

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2025
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NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING RAMSEY	STREET ADDRESS, CITY, STATE, ZIP CODE 38 NORTH CENTRAL AVENUE RAMSEY, NJ 07446
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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
H 000	<p>Initials Comments</p> <p>Survey type: Complaint</p> <p>Complaint #: NJ 00188315</p> <p>Census: 13</p> <p>Sample: 13</p> <p>Residents who resided at Fox Trail Memory Care Living at Ramsey were relocated to Fox Trail Memory Care Living Woodcliff Lake. The survey was conducted at both locations: Fox Trail Memory Care Ramsey and Fox Trail Memory Care Woodcliff Lake.</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>	H 000		
H3470	<p>8:43E-10.11(c)(2) Other Rprtnng Rqrmnts Unrltd to Pt Sfty Act</p> <p>(c) Examples of reportable events in the nature of physical plant and operational interruptions, include, but are not limited to, the following:</p> <p>2. Loss or significant reduction of water, electrical power, or any other essential utilities necessary to the operation of the facility;</p> <p>This REQUIREMENT is not met as evidenced by:</p>	H3470		

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

TITLE

(X6) DATE

10/03/25

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H3470	<p>Continued From page 1</p> <p>Complaint #: NJ 00188315</p> <p>Based on interview and record review, it was determined that the facility failed to notify the Department of Health (DOH) of interruption of water services due to water leakage in a timely manner for 13 of 13 residents. This deficient practice was evidenced by the following:</p> <p>On 7/19/25, the DOH received a Facility Reportable Event (FRE) (a form utilized by healthcare facilities to report events to the DOH), regarding an incident that occurred on 7/14/25. The FRE indicated that on 7/14/25 a water leak was identified at the facility when a small section of drywall fell from the ceiling in the lower-level corporate office and active water dripping was observed.</p> <p>On 7/24/25 at 11:50 a.m. during surveyor interview with the Community Director (CD) regarding the water leaks, the CD stated that the water leak was first noticed as a small leak on 7/14/25. The CD stated that the contractors were notified on 7/15/25 and came out to assess on 7/15/25. The CD stated that the facility contacted the DOH on 7/18/25 after the facility made the decision to evacuate the residents on 7/19/25.</p> <p>At 12:15 p.m., during surveyor interview with the Chief Operating Officer (COO), the COO confirmed that the water leak started as a small leak on 7/14/25. The COO stated that the contractors came out to asses the water leak on 7/15/25 and removed sheet rock and ceiling to determine the extent of the water leak. The COO stated that there were two water lines and that the contractors shut off the water line to the basement. The COO explained that the leak was confined to the basement and no residents were</p>	H3470		

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H3470	<p>Continued From page 2</p> <p>affected.</p> <p>Additionally, the COO stated that the contractors discovered that the leak was not isolated and identified multiple areas of concerns. The COO stated that on 7/17/25, the facility contractors discovered four active leaks which included toilet seals on ground level bathrooms, cracked tiles around bathroom sinks, and a significant leak under the kitchen sink.</p> <p>During continued interview, the COO stated that the contractors had to shut off the water line due to the water leaks. The COO stated that the facility notified the DOH on 7/18/25 at approximately 4:03 p.m. to report the above incident.</p> <p>The facility failed to report to the DOH water interruption due to water leakage that occurred at the facility on 7/14/25, not until 7/18/25, 4 days later.</p>	H3470		
R 000	<p>Initial Comments</p> <p>Survey type: Complaint</p> <p>Complaint #: NJ 00188315</p> <p>Census: 13</p> <p>Sample: 13</p> <p>Residents who resided at Fox Trail Memory Care Living at Ramsey were relocated to Fox Trail Memory Care Living Woodcliff Lake. The survey was conducted at both locations: Fox Trail Memory Care Ramsey and Fox Trail Memory Care Woodcliff Lake.</p>	R 000		

