

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D35016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/27/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOX TRAIL MEMORY CARE LIVING MAHWAH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>699 WYCKOFF AVENUE MAHWAH, NJ 07430</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
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R 000	<p>8:37-2.1(i) Initial Comments</p> <p>When determining whether an applicant is capable of operating a dementia care home, the Department shall consider any evidence of licensure violations representing serious risk of harm to residents, any evidence of an applicant's violation of any State licensing or Federal standards in connection with an inappropriate discharge or denial of admission of a resident or patient, and an applicant's record of criminal convictions involving fraud, patient or resident abuse or neglect, a crime of violence, a crime of moral turpitude, or any other crime that presents a risk of harm to the safety or welfare of residents.</p> <p>C #: Covid- 19 Infection Control Survey:</p> <p>A Covid-19 Focused Infection Control Survey was conducted by the State Agency on 1/27/2021. The facility was found to be in compliance with the New Jersey Administrative Code 8:37 infection control regulations standards for Licensure of Dementia Care Homes and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Census: 9</p>	R 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE