

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D35021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/04/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL MEMORY CARE LIVING SOUTH RI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>69 BURTON AVENUE SOUTH RIVER, NJ 08882</b>
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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
R 000	<p>Initial Comments</p> <p>TYPE OF SURVEY: Complaint COMPLAINT #: NJ00118271 CENSUS: 9 SAMPLE SIZE: 3 SURVEY DATE: 11/04/2025 - 11/04/2025</p> <p>The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:37, Licensing Standards for Dementia Care Homes, based on this Complaint Survey.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	R 000		
R 270 SS=D	<p>8:37-2.8(a) Licensing:Reportable events</p> <p>Licensees shall comply with the health care facility reporting requirements at N.J.A.C. 8:43E-10.11.</p> <p>This STANDARD is not met as evidenced by: Complaint #NJ188271</p> <p>Based on facility policy review, record review, facility document review, and interview, the facility failed to notify the Long-Term Care Ombudsman of [redacted] of [redacted] or [redacted] or [redacted] source for 2 of 2 reports of [redacted] or [redacted] of [redacted] reviewed.</p> <p>Findings included:</p> <p>A facility policy titled, "Abuse, Neglect, and</p>	R 270		

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

TITLE

(X6) DATE

12/24/25

New Jersey Department of Health

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R 270	<p>Continued From page 1</p> <p>Exploitation," dated 03/15/2024, revealed, "Resident abuse, neglect, and exploitation are prohibited. Should any resident experience abuse (by staff, residents, family, or others) or when abuse is suspected, staff and volunteers are required to immediately provide notification to persons/agencies as described in this policy. Staff will not be terminated nor reprimanded for reporting suspected or actual cases of resident abuse. The term abuse as used in this policy also includes, but is not limited to, neglect, abandonment, exploitation, and any other form of abuse." The policy "Procedure" indicated, "4. Upon the notice of reported, observed, suspected, or at imminent risk of any form of abuse," which included, "i. Reporting of any suspected, alleged, or witnessed abuse will be completed according to state reporting requirements." The policy continued, "5. Abuse, neglect, and exploitation is reported to the New Jersey Department of Health, New Jersey Long-Term Care Ombudsman, Social Services and Adult Protective Services (APS) and the Complaints Program of the Division of Health Facility Survey and Field Operations at [phone number]."</p> <p>A facility policy titled, "Incident Reports," dated 03/15/2024, revealed, "Injuries and unusual incidents will be reported in compliance with state regulatory requirements." The policy "Procedure" indicated, "7. All incidents related to physical abuse, neglect, sexual assault, or exploitation are reported to the ombudsman, state licensing agency and in the case of any assault to local law enforcement."</p> <p>1. A "Move In Record" revealed the facility admitted Resident #1 on <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span>. According to the Move In Record, the resident had a</p>	R 270		

