STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35011	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CHESTER	115 ROUTE 206 CHESTER, NJ 07930

(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	Initial Comments Complaint #: NJ 00147433 Cenus: 9 Sample: 3 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.	R 000		
R 016	8:37-1.1(b) Purpose and Scope This chapter is promulgated for the purpose of establishing interim licensing standards for dementia care homes in the State of New Jersey to ensure that they are maintained and operated in such a manner that will protect the health, safety and welfare of its residents and at the same time preserve and promote a home-like atmosphere appropriate to such facilities. This STANDARD is not met as evidenced by: Complaint #: NJ 00147433 Based on observation, interview and record review it was determined that the facility failed to ensure that the facility's "Staff to Resident Abuse" policy was implemented for 1 of 3 residents, Resident #1 reviewed for abuse. The deficient practice was evidenced by the following: On 8/26/21 at 10 a.m., the surveyor interviewed the Executive Director (ED) regarding the alleged staff to resident physical abuse that occurred on	R 016		

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R 016	Continued From page 1 NJ EX Order. 264 which was reported to the Department of Health (DOH) on NJ EX Order 2. During the interview, the ED stated that on NJ EX Order. 264 at approximately 10 a.m., Home Health Aide (HHA) #1 notified her [ED] that Resident #1 had NJ EX Order. 264b1. The ED explained that she checked the resident's NJ EX Order. 264d1 and did not observe any NJ EX Order. 26 at that time. The ED stated that she asked the resident if an incident occurred during the night shift on NJ EX Order. 264. The ED told the surveyor that the resident was sleepy and was not able to answer questions. In addition, the ED stated that on NJ EX Order 1 at approximately 9 a.m., she was again notified by a Certified Medication Aide (CMA) that Resident #1 had NJ EX Order. 264 of the NJ EX Order. 264b2. The ED told the surveyor that the CMA informed her that the resident told her [CMA] that HHA #2 NJ EX Resident #1 with a NJ EX Order. 264b1? The ED stated that she assessed the resident and observed NJ EX Order. 264b1 on NJ EX Or of the resident's NJ EX Order. 264b3. The ED continued to tell the surveyor that she asked Resident #1 how the resident obtained the NJ EX Order. 26 and the resident confirmed that HHA #2 hit him/her with a rubber shoe. The ED stated that HHA #2 was suspended immediately on NJ EX Order 2. pending investigation and on NJ EX Order. 26 was terminated from employment. During continued interview, the surveyor inquired from the ED if an investigation was conducted on NJ EX Order. 264 when she was first informed of possible NJ EX Order. 264 to the resident's NJ EX Order. 264b2. The ED confirmed that investigation was not started until NJ EX Order 2. when the NJ EX Order. 264 became NJ EX Order. 2 and added that she should have further investigated	R 016		

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	D35011	A. BUILDING: _____ B. WING _____	C 08/26/2021

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R 016	Continued From page 2	R 016		

the incident on [redacted] when she first became aware of the incident. The surveyor then requested the facility's policy on abuse for review.

At 10:30 a.m., the surveyor interviewed the above CMA regarding the resident's [redacted] and she stated that on [redacted], she was informed by Resident #1 that HHA #2 [redacted] him/her with a [redacted] The CMA stated that she immediately reported the incident to the ED.

At 10:45 a.m., Resident #1 was observed sitting on a couch in a common area watching television and was NJ EX Order. 264b1 The surveyor interviewed the resident in the presence of a CMA and asked the resident if he/she recalled any incident with a staff member. The resident stated, "NJ EX Order. 264b1 ." The surveyor then asked the resident if the resident recalled the person who [redacted] him/her with a [redacted] and why? The resident stated that he/she could not recall and stated that Resident #1 would like to know why people do "Mean" things.

At 11:55 a.m., the surveyor reviewed the resident's medical record which indicated that the resident was admitted to the facility [redacted] of [redacted] with diagnoses which included NJ EX Order. 264b1 The "MD Physical Assessment" dated [redacted] indicated that the resident required assistance with Activities of Daily Living (ADLs).

Review of the facility's schedule ending [redacted] and [redacted] provided by the ED, revealed that the HHA #2 continued work on [redacted]. Because of the delay in investigation, the facility failed to protect Resident #1 from suspected abuse by this employee as HHA #2 continued to work for an

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R 016	Continued From page 3 additional day after the incident was first reported. In addition, the ED failed to initiate an investigation of staff to resident abuse as indicated in the facility's policy which placed Resident #1 and other residents at risk for further staff to resident abuse. Surveyor review of the policy and procedure titled, "Staff to Resident Abuse" revealed, "Remove Care Partner from resident's vicinity." "House Manager/Executive Director or Designee is to complete an Investigative Report, including witness statements and forward to RDO and RN within 24 hours."	R 016		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
D35011		9/30/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX TRAIL MEMORY CARE LIVING CHESTER	115 ROUTE 206 CHESTER, NJ 07930

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 R0016 Reg. # 8:37-1.1(b) LSC	Correction Completed 09/04/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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
8/26/2021

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D35011	A. BUILDING: _____ B. WING _____	C 04/24/2019

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H 000	Initials Comments TYPE OF SURVEY: Complaint COMPLAINT #: NJ00118115 CENSUS: 6 SAMPLE SIZE: 3 The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.	H 000		
H5790	8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00118115 Based on interview and record review it was determined that the facility failed to retain a completed copy of the Universal Transfer Form (UTF) in the medical record for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following: On 4/23/2019 the surveyor reviewed the medical record of Resident #3, who moved into the facility	H5790		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Julie Bocher RN | TITLE: VP of Regulatory Compliance | (X6) DATE: 6/18/19

FOX TRAIL
MEMORY CARE LIVING

Plan of Correction Chester
6/18/2019
Complaint survey 4/24/2019

H5790 8:43E-13.4(d) Universal Transfer Form: Mandatory use of Form

Completed on 6/21/19

1. Resident #3 was affected. All staff will be re-trained on the Universal Transfer Form Procedure which includes retaining a copy of the form in the resident's chart when they are sent out of the community.
2. All residents can be affected.
3. The Universal Transfer Form Procedure has been added to the Executive Director's monthly audit as well as the Quality Assurance Nurse quarterly audit to ensure compliance of procedure.
4. The Executive Director will audit monthly to ensure procedure is being followed. This procedure will be monitored for compliance on a quarterly basis by the Quality Assurance Nurse.

R 448 8:37-4.1(c)(2) Admission & Retention-Health Care Monitoring

Completed on 6/18/19

1. Resident #3 was affected. Executive Director was in-serviced on the [redacted] and [redacted] Policy, which includes immediately notifying the Physician and the POA of any [redacted] variance in [redacted] and recording this notification in the resident's chart as well as the Master Wellness Flow sheet.
2. All residents can be affected.
3. The [redacted] and Blood Pressure Policy has been updated to include that on a monthly basis the Executive Director must forward a copy of the progress note along with the Wellness Flow Sheet, which states the MD and POA have been notified of [redacted] variance in [redacted] This procedure has been added to the Executive Director monthly audit form and the Quarterly Compliance Audit.

Cont'd R 448 8:37-4.1(c)(2) Admission & Retention-Health Care Monitoring

4. This policy has been added to the Executive Director monthly audit to ensure the procedure is being followed. This procedure will be monitored for compliance on a quarterly basis by the Quality Assurance Nurse.