

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D35022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2025
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NAME OF PROVIDER OR SUPPLIER FOX TRAIL MEMORY CARE LIVING PRINCETO	STREET ADDRESS, CITY, STATE, ZIP CODE 181 WASHINGTON ROAD PRINCETON, NJ 08540
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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>Survey Type: Complaint</p> <p>Complaint #: NJ00172768</p> <p>Census: 12</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 365	<p>8:37-3.1(a)(12) Resident Rights</p> <p>Every resident of a dementia care home shall have the right to a safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide a safe living environment for a resident that NJ Ex Order 26.4(b)(1) while receiving care, Resident #3, and failed to ensure residents did not have NJ Exec Order 26.4b1 to the kitchenette area for 12 of 12 residents. This deficient practice was evidenced by the following:</p> <p>On 4/9/24 at 1:16 p.m., the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by health care facilities</p>	R 365		

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

TITLE

(X6) DATE

08/28/25

New Jersey Department of Health

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R 365	<p>Continued From page 1</p> <p>to report events to the DOH). The report included a "date of event" of [redacted], and a "time of event" of 6:45 a.m. The report revealed that Resident #3 was receiving morning care when staff went to [redacted], on the opposite side of the room, and the resident [redacted]. Resident #3 [redacted] his/her [redacted] on the [redacted] and [redacted] a [redacted] and [redacted] to the [redacted]. According to the FRE, Emergency Services was called, and Resident #3 was transferred to the hospital for further evaluation.</p> <p>1. On 7/10/25, at 9:30 a.m., the surveyor interviewed a Certified Medication Aide (CMA) #1, who was in charge, on the day of the survey, and inquired about the incident. CMA #1 stated that she was not scheduled to work at the time of the incident. The surveyor asked CMA #1 if Resident #3 still resided at the facility and the CMA stated that the resident [redacted].</p> <p>At 11:35 a.m., the surveyor interviewed the Community Director (CD), a Registered Nurse (RN), regarding the [redacted] incident when Resident #3 [redacted] and [redacted] a [redacted] to the [redacted]. The CD stated that she was not aware of the incident, and that she was not employed at the facility then. The surveyor inquired about how in-services and trainings were conducted for staff. The CD provided the surveyor with a staff training binder. The surveyor asked the CD who was the staff assigned to the resident at the time of the [redacted] incident. The CD stated that the [redacted] ([redacted]) that was assigned to the resident was no longer employed at the facility.</p> <p>In addition, the CD handed the surveyor a blank copy of a five-day training course form and stated</p>	R 365		
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R 365	<p>Continued From page 2</p> <p>that she used the form to provide in-services to staff. The surveyor then requested the [redacted] employee file and trainings for review. However, the CD was unable to provide the surveyor with the [redacted] employee file or any trainings. Continued surveyor review of the training binder revealed that there was no documented evidence to indicate that CMA #1, CMA #2 and the [redacted] received trainings on safe transfer techniques and fall prevention.</p> <p>At 12:40 p.m., the CD provided the surveyor with Resident #3's face sheet and progress notes (PN). The face sheet revealed that Resident #3 moved into the facility [redacted] with diagnoses of [redacted].</p> <p>The surveyor reviewed the PN dated [redacted] at 10:13 a.m., written by a Resident Care Director which indicated that Resident #3 was admitted to the hospital with a [redacted]. Further review of the PN revealed that Resident #3 returned to the facility on [redacted] with a [redacted].</p> <p>The PN also revealed that Resident #3 [redacted] on [redacted].</p> <p>2. On 7/10/25 at 9:45 a.m., during the tour of the [redacted] unit, the surveyor observed that the kitchenette, located adjacent from the community living room, had two open entrance access. The surveyor observed that there was no barrier in place to prevent residents from accessing the kitchenette. The surveyor also observed the following appliances were in the kitchenette, and within reach of residents:</p> <ul style="list-style-type: none"> - A gas stove range not in use - An electric coffee pot that was plugged in and in use - A double door toaster oven plugged in, not in use 	R 365		

