STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35a000	A. BUILDING: _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL SENIOR LIVING AT DEPTFORD	1674 DELSEA DRIVE DEPTFORD, NJ 08096

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ 00128009 CENSUS: 50 SAMPLE SIZE: 4 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 10/09/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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FOX TRAIL SENIOR LIVING AT DEPTFORD	1674 DELSEA DRIVE DEPTFORD, NJ 08096

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00128009

Based on interview and record review it was determined that the facility failed to follow its policy and procedure on "Incident Reporting" by not completing an investigative report for [redacted] of [redacted] residents reviewed, Resident [redacted] This deficient practice was evidenced by the following:

On 9/11/19 at 11:20 a.m., the surveyor reviewed Resident [redacted] medical record which documented that the resident moved into the facility in [redacted] with a diagnosis of [redacted]. According to the "Resident Assessment" form dated [redacted] Resident #1 had [redacted].

The surveyor observed an electronic "Progress Note" dated and timed [redacted] and signed as written by the Director of Nursing, which documented, "Resident is still reported to continue seeking for an exit daily. Staff reported that on weekend, [resident] was banging on exit door. On Sunday [resident] walked out after visitors opened the coded door and left. Staff followed [resident] but resident was resistant to go back, agitated, cursing at staff."

At 1:20 p.m., the surveyor interviewed the Executive Director (ED) about Resident [redacted] and requested the investigative report for review. The ED stated that she was notified that Resident [redacted] was banging on the back entrance door to leave but she was not aware that the resident exited the building and therefore, did not complete an

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FOX TRAIL SENIOR LIVING AT DEPTFORD	1674 DELSEA DRIVE DEPTFORD, NJ 08096

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A 310	Continued From page 2 investigation. Surveyor review of the facility policy and procedure titled, "Incident Reporting" documented, "All injuries of unknown origin, elopements, abuse or allegation of abuse must have an investigative report, along with witness statements, completed by House Manager/Executive Director and reviewed by Regional Director." Refer to 8:36-5.10(a)(2)	A 310		
A 563	8:36-5.10(a)(2) General Requirements (a) The facility shall notify the Department immediately by telephone at 609-633-9034 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, elopements, and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;	A 563		

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	35a000	A. BUILDING: _____ B. WING _____	C 09/11/2019

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FOX TRAIL SENIOR LIVING AT DEPTFORD	1674 DELSEA DRIVE DEPTFORD, NJ 08096

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A 563	Continued From page 3 This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00128009 Based on observation, interview and record review it was determined that the facility failed to notify the Department of Health (DOH) of a resident elopement for [redacted] of [redacted] residents reviewed, Resident [redacted]. This deficient practice was evidenced by the following: On 9/11/19 at 10:45 a.m., the surveyor toured building [redacted] and observed that to gain entrance into the building, a code must be entered to unlock the door. The surveyor observed Resident [redacted] seated on a couch in a common area, next to the front entrance door, with other residents. At 11:20 a.m., the surveyor reviewed the resident's medical record and according to the "Face Sheet" the resident's move-in date was [redacted] and the resident had a diagnosis of [redacted]. According to the "Resident Assessment" form dated [redacted] Resident [redacted] had [redacted]. The surveyor reviewed the electronic "Progress Notes" (PN) dated [redacted] and timed at [redacted] signed as written by the Director of Nursing (DON), which was provided to the surveyor by the Administrator and documented, "Resident heard to say, [redacted] with being [redacted] The PN dated [redacted] signed as written by the DON documented, "Resident is still reported to continue seeking for an exit daily. Staff reported that on weekend, [resident] was banging on exit door. On Sunday [resident] walked out after visitors opened the coded door and left. Staff followed [resident] but	A 563		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL SENIOR LIVING AT DEPTFORD	1674 DELSEA DRIVE DEPTFORD, NJ 08096