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R 270	<p>Continued From page 2</p> <p>medical history that included diagnoses of [redacted] and [redacted].</p> <p>A quarterly "NJ Exec Order 26.4b1 [redacted] Examination," dated [redacted], revealed Resident #1 had a score of [redacted] which indicated the resident had [redacted].</p> <p>Resident #1's "Service Plan Report" included a focus area initiated on [redacted] related to the resident's [redacted] Interventions indicated that the resident demonstrated [redacted] and the ability to [redacted] in [redacted] NJ Exec Order 26.4b1 [redacted]. The Service Plan Report included a focus area initiated [redacted], related to the resident's [redacted]. The interventions initiated [redacted] indicated that the resident required staff to manage their [redacted] and directed staff to report any changes from [redacted] NJ Ex Order 26.4(b)(1). The interventions also indicated that Resident #1 had a history of [redacted] NJ Exec Order 26.4b1 [redacted] and sometimes became [redacted] NJ Exec Order 26.4b1 to staff while being [redacted] from [redacted] NJ Exec Order 26.4b1, at which time staff were to [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 after [redacted] NJ Exec Order 26.4b1, " as long as the resident was [redacted] NJ Exec Order 26.4b1, anyone else, or property (initiated [redacted] NJ Exec Order 26.4b1).</p> <p>A "New Jersey Department of Health Division of Health Facility Survey and Field Operations Long Term Care Assessment and Survey Program/Complaint Unit" "Reportable Event Record/Report," dated [redacted] NJ Exec Order 26.4b1, indicated that the Community Director (CD) reported a [redacted] NJ Exec Order 26.4b1 [redacted] incident that occurred on [redacted] NJ Exec Order 26.4b1 at 11:40 AM. The Reportable Event Record/Report revealed that Resident #1 engaged in an [redacted] NJ Exec Order 26.4b1 with another resident and was observed [redacted] NJ Exec Order 26.4b1 the</p>	R 270		
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R 270	<p>Continued From page 3</p> <p>other <b>NJ Exec Order 26.4b1</b> with a <b>NJ Exec Order 26.4b1</b> and "NJ Exec Order 26.4b1" with the other resident's <b>NJ Exec Order 26.4b1</b> with their <b>NJ Exec Order 26.4b1</b>. Per the report, staff responded, separated the residents, and Resident #1 was sent to a hospital for a <b>NJ Exec Order 26.4b1</b> evaluation after the resident <b>NJ Exec Order 26.4b1</b>. Per the report, there were <b>NJ Exec Order 26.4b1</b> to the other resident. The Reportable Event Record/Report revealed a section for "Notifications," which included an area for "OOIE [Office of the Ombudsman for the Institutionalized Elderly] (Ombudsman), Specify Date." The area for the ombudsman notification was blank.</p> <p>On 11/06/2025 at 10:32 AM, a voicemail was received from Ombudsman Office Representative #3 who stated the incident between Resident #1 and another resident was not reported to the Ombudsman's office.</p> <p>During an interview on 11/04/2025 at 2:25 PM, the CD stated that she was told Resident #1 came out of their room and <b>NJ Exec Order 26.4b1</b> resident on the <b>NJ Exec Order 26.4b1</b> because they <b>NJ Exec Order 26.4b1</b>. She stated she reported the <b>NJ Exec Order 26.4b1</b> to the state survey agency, but after reviewing the facility's <b>NJ Exec Order 26.4b1</b> policy regarding notifying the Ombudsman, she stated "it does say to notify the ombudsman. Yeah, that was my error."</p> <p>2. Resident #3's electronic medical record "Census" revealed that the facility admitted Resident #3 on <b>NJ Exec Order 26.4b1</b></p> <p>Resident #3's "[The Facility's Name] Level of Care and Service Plan," dated <b>NJ Exec Order 26.4b1</b>, revealed Resident #3 had a medical history that included diagnoses of <b>NJ Exec Order 26.4b1</b></p>	R 270		
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R 270	<p>Continued From page 4</p> <p>A quarterly <b>NJ Exec Order 26.4b1</b> Examination," dated <b>NJ Exec Order 26.4b1</b>, revealed Resident #3 had a score of <b>NJ E</b> which was a <b>NJ Exec Order 26.4b1</b> than the <b>NJ Exec Order 26.4b1</b> of <b>NJ Exec Order 26.4b1</b>.</p> <p>Resident #3's undated "Service Plan Detail" included a focus area for <b>NJ Exec Order 26.4b1</b> Interventions indicated that the resident required <b>NJ Exec Order 26.4b1</b> and the resident had <b>NJ Exec Order 26.4b1</b> to <b>NJ Exec Order 26.4b1</b>.</p> <p>The Service Plan Detail also included a focus area related to <b>NJ Exec Order 26.4</b> Interventions indicated that the resident required <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b>, and <b>NJ Exec Order 26.4b1</b> as well as <b>NJ Exec Order 26.4</b> and <b>NJ Exec Order 26.4b1</b> and directed staff to report any changes in the resident's ability to <b>NJ Exec Order 26.4b1</b>.</p> <p>A "New Jersey Department of Health Division of Health Facility Survey and Field Operations Longterm Care Assessment and Survey Program/Complaint Unit" "Reportable Event Record/Report," dated <b>NJ Exec Order 26.4b1</b>, indicated that the Community Director (CD) reported an <b>NJ Exec Order</b> that occurred on <b>NJ Exec Order 26.4b1</b> at 3:25 PM. The report indicated that Resident #3's family member reported to the CD that Resident #3 had <b>NJ Exec Order 26.4</b> of <b>NJ Exec Order 26.4b1</b>. Per the report, the CD initiated an investigation, assessed the resident, and interviewed all staff. The Reportable Event Record/Report revealed a section for "Notifications," which included an area for "OOIE [Office of the Ombudsman for the Institutionalized Elderly] (Ombudsman), Specify Date." The area for the ombudsman notification was blank.</p> <p>During an interview on 11/04/2025 at 2:25 PM, the CD stated Resident #3 <b>NJ Exec Order 26.4b1</b> and the</p>	R 270		
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R 270	<p>Continued From page 5</p> <p>resident could <b>NJ Exec Order 26.4b1</b>. She stated it <b>NJ Exec Order 26.4b1</b> like someone <b>NJ Exec Order 26.4b1</b> the resident when she completed the <b>NJ Exec Order 26.4b1</b>. She stated that they determined <b>NJ Exec Order 26.4b1</b> was <b>NJ Exec Order 26.4b1</b>. The CD stated she notified the resident's family, physician, Senior Clinical Supervisor, and the Chief Operating Officer and reported the incident to the state survey agency. The CD stated she did not report the <b>NJ Exec Order 26.4b1</b> to the Ombudsman.</p> <p>During an interview on 11/04/2025 at 2:57 PM, the CD stated her expectation was to follow the facility's <b>NJ Exec Order 26.4b1</b> policy, and she would contact the Ombudsman, her superiors, the doctor, family, and 911, if necessary.</p> <p>During a phone interview on 11/04/2025 at 3:27 PM, the Senior Clinical Director of Operations stated the Ombudsman should be notified of an <b>NJ Exec Order 26.4b1</b> of <b>NJ Exec Order 26.4b1</b>.</p> <p>During a phone interview on 11/04/2025 at 3:30 PM, the Chief Operating Officer stated, "Yes, absolutely," the ombudsman should be notified of an <b>NJ Exec Order 26.4b1</b> of <b>NJ Exec Order 26.4b1</b>.</p>	R 270		
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POC #2 received 1/16/24

