

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35a000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL SENIOR LIVING AT DEPTFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1674 DELSEA DRIVE</b> <b>DEPTFORD, NJ 08096</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
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint survey</p> <p>COMPLAINT #: NJ00126369</p> <p>CENSUS: 52</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		
A 517	<p>8:36-5.6(b)(1-7) General Requirements</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <p>1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment;</p>	A 517		

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

TITLE

(X6) DATE

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A 517	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>2. Emergency plans and procedures;</li> <li>3. The infection prevention and control program;</li> <li>4. Resident rights;</li> <li>5. Abuse and neglect;</li> <li>6. Pain management;</li> <li>7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.</li> </ol> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to provide documented evidence that 3 of 3 employees, Employee #1, Employee #2 and Employee #3 received the required mandatory in-service training, which included Assisted Living Concepts, Emergency Plans and Procedures, Infection Prevention and Control, Resident Rights, Abuse</p>	A 517		

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A 517	<p>Continued From page 2</p> <p>and Neglect, Pain Management and Dementia Training upon their date of hire (DOH) and annually thereafter. This deficient practice was evidenced by the following:</p> <p>On 7/26/19 at 12:45 p.m., the surveyor reviewed the employee personnel files and observed that the following employees did not receive training as required.</p> <ol style="list-style-type: none"> <li>1. Employee #1 was hired on 7/1/19 as a Housekeeper. There was no documented evidence that the employee received the required training upon hire.</li> <li>2. Employee #2 was hired on 7/5/19 as a Certified Nursing Assistant. There was no documented evidence that the employee received the required training upon hire.</li> <li>3. Employee # 3 was hired on 3/16/18 as the Maintenance Director. There was no documented evidence that this employee received training upon hire and annually there after.</li> </ol> <p>Later that day at 2:10 p.m., the surveyor interviewed the Executive Director (ED) who stated that the facility did not provide the required training's and agreed that the employees should have received the training's as required.</p>	A 517		