

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35a000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2023
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NAME OF PROVIDER OR SUPPLIER FOX TRAIL SENIOR LIVING AT DEPTFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1674 DELSEA DRIVE DEPTFORD, NJ 08096
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: FIC</p> <p>CENSUS: 39</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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>	A 000		
A1275	<p>8:36-18.2(a)(1) Infection Prevention and Control Services</p> <p>(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented:</p> <p>1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002;</p>	A1275		

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

TITLE

(X6) DATE

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A1275	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to perform proper hand hygiene technique in accordance with the Centers for Disease Control (CDC) and the facility's policy for three of three staff members observed for handwashing: one Food Service Director (FSD), one certified medication aid (CMA) and one housekeeper (HSK). The deficient practice was evidenced by the following:</p> <p>On 9/13/2023 during the tour of the facility for a Focused Infection Control Survey due to an outbreak of Covid, the surveyor observed the following staff members for hand hygiene:</p> <p>On 9/13/2023, at 11:00 a.m., the surveyor observed the facility's HSK washing her hands in the employee bathroom sink. The HSK washed her hands with hand sanitizer. The HSK turned off the sink with her hands and then dried her hands with paper towel. Post survey interview the HSK stated that she had received education. The surveyor noted that there was hand soap in the bathroom.</p> <p>At 11:20 a.m., the surveyor observed a CMA washing her hands at the handwashing sink in the facility's Assisted Living kitchen. The CMA turned on the water, lathered with soap and rubbed hands together for 10 seconds without applying water and then rinsed hands under running water. Post handwashing interview, the CMA stated that she did not receive education on handwashing.</p> <p>At 11:25 a.m., the surveyor observed the facility's</p>	A1275		

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A1275	<p>Continued From page 2</p> <p>FSD washing her hands at the sink located in the Assisted Living kitchen. The FSD turned on the sink, wet hands and applied soap. The FSD washed hands for 15 seconds. The surveyor observed the FSD turn off the water with her arm and then grabbed a paper towel to dry her hands. Post handwashing interview, the FSD stated that she was not educated on how to properly wash her hands.</p> <p>The surveyor reviewed the facility's policy and procedure titled "Hand Hygiene" which states: " ... Handwashing Procedure 1) Wet hands with water and apply soap. 2) Rub hands together for at least twenty (20) seconds. 3) Rinse under running water and dry with disposable towel. 4) Use the towel to turn off the faucet ..."</p>	A1275		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 35a000	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/2/2023
NAME OF FACILITY FOX TRAIL SENIOR LIVING AT DEPTFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 1674 DELSEA DRIVE DEPTFORD, NJ 08096

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 A1275	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.2(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/13/2023	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	

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 9/13/2023
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO



Community Name: Tylers Mill Senior Living

ED Name: Cheri Baptiste

Date of Survey: September 13, 2023

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

A1275 8:36-18.2(a)(1) Infection Prevention and Control Services

With Respect to the specific deficiency cited:

- Staff have been educated on the use of proper handwashing procedures

With Respect to how the community will identify other concern:

- All residents have the potential to be affected by this deficient practice.
- Staff have been educated on the use of proper handwashing procedures and new hires will also be educated.

With Respect to Systemic Measures that have been put into place to address the stated concern:

- The Director of Health and Wellness is aware of the deficiency cited and has set forth corrective action.
- Staff meeting held on 10.4.2023 to include educating all on the use of handwashing procedures as recommended by the Centers for Disease Control and Prevention (CDC).
- Training is ongoing and will conclude on 10.13.2023 to ensure all staff members have received proper education.

With Respect to How the Plan of Corrective Measures will be Monitored:

- An audit will be conducted every month at our quality assurance meeting to review new hires and confirm that they have signed off on hand washing education which will be part of the new hire orientation when meeting with the DHW.
- Completion date for plan of correction: **10/13/2023.**