Accepted



**Fox Trail Memory  
Care**  
**69 Burton Ave South  
River, NJ 08882**

**Phone:** 201-368-7070  
**Fax:** 201-368-7060  
**Email:** info@foxtrailmemorycare.com  
**Website:** www.foxtrailmemorycare.com

### Plan of Correction

Facility: Fox Trail Memory Care Living

Address: 69 Burton Ave. South River, NJ 08882

Deficiency Cited: R 270 – Failure to report a reportable event to the State Ombudsman’s Office

Completed by: NJ Exec Order 26.4b1 Community Director

Fox Trail Memory Care Living acknowledges the deficiency cited under R 270. The facility recognizes that while reportable events reviewed during the survey were appropriately reported to the New Jersey Department of Health, they were not reported to the State Ombudsman’s Office as additionally required by regulation and as outlined in the facility’s existing policy. All residents have the potential to be affected by this deficiency.

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice

Effective 11/5/25, the Community Director ensured that all reportable events identified during the survey period that had not been reported to the State Ombudsman’s Office were reported. Documentation of these notifications was completed and placed in the appropriate administrative records. NJ Exec Order 26.4b1 resulted from the reporting omission; however, corrective reporting was completed to ensure full compliance with regulatory requirements. Resident #1 no longer resides in this community. Resident #3 currently resides in this community.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice

As of 11/5/25, the Community Director completed a retrospective audit of all reportable events for the previous 12 months to identify any additional incidents that may not have

Plan of Correction Pg 2

Facility: Fox Trail Memory Care Living

been reported to both the New Jersey Department of Health and the State Ombudsman's Office. This audit included a review of incident reports, investigation documentation, and reporting logs. No other gaps were identified.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur

Effective 11/5/25, the facility reinforced its existing policy requiring all reportable events to be reported to both the New Jersey Department of Health and the State Ombudsman's Office with all administrative staff and designated personnel responsible for reporting.

Systemic changes implemented include:

The Sr. Director of Clinical Operations provided re-education to all leadership and designated staff regarding reportable event requirements and required reporting agencies on 11/12/2025 via Teams meeting.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur

Beginning 11/5/25, the Community Director will conduct monthly audits of all incident reports and reportable events to verify that notifications were made to all required agencies. Monitoring will continue for a minimum of three months and longer if needed to ensure sustained compliance.

Completion date: 11/12/2025

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35021	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/20/2026
NAME OF FACILITY FOX TRAIL MEMORY CARE LIVING SOUTH RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 69 BURTON AVENUE SOUTH RIVER, NJ 08882

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 R0270	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:37-2.8(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/12/2025	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 11/4/2025		<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 D35021	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/20/2026
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LSC	11/12/2025	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 11/4/2025		<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		