State of New Jersey
DEPARTMENT OF HEALTH
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Governor

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Lt. Governor

DR. RAYNARD E. WASHINGTON
Acting Commissioner

In Re Licensure Violation:	:	AMENDED CURTAILMENT OF ALL ADMISSIONS AND READMISSIONS, DIRECTED