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R 365	<p>Continued From page 3</p> <ul style="list-style-type: none"> - A blender that was plugged in, not in use - A microwave plugged in, not in use - Dishwasher that was on and running. <p>At 10:05 a.m., the surveyor interviewed Certified Medication Aide (CMA) #1 on where food was prepared for the residents. CMA #1 stated that staff prepared all meals in the kitchenette. CMA #1 demonstrated to the surveyor by turning the hand knobs of the range on/off. The surveyor observed that the knobs were not locked and could be easily turned to the on position. CMA #1 confirmed that the kitchenette did not have a way to lock the gas range when not in use.</p> <p>Additionally, the surveyor asked CMA #1 if there were residents that ambulated on their own and the CMA stated there were 3 residents. The surveyor asked CMA #1 about how staff prevented residents from entering the kitchenette. CMA #1 stated that staff redirect the residents away from the kitchenette. CMA #1 stated that there was a gate/barrier in place on both open areas of the kitchenette to prevent the residents from entering the kitchenette, during the previous administration. CMA #1 added that there has not been any barrier up since the current administration about a year ago. CMA #1 was unsure why the barrier was removed.</p> <p>At 10:30 a.m., the surveyor interviewed CMA #2 on how staff prevented residents from entering the kitchenette. CMA #2 stated that residents do not come near the kitchen area but confirmed that there have been no barriers in place to prevent residents from entering the kitchenette.</p> <p>At 12:20 p.m., the surveyor interviewed the CD regarding the door barrier and asked what measures were put in place to prevent the</p>	R 365		

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R 365	<p>Continued From page 4</p> <p>residents from entering the kitchen area. The CD stated that she was not aware that access to the kitchenette was part of a regulation and did not know that the kitchenette needed to be closed off from residents.</p> <p>At 1:46 p.m., during the interview, the surveyor brought to the attention of the CD that a male resident was standing at the other entrance access to the kitchenette. The CD stated, "I see what you are saying", and confirmed that there has not been any barrier in place to prevent residents from accessing the kitchenette.</p>	R 365		
R 720	<p>8:37-5.4(a)(2)(i-ii) Personal Care-Training & Staffing Requirement</p> <p>All staff who are employed by the facility who have regular direct contact with residents and are not licensed healthcare professionals shall successfully complete a five-day course given by a Registered Nurse or other healthcare professional, approved by the Department, which shall include orientation to the facility and specific training regarding Alzheimer's disease.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that employees received a five-day course training given by the facility Registered Nurse (RN) upon hire. Which included safety issues/preventing falls and accidents for 2 of 2 employees reviewed. This deficient practice was evidenced by the following:</p> <p>On 7/10/25 at 11:00 a.m., the surveyor reviewed</p>	R 720		