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A 563	Continued From page 4 resident was resistant to go back, agitated, cursing at staff." The surveyor interviewed the DON at 12:55 p.m. regarding the above incident of Resident [redacted] Executive Order 26, 4.b. and requested the investigative report for review. The surveyor also asked the DON if the incident was reported to the DOH. The DON stated that he was notified on a weekend by a staff member that Resident [redacted] exited the building with another family member. He confirmed that he did not complete an investigation and that he was not sure if the above incident was reported to the DOH. At 1:20 p.m. the surveyor interviewed the Administrator and asked if the incident was investigated and had been reported to the DOH. The Administrator confirmed that the above incident was not investigated and that she did not report the incident to the DOH because she was not aware that Resident [redacted] exited the building. The surveyor reviewed facility policy and procedure titled, "Incident Reporting," which documented staff are to follow the "Incident Communication" guide which included instructions to contact the state agency for incidents that involve "Elopement." The facility failed to follow its policy by not reporting Resident Executive Order 26, 4.b. when Resident [redacted] exited through a locked door unsupervised by a facility staff member.	A 563		
A 753	8:36-7.3(c) Resident Assessments and Care Plans (c) Documentation in the resident's record shall	A 753		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 753	Continued From page 5 indicate review and any necessary revision of the resident service plan and/or health service plan. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00128009 Based on interview and record review it was determined that the facility failed to ensure that General Service Plan or "Resident Assessment Evaluation" (RAE) was developed and/or revised for [redacted] of [redacted] residents reviewed for elopement, Resident [redacted] This deficient practice was evidenced by the following: On 9/11/19 at 11:45 a.m., the surveyor reviewed Resident [redacted]s medical record which documented that Resident [redacted] was admitted to the facility in [redacted] with a diagnosis of [redacted] The "Resident Assessment" dated [redacted] documented that the resident had [redacted] memory and required cueing and supervision with Activities of Daily Living. The surveyor reviewed the electronic "Progress Notes" (PNs) and observed the following concerns documented in the PNs however they were not address on the RAE for Resident # On [redacted], "Resident heard to say, [redacted]." On [redacted]., "Resident is still reported to continue seeking for an exit daily. Staff reported that on weekend, [resident] was banging on exit door. On Sunday [resident] walked out after visitors opened the coded door and left. Staff	A 753		

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A 753	Continued From page 6 followed [resident] but resident was resistant to go back, agitated, cursing at staff." At 1:40 p.m., the surveyor interviewed the Director of Nursing (DON) and requested the resident's General Service Plan (GSP) for review. The DON informed the surveyor that the "Resident Assessment Evaluation" (RAE) was the GSP and acknowledged that the resident's RAE was not updated to reflect the resident's exit seeking behavior/elopement. The surveyor reviewed the RAE dated 6/19/19 and did not observe documented evidence that the RAE was revised with intervention(s) to address the resident's exit seeking behavior and elopement that occurred on 8/11/19.	A 753		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
35a000 Y1	Y2	10/9/2019 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL SENIOR LIVING AT DEPTFORD	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 A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 10/07/2019	ID Prefix A0563 Reg. # 8:36-5.10(a)(2) LSC	Correction Completed 10/07/2019	ID Prefix A0753 Reg. # 8:36-7.3(c) LSC	Correction Completed 10/07/2019
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
9/11/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: YZYI12

STATE FORM: REVISIT REPORT (11/06)

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ 00128009 CENSUS: 50 SAMPLE SIZE: 4 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Shawn Gadsme TITLE (X6) DATE 10/9/19

FOX TRAIL
ASSISTED LIVING

October 4, 2019
35a000
Complaint survey 9/11/2019

A 310 8:36-3.4(a)(1) Administration

1. It is the policy of Fox Trail to complete a full investigation documented on the incident report of any elopement. The D.O.H should have received a reportable event report related to elopement of resident [redacted] The RN should have notified the Executive Director yet the Executive Director was never notified. The incident report was never filled out nor the D.O.H notified.

2. All residents have the potential to be affected because of this deficient practice.

3. As of 9/20/19 all staff including the RN have been in-serviced. In-services are signed. All elopements must be investigation and documented on the incident reports. Any resident exiting the building without the knowledge of the staff is considered an elopement.

4.The Executive Director shall review all incidents with the RN Monday -Friday to ensure all incidents have been investigated and documented on an incident report.

Completed 9/24/2019 and ongoing

FOX TRAIL
ASSISTED LIVING

October 7,2019
35a000
Complaint survey 9/11/19

A563 8:36-5.10(a)(2) General Requirements

1. It is a state regulation to notify the DOH of any elopement. The DOH was not notified when resident [redacted] exit the building.

2. All residents have the potential to be affected because of this deficient practice.

3. The Executive Director met with the RN along with the Assistant Director on 9/11/19 on the importance of reporting elopements to the DOH

4. The Executive Director Shall meet with the RN Monday-Friday. The Executive Director is to be reached by phone 24 hours a day by phone of any reportable event. The Director shall report any elopement to the DOH within 72 hours of the event.

Completed 9/11/19 and on going

FOX TRAIL
ASSISTED LIVING

October 7,2019
35a000
Complaint survey 9/11/2019

A753 8:36-7.3(c) Resident Assessments and care plans

1. Resident [redacted] assessment along with the general and health care plans was completed on [redacted] by the RN. Resident # [redacted] health and general plans did not note exit seeking. After the elopement on [redacted] the RN did not update the general or health care plans related to exit seeking and elopements as stated in the state regulation.

2. All residents have the potential to be affected by this deficient practice.

3. The RN has updated resident [redacted] GSP along with any other residents GSP that needed to be updated. The RN is to meet with the QA daily along with asking all staff members daily. This will ensure the RN is aware of any resident changes. The general service plan must be revised in a timely manner.

4. The Director shall meet with the RN weekly do discuss any resident changes and to review revised GSPs

   Completed 10/7/19