed NJ Ex Order 26.4(b)(1) by a Certified Home	R 100		

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R 100	Continued From page 3	R 100		

Health Aide (CHHA) who then notified a Certified Medication Aide (CMA) on duty. The ED stated that the CMA examined the resident and there were no NJ Ex Order 26.4(b)(1) at the time of the NJ Ex Order 26.4(b)(1). The ED stated that she was later notified of NJ Ex Order 26.4 at approximately 5 p.m. Also, the ED told the surveyor that she forgot to notify the RCD/RN of NJ Ex Order 26.4 due to other issues going on at the same time at the facility.

Further, the ED stated that on NJ Ex Order 26.4(b) at between 7 - 7:30 a.m., she received a telephone call from the same CMA that she was not able to NJ Ex Order 26.4 resident NJ Ex Order 26.4(b)(1) for morning care. The ED stated that she told the CMA to call the RCD who then instructed the CMA to send the resident to NJ Ex Order 26.4(b)(1)) via 911 for evaluation. The ED stated that the resident had NJ Ex Order 26.4(b)(1) to the facility.

In addition, the surveyor asked the ED if the resident's POA and the Physician were notified of the above incident. The ED confirmed that she did not notify the resident's POA nor the Physician of the incident.

At 10:30 a.m., the surveyor interviewed the CMA and she stated that on NJ Ex Order 26.4(b) at approximately 5 a.m., she was notified by the resident's CHHA that the resident was NJ Ex Order 26.4(b)(1). The CMA stated that she observed the resident NJ Ex Order 26.4(b)(1) in an NJ Ex Order 26.4(b)(1) by the resident's bed. The CMA stated that she examined the resident and found NJ Ex Order 26.4(b)(1) and the resident denied NJ Ex Order The CMA stated that morning care was provided to the resident and that she notified the ED of the incident at approximately 10 a.m. the same day. The CMA continued that on 5/14/22 at approximately 7 a.m., she observed that Resident #2 had a NJ Exec Order 26.4b1 and was not his/her

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R 100	Continued From page 4	R 100		

NJ Exec Order 26.4b1. The CMA stated that she placed a telephone call to the ED who directed her to call the RCD. The CMA stated that the RCD/RN directed her to send the resident to NJ Ex Order 26.4 via 911 and could not recall if she informed the RCD that the resident NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1

At 10:46 a.m., the surveyor interviewed the RCD regarding Resident #2 and she stated that on NJ Ex Order 26.4(at 10 a.m., she received a telephone call from the above CMA that the resident had a NJ Exec Order 26.4b1. The RCD stated that she instructed the CMA to send the resident to NJ Ex Order 26.4 via 911 for evaluation based on the information that she received from the CMA but she was not informed that the resident NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1 The RCD continued that on NJ Ex Order 26.4(b) at approximately 10:45 a.m., while getting report from the ED, she inquired about Resident #2 and if the resident NJ Ex Order 26.4(b)(1) to the facility. The RCD stated that the ED informed her that she (ED) spoke with the family and was told that the resident had NJ Ex Order 26.4(b)(1). The RCD stated that she then asked the ED if the resident NJ Ex Order 26.4(b)(1) and the ED replied that the resident had had an NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1

At 11:05 a.m., the surveyor reviewed Resident #2's medical record and according to the "Face Sheet", the resident was admitted to the facility in NJ Ex Order 26.4(b)(1) with diagnoses which included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)) During interview with the Executive Director (ED), she stated that the resident was NJ Ex Orde and NJ Ex Order 26.4(b) to NJ Ex Order 26.4(b)(1), NJ Exec Order 26.4b1 with a walker and required NJ Ex Order 26.4(b)(1) with Activities of Daily Living (ADL).

Surveyor review of the "Progress Notes" (PN) dated NJ Ex Order 26.4(b) at 10:45 a.m., late entry for

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R 100	Continued From page 5 NJ Ex Order 26.4(b), written by the RCD revealed that the RCD received a telephone call from the ED that Resident #2 was not his/her usual self, NJ Ex Order 26.4(b)(1) that she instructed the ED to call 911 and not a transport company. On the same day at 11:29 a.m., the RCD documented, "Call from ED to discuss several issues. In the midst of the conversation, RCD asked about resident NJ Ex Order 26.4(b)(1) with change of condition. Stated they found a NJ Ex Order 26.4(b)(1) . At that point RCD asked if resident had NJ Ex Order 26.4(b)(1). ED responded with "The staff found (Resident #2) NJ Ex Order 26.4(b)(1) next to NJ Ex Order 26.4(b) on Friday morning. They examined the resident and did not see any NJ Ex Order 26.4(b)(1). No NJ Ex Order 26.4(b) NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) or NJ Ex Order Resident ... following NJ Ex Order 26.4(b)(1). Got resident NJ Ex O 911 not called. Family not called as per ED." The surveyor reviewed the policy titled, "Incident Reporting" which stated to follow the incident communication guide and also specified to contact the "Primary Care Physician", "POA", "... & ED's Direct Manager" for fall with no injuries or with injuries. The facility failed to follow its "incident Reporting" policy for Resident #2, failed to notify the RCD/RN, Physician and POA on NJ Ex Order 26.4(b) when the resident was observed NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) .	R 100		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35019 Y1	A. Building B. Wing Y2	7/21/2022 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 H5790 Reg. # 8:43E-13.4(d) LSC	Correction Completed 06/30/2022	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 6/13/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
D35019 Y1	A. Building B. Wing Y2	7/21/2022 Y3

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix R0100 Reg. # 8:37-2.3(a) LSC	Correction Completed 06/30/2022	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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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 6/13/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			