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R 720	<p>Continued From page 5</p> <p>the two (2) employee files for their five-day course training. The surveyor observed that there was no documented evidence that the 2 employees received the mandatory five-day course training upon hire. The surveyor also requested the employee file of the [redacted] NJ Ex Order 26.4(b)(1) Aide [redacted] who was involved in the 4/7/24 incident for review. However, the Community Director (CD) was not able to provide the surveyor with the [redacted] file.</p> <p>Employee #1, a Certified Medication Aide (CMA) employee file revealed that the employee was hired on [redacted] NJ Ex Order [redacted]</p> <p>Review of Employee #2, a Certified Medication Aide (CMA) employee file revealed that the employee was hired on [redacted] NJ Ex Order 26 [redacted]</p> <p>At 11:30 a.m., and 11: 35 a.m., the surveyor interviewed CMA #1, and CMA #2. The surveyor asked CMA #1 who was in charge, and inquired about the five-day course training. The CMA stated that she completed some trainings since she has been employed over [redacted] NJ Ex Order 26.4(b)(1); and was not sure of the specific training the surveyor was asking about. CMA #1 stated that she would check with the Administrator.</p> <p>The surveyor interviewed CMA #2, who stated that she did some trainings, but could not remember all of the trainings.</p> <p>At 3:10 p.m., the surveyor asked the CD about the five-day course training which included highlighted topics:</p> <p>Day #1 - Mission statement /memory care living philosophy Day #2 - Safety issues; preventing falls and</p>	R 720		
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R 720	<p>Continued From page 6</p> <p>accidents Day #3 - Alzheimer's disease overview Day #4 - Structured observation with current employee of 1 plus years, Day #5 - Emergency preparedness</p> <p>The CD stated that she has been doing education with staff since she was employed, and she was not certain that fall prevention was done.</p> <p>Further surveyor review of the employee training binder, provided by the CD, revealed that there was no documentation of training to show that training was provided to the CMA's on duty and the [REDACTED] that was involved with Resident #3's incident.</p> <p>During the interview with the CD, the surveyor asked the CD if staff has had previous years of trainings, the CD stated that this is the training binder, and provided to surveyor a copy of blank sheet of the five-day course training. The CD further stated that she used the five-day training course sheet as a guide to go over training with staff. The surveyor, then asked the CD whether staff had a signed copy of trainings on file. The CD stated no, she do not have a signed copy for employees.</p>	R 720		
R2000	<p>8:37-8.3 Resident Records-Retention</p> <p>Records shall be retained and preserved in accordance with N.J.S.A. 26:8-5 et seq.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, it was determined that the facility failed, to retain a</p>	R2000		

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R2000	<p>Continued From page 7</p> <p>complete medical record for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 7/10/25 at 11:35 a.m., the surveyor requested Resident #3's closed medical record (MR) for review from the Community Director (CD). The CD stated that the facility had recently switched electronic medical records and informed the surveyor that the records were not available and would have to send a request to technical service department.</p> <p>At 12:40 p.m., the CD provided the surveyor four pages of documents which included Resident #3's face sheet and progress notes (PN). The face sheet revealed Resident #3 moved into the facility [redacted] with diagnoses of [redacted].</p> <p>The surveyor reviewed the PN dated [redacted] at 10:13 a.m., written by a Resident Care Director which indicated that Resident #3 was admitted to the hospital with a [redacted]. Further review of the PN revealed that Resident #3 returned to the facility on [redacted] a [redacted]. In addition, the PN revealed that Resident #3 [redacted] on [redacted].</p> <p>Additional review of the MR provided by the CD revealed that Resident #3 was admitted to [redacted] care on [redacted] while still residing at the community. On [redacted] at 5:20 p.m., the PN written by the RCD indicated that Resident #3 had a [redacted] and was [redacted].</p> <p>The surveyor was not able to review the complete closed MR for Resident #3 to complete the survey investigation.</p>	R2000		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER D35022	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/2/2025
NAME OF FACILITY FOX TRAIL MEMORY CARE LIVING PRINCETON		STREET ADDRESS, CITY, STATE, ZIP CODE 181 WASHINGTON ROAD PRINCETON, NJ 08540

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 R0365	Correction	ID Prefix R0720	Correction	ID Prefix R2000	Correction
Reg. # 8:37-3.1(a)(12)	Completed	Reg. # 8:37-5.4(a)(2)(i-ii)	Completed	Reg. # 8:37-8.3	Completed
LSC	09/24/2025	LSC	09/24/2025	LSC	09/24/2025
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 7/10/2025		<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

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ID Prefix R0365	Correction	ID Prefix R0720	Correction	ID Prefix R2000	Correction
Reg. # 8:37-3.1(a)(12)	Completed	Reg. # 8:37-5.4(a)(2)(i-ii)	Completed	Reg. # 8:37-8.3	Completed
LSC	09/24/2025	LSC	09/24/2025	LSC	09/24/2025
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 7/10/2025		<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		