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R 000	Continued From page 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 416	<p>8:37-4.1(a)(1) Admission & Retention-Health Care Monitoring</p> <p>Each resident shall be reassessed and recertified by a physician on a quarterly basis in compliance with N.J.S.A. 26:2H-152(n)(6).</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that residents received a quarterly physician certification to confirm that a NJ Ex Order 26. 4B1 home was appropriate for 5 of 13 residents reviewed, Resident #'s 3, 7, 9, 12, and 13. This deficient practice was evidenced by the following:</p> <p>On 7/24/25 at 12:46 p.m., the surveyor reviewed Resident #3's medical record (MR), which indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor observed that Resident #3's last physician certification was dated NJ Ex Order 26. 4B1 and had NJ Ex Order 26. 4B1.</p> <p>On 7/24/25 at 10:41 a.m., the surveyor reviewed Resident #7's MR, which indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor observed that Resident #7's last physician certification was dated NJ Ex Order 26. 4B1 and had NJ Ex Order 26. 4B1.</p>	R 416		

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R 416	<p>Continued From page 4</p> <p>At 11:28 a.m., the surveyor reviewed Resident #9's MR, which indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor observed that Resident #9's last physician certification was dated NJ Exec Order 26.4B [REDACTED] and had NJ Ex Order 26.4B [REDACTED].</p> <p>On 7/24/25 at 10:07 a.m., the surveyor reviewed Resident #12's MR, which indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor observed that Resident #12's last physician certification was dated NJ Exec Order 26.4B [REDACTED] and had NJ Ex Order 26. 4B1 [REDACTED].</p> <p>At 12:50 p.m., the surveyor reviewed Resident #13's MR, which indicated that the resident was NJ Ex Order 26. 4B1 [REDACTED]. The surveyor observed that Resident #13's last physician certification was dated NJ Exec Order 26.4B [REDACTED] and had NJ Ex Order 26. 4B1 [REDACTED].</p> <p>On 7/24/25 at 11:49 a.m., the surveyor requested the Senior Clinical Director (SCD) to provide copies of the current physician certification for all the residents of the facility. The copies of the physician certifications provided by the SCD for Resident #'s 3, 7, 9, 12, and 13 were all NJ Ex Order 26. 4B1 [REDACTED].</p> <p>At 3:00 p.m., the surveyor interviewed the Community Director (CD) regarding the above residents' physician certifications. The CD confirmed that the physician should have completed the quarterly evaluations and certification for each resident.</p> <p>The surveyor reviewed a facility policy titled, "Level of Care Determination & Adjustment," dated 6/22/20, which revealed, " ... Prior to move-in, quarterly ... the Regional Director of</p>	R 416		
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R 416	Continued From page 5 Nursing or designee must ... ensure MD does assessment and completes the MD Physical Assessment ..."	R 416		
R1000	<p>8:37-6.2(a)(1) Pharmacy-Administration of Medication</p> <p>Facilities employing certified medication aides to administer medications to residents shall comply with the requirements at N.J.A.C. 8:36-11.5.</p> <p>This STANDARD is not met as evidenced by: Complaint #: NJ 00188282</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure that all medications were documented in accordance with prescriber's orders for 12 of 13 residents reviewed for medication, Resident #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12. This deficient practice was evidenced by the following:</p> <p>On 7/19/25, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH), regarding a water leak at the facility which resulted in the residents being evacuated to a sister facility.</p> <p>On 7/24/25, during surveyor review of the Medication Administration Record (MAR), the surveyor observed that on [redacted] and [redacted] Resident #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12 MARs were left blank. The surveyor observed that for all 12 residents no medications ordered by the prescriber, some of which were significant medications, were documented as being given as</p>	R1000		

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R1000	<p>Continued From page 6</p> <p>follows:</p> <p>1. On 7/24/25 at 10:00 a.m., the surveyor reviewed Resident #1's MAR which revealed that the resident was NJ Ex Order 26. 4B1 [REDACTED]</p> <p>Resident #1 did not receive the following 3 medications:</p> <p>NJ Ex Order 26. 4B1 [REDACTED]</p> <p>[REDACTED]</p> <p>2. At 10:22 a.m., the surveyor reviewed Resident #9's MR which revealed that the resident was NJ Ex Order 26. 4B1 [REDACTED]</p> <p>[REDACTED] Resident #9 did not receive the following 10 medications:</p> <p>NJ Ex Order 26. 4B1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>3. At 10:32 a.m., the surveyor reviewed Resident #8's MR which revealed that the resident was NJ Ex Order 26. 4B1 [REDACTED]</p> <p>[REDACTED] Resident #8 did not receive the following 3 medications:</p> <p>NJ Ex Order 26. 4B1 [REDACTED]</p>	R1000		

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R1000	<p>Continued From page 7</p> <p><i>NJ Ex Order 26. 4B1</i></p> <p>4. At 10:42 a.m., the surveyor reviewed Resident #10's MR which revealed that the resident was <i>NJ Ex Order 26. 4B1</i>. Resident #10 did not receive the <i>NJ Ex Order 26. 4B1</i>.</p> <p>5. At 10:52 a.m., the surveyor reviewed Resident #7's MR which revealed that the resident was <i>NJ Ex Order 26. 4B1</i>. Resident #7 did now receive the <i>NJ Ex Order 26. 4B1</i>.</p> <p>6. At 11:01 a.m., the surveyor reviewed Resident #3's MR which revealed that the resident was <i>NJ Ex Order 26. 4B1</i>. Resident #3 did not receive the following 2 medications: <i>NJ Ex Order 26. 4B1</i></p> <p>7. At 11:25 a.m., the surveyor reviewed Resident #2's MR which revealed that the resident was <i>NJ Ex Order 26. 4B1</i>. Resident #2 did not receive the following 6 medications: <i>NJ Ex Order 26. 4B1</i></p>	R1000		

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R1000	<p>Continued From page 8</p> <p>NJ Ex Order 26. 4B1.</p> <p>8. At 11:30 a.m., the surveyor reviewed Resident #4's MR which revealed that the resident was NJ Ex Order 26. 4B1. Resident #4 did not receive the following 4 medications:</p> <p>NJ Ex Order 26. 4B1</p> <p>9. At 11:45 a.m., the surveyor reviewed Resident #11's MR which revealed that the resident was NJ Ex Order 26. 4B1. Resident #11 did not receive the following 6 medications:</p> <p>NJ Ex Order 26. 4B1</p> <p>10. At 11:50 a.m., the surveyor reviewed Resident #6's MR which revealed that the resident was NJ Ex Order 26. 4B1. Resident #6 did not receive the following 8 medications:</p> <p>NJ Ex Order 26. 4B1</p>	R1000		
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R1000	<p>Continued From page 9</p> <p><i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>11. At 11:50 a.m., the surveyor reviewed Resident #5's MR which revealed that the resident was <i>NJ Ex Order 26. 4B1</i> [REDACTED]. Resident #5 did not receive the following 6 medications:</p> <p><i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>12. At 12:00 p.m., the surveyor reviewed Resident #12's MR which revealed that the resident was <i>NJ Ex Order 26. 4B1</i> [REDACTED]. Resident #12 did not receive the following 3 medications:</p> <p><i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>At 3:02 p.m., the surveyor interviewed the Community Director (CD) and inquired about the missing signatures on the MAR and if the medications were administered. The CD stated that after medications were administered, however, they were signed out in the MAR. The surveyor then showed the CD the MARs provided by the Clinical Executive Director (CED) with missing signatures.</p> <p>The CD explained that there was a Certified Medication Aide (CMA) who did not have access to signing off medications in the electronic MAR and signed off a paper copy. The CD provided the surveyor paper MARs dated <i>NJ Exec Order 26.4B1</i> [REDACTED]. The</p>	R1000		
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R1000	<p>Continued From page 10</p> <p>surveyor then inquired about paper MARs for [REDACTED] NJ Exec C [REDACTED]. The CD stated that the MARs for [REDACTED] NJ Exec Order 26.4b1 [REDACTED] were at the other location and were not brought over with the residents when the residents were relocated.</p> <p>The surveyor reviewed a policy titled, "Policy 300 Medication Errors" which revealed " ... Procedure 1. A medication error is considered to have occurred ... when ... f. An omission or error is made in charting the medications." Further the surveyor reviewed another policy titled " Policy 301 Medication Error Report," which revealed, " ...Procedure: The person administering medications will review the MARS/EMAR: a. At least once by the end of his or her shift, to discover and amend any recording error or omission. 2. The house Manager/Executive Director/Wellness Director will review the MARS/EMAR on a daily basis. 3. The RN will review the MARS/EMAR on a weekly Basis ..."</p>	R1000		
R1673	<p>8:37-7.10(a)(1)(i) Physical Plant- Building Safety</p> <p>All facilities shall have the following: On each floor above the ground floor to which one or more residents have access, a designated area that such persons may be brought where they may reasonably be expected to be safe, pending their evacuation in an emergency situation. No facility shall be permitted to have more than four residents that cannot physically self-evacuate, unless the staffing is increased to a ratio of one staff member per two residents that cannot self-evacuate</p>	R1673		

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R1673	<p>Continued From page 11</p> <p>This STANDARD is not met as evidenced by: Complaint #: NJ 00188315</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to increase the number of staff members to assist 10 of 13 residents that could not self-evacuate, Resident #'s 1, 3, 4, 5, 7, 9, 10, 11, 12, and 13. This deficient practice was evidenced by the following:</p> <p>On 7/24/25 at 9:37 a.m., the surveyor observed the residents seated in the common living area of the community. The surveyor observed five residents seated had walkers by their sides and were seated on the couch and two residents who were seated in their wheelchairs.</p> <p>At 2:52 p.m., the surveyor reviewed Resident #1's medical record (MR) and observed that the resident's Evacuation Assessment (EA), dated [redacted], indicated that Resident #1 required [redacted].</p> <p>On 7/24/25 at 12:46 p.m., the surveyor reviewed Resident #3's MR and observed that the resident's EA, dated [redacted], indicated that Resident #3 required NJ Ex Order 26. 4B1 [redacted].</p> <p>At 1:10 p.m., the surveyor reviewed Resident #4's MR and observed that the resident's EA, dated [redacted], revealed that Resident #4 required [redacted].</p> <p>On 7/24/25 at 11:05 a.m., the surveyor reviewed Resident #5's MR and observed that the resident's EA, dated [redacted], revealed that Resident #5 "NJ Ex Order 26. 4B1 [redacted] and required [redacted].</p>	R1673		
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R1673	<p>Continued From page 12</p> <p>On 7/24/25 at 10:41 a.m., the surveyor reviewed Resident #7's MR and observed that the resident's EA, dated ^{NJ Exec Order 26}, indicated that Resident #7 required NJ Ex Order 26. 4B1 [REDACTED].</p> <p>At 11:28 a.m., the surveyor reviewed Resident #9's MR and observed that the resident's EA, dated ^{NJ Exec Order 26}, indicated that Resident #9 required NJ Ex Order 26. 4B1 [REDACTED].</p> <p>At 11:59 a.m., the surveyor reviewed Resident #10's MR and observed that the resident's EA, dated ^{NJ Exec Order 26}, revealed that Resident #10 required NJ Ex Order 26. 4B1 [REDACTED] "..."</p> <p>On 7/24/25 at 10:35 a.m., the surveyor reviewed Resident #11's MR and observed the resident's EA, dated ^{NJ Exec Order 26}, indicated that Resident #11 required NJ Ex Order 26. 4B1 [REDACTED].</p> <p>On 7/24/25 at 10:07 a.m., the surveyor reviewed Resident #12's MR, and observed that the resident's EA, dated ^{NJ Exec Order 26}, indicated that Resident #12 "NJ Ex Order 26. 4B1 [REDACTED] " and required NJ Ex Order 26. 4B1 [REDACTED]. The surveyor also observed that Resident #12 had a ^{NJ Exec Order 26} [REDACTED].</p> <p>At 12:53 p.m., the surveyor reviewed Resident #13's MR and observed that the resident's EA, dated ^{NJ Exec Order 26}, revealed that Resident #13 required NJ Ex Order 26. 4B1 [REDACTED].</p>	R1673		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2025
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NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING RAMSEY	STREET ADDRESS, CITY, STATE, ZIP CODE 38 NORTH CENTRAL AVENUE RAMSEY, NJ 07446
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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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R1673	<p>Continued From page 13</p> <p>On 7/24/25 at 9:46 a.m., the surveyor interviewed the Community Director (CD) and the Senior Clinical Director (SCD) and inquired about the residents who required assistance with evacuating from the building. The SCD stated that all residents at the facility required assistance since they would all require verbal cueing and/or physical assistance with evacuations. The surveyor requested a list of all the residents that used assistive devices and required physical assistance during an evacuation.</p> <p>At 10:34 a.m., and 3:00 p.m., the SCD and the CD provided the surveyor with a list of the residents that used assistive devices and a list of residents and their "Evacuation Status." The surveyor reviewed the list of residents with assistive devices and evacuation status and the findings were as follows:</p> <p>Resident #'s 1, 7, 11, 12, and 13 used NJ Exec Order 26.41 Resident #'s 3, 9, and 10 used wheelchairs. Resident #'s 3, 4, 5, 7, 9, 10, 11, 12, and 13 were identified as NJ Ex Order 26.4B1 _____.</p> <p>On 7/24/25 at 12:45 p.m., the SCD provided the surveyor with the staff schedule from 7/1/25 to 7/24/25. The schedule indicated that there was an average of two to three staff members scheduled for each shift, (Day shift: 7 a.m. - 3 p.m., Evening shift: 3 p.m. -11 p.m., and Night shift: 11 p.m. - 7 a.m.). The surveyor reviewed the staff schedules which revealed the following:</p> <p>On 7/1/25 and 7/3/25, there were two care team members (CTMs) scheduled for each shift. Additionally, the surveyor observed that the CD was scheduled from 8:30 a.m. - 5:30 p.m.</p>	R1673		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2025
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NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING RAMSEY	STREET ADDRESS, CITY, STATE, ZIP CODE 38 NORTH CENTRAL AVENUE RAMSEY, NJ 07446
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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
R1673	<p>Continued From page 14</p> <p>On 7/2/25, there were three CTMs scheduled for the day and evening shifts and there were two CTMs scheduled for the night shift. Additionally, the surveyor observed that the CD was also scheduled from 8:30 a.m. - 5:30 p.m.</p> <p>On 7/4/25, there were three CTMs scheduled for the day shift and two CTMs scheduled for the evening and night shifts. In addition, the surveyor observed that the CD was scheduled from 8:30 a.m. - 5:30 p.m.</p> <p>On 7/5, 7/7, 7/11, 7/13, 7/17, and 7/18/25, there were two CTMs scheduled for each shift.</p> <p>On 7/6/25, there were three CTMs scheduled for the day and evening shifts and two CTMs scheduled for the night shift. The surveyor observed that an activity staff member was scheduled from 3 p.m. - 7 p.m.</p> <p>On 7/8, 7/10, 7/19, and 7/24/25, there were three CTMs scheduled for day shift and two CTMs scheduled for the evening and night shifts.</p> <p>On 7/9, 7/12, and 7/20/25, there were three CTMs scheduled for the day and evening shifts and two CTMs scheduled for night shift.</p> <p>On 7/14 and 7/15/25, there were two CTMs scheduled for the day and night shifts and three CTMs scheduled for the evening shift.</p> <p>On 7/16/25, there were four CTMs scheduled for the day shift, three CTMs scheduled for the evening shift, and two CTMs scheduled for the night shift.</p> <p>On 7/21, 7/22, and 7/23/25, there were three CTMs scheduled for the day and evening shifts</p>	R1673		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2025
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NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING RAMSEY	STREET ADDRESS, CITY, STATE, ZIP CODE 38 NORTH CENTRAL AVENUE RAMSEY, NJ 07446
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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
R1673	<p>Continued From page 15</p> <p>and two CTMs scheduled for the night shift. The surveyor observed that the CD was scheduled from 11 a.m. - 1 p.m.</p> <p>At 12:55 p.m., the surveyor interviewed the SCD and inquired about the staffing levels at the facility. The SCD stated that normal staffing levels were two CTMs each shift. The SCD explained that when the CD is at the facility, the staffing level would total to three staff members.</p> <p>At 3:02 p.m., the surveyor interviewed the CD and inquired about the number of staff members scheduled for each shift. The CD stated that each shift had two to three staff members. The CD explained that there were some residents who were independent with walking; however, all residents required some form of assistance with evacuating from the building.</p> <p>The surveyor reviewed a facility policy titled, "GP12 - Staffing, Emergency Training, Cardiopulmonary Resuscitation (CPR) and First Aid Training" dated 3/15/24, which revealed, "Policy: The Community Director is responsible to ensure properly trained Community staff are available to respond to emergencies at all times and provide the necessary care/supervision of residents ... 3. Each Community is to provide for a sufficient number of staff to: a. Provide care required in each resident's Service Plan. B. Ensure the health, safety, comfort, and supervision of the residents ..."</p>	R1673		

POC#3 received 10/6/25
Accepted 10/6/25



Foxtrail Memory care Living Ramsey

38 North Central Avenue

Ramsey, NJ 07446

Survey Visit 07/24/2025

Date: 9/22/2025, Resubmitted 9/30/2025, Resubmitted 10/3/2025

Tag H3470: Failure to Timely Report Water Service Interruption

Corrective Action Taken

- The facility immediately notified the Department of Health on 7/18/25 once evacuation was determined necessary.
- Resident 1,2,3,4,5,6,7,8,9,10,11,12,13 was safely relocated to a sister community on **NJ Ex. Order 26.4b1** and continues to reside at the location.

Identification of other residents at risk

- Resident 1,2,3,4,5,6,7,8,9,10,11,12,13 was assessed for health and safety concerns during the evacuation period. **NJ Exec Order 26.4b1** were identified.

Systemic Changes to prevent recurrence

- This was unexpected incident and facility proactively evacuated residents to prevent any disturbances of ADL's. Community director or designee will review any future environmental incidents and report it within 2-4 hours followed by a facility reportable event which will be submitted within 24 hours.

- Monitoring

Community Director or designee will review all future environmental incidents within 2-4 hours and submit FRE to DOH if criteria are met. COO will audit reportable event logs monthly for six months to ensure they were submitted within the required timeframe.

Completion Date: 07/26/2025

NJ Ex Order 26.481

approved
10/10/25

Tag R416: Expired Quarterly Physician Certifications

Corrective Action Taken

- Physician certifications for Residents #3, 7, 9, 12, and 13 were obtained immediately and are now current as of 9/19/2025
- All residents have the potential to be affected.

Identification of Other Residents at Risk

- All remaining residents' charts were reviewed on 7/26/25 to confirm that active quarterly certifications are on file and audits are ongoing.

Completed 9/19/2025

- All residents have the potential to be affected.

Systemic Changes to Prevent Recurrence

- A certification tracking system log is in place in the EHR system to flag all quarterly certifications due within 30days, allowing community directors to review and update, this system has been in place since 3/28/2025
- Point Click Care Tracking system was implemented as of 3/28/2025.
- During weekly zoom calls, community directors were in serviced by Senior director of clinical operations on how to run report using point click care.

Completed on 7/28/2025 and ongoing.

Monitoring

- Quarterly chart audits will be completed by the Community Director and reviewed by the Regional Clinical Director every quarterly to ensure compliance.

Completion date 07/28/2025

NJ Exec Order 26.4B

approved
10/6/25

Tag R1000: Medication Administration Documentation

Corrective Action Taken

- Paper medication administration records for resident 1,2,3,4,5,6,8,9,10,11 and 12 for [redacted] were obtained from the [redacted] facility, community director confirmed that orders match prescriber written orders.
- Missing signatures were completed by the certified medication Aide who administered the medications on 7/25/2025
- In-service was provided on proper documentation on 7/25/25

Identification of Other Residents at Risk

- All MARs for July were reviewed to confirm there were no discrepancies.
- In the event of an Emergency Community director will make sure paper Mars and other records are relocated with the residents.
- Community directors and senior clinical directors are responsible for confirming all medication orders.
- All residents have the potential to be affected by this deficiency.

Systemic Changes to Prevent Recurrence

- CMA staff have been re-educated by the community director on documenting medication administration in EMAR immediately after administration.
- Education was provided on 7/25/2025.

Monitoring

Community director to audits EMAR daily to ensure compliance, any discrepancies to be corrected immediately and staff re-educated as necessary.

Date: 07/25/2025

NJ Exec Order 26.4B

approved
10/6/25

Tag R1673: Insufficient Staffing for Non-Self-Evacuating Residents

Corrective Action Taken

- Resident #1,3,7,9,10,11,12 and 13 were affected by this deficiency

- No residents were found to have **NJ Exec Order 26.4b1**
- Community will maintain a staffing plan that meets the needs of the residents in the event of an emergency, that would include community director, 1HHA, 1CMA and maintenance director to be present.
- All residents have the potential to be affected by staffing levels.

Identification of Other Residents at Risk

- Evacuation Assessments for all residents were reviewed and updated as of 7/25/25
9 residents can **NJ Exec Order 26.4b1** with 4 needing **NJ Exec Order 26.4b1**

Systemic Changes to Prevent Recurrence

- A process is in place for quarterly review of Evacuation Assessments and staffing in each resident's record, this is done by the community director.
- change in resident condition will trigger an immediate reassessment and service plan will be updated by the community director.

Monitoring

- Community Director will verify staffing ratios daily against the current log for 3 months, staffing log will be stored in community for easy access.
- Community director ensures staffing levels are adequate and adjustments are made as necessary.
- Staffing log identifies number of staff on each day and shift

Completion date 7/25/2025



approved
10/6/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35020 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/6/2025 Y3
NAME OF FACILITY FOX TRAIL MEMORY CARE LIVING RAMSEY	STREET ADDRESS, CITY, STATE, ZIP CODE 38 NORTH CENTRAL AVENUE RAMSEY, NJ 07446	

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 H3470	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:43E-10.11(c)(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/26/2025	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
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/24/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35020 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/6/2025 Y3
NAME OF FACILITY FOX TRAIL MEMORY CARE LIVING RAMSEY		STREET ADDRESS, CITY, STATE, ZIP CODE 38 NORTH CENTRAL AVENUE RAMSEY, NJ 07446

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix R0416	Correction	ID Prefix R1000	Correction	ID Prefix R1673	Correction
Reg. # 8:37-4.1(a)(1)	Completed	Reg. # 8:37-6.2(a)(1)	Completed	Reg. # 8:37-7.10(a)(1)(i)	Completed
LSC	07/28/2025	LSC	07/25/2025	LSC	07/25/2025
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
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/24/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35020	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/6/2025
NAME OF FACILITY FOX TRAIL MEMORY CARE LIVING RAMSEY		STREET ADDRESS, CITY, STATE, ZIP CODE 38 NORTH CENTRAL AVENUE RAMSEY, NJ 07446

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix R1000	Correction	ID Prefix R1673	Correction	ID Prefix	Correction
Reg. # 8:37-6.2(a)(1)	Completed	Reg. # 8:37-7.10(a)(1)(i)	Completed	Reg. #	Completed
LSC	07/25/2025	LSC	07/25/2025	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
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/24/2025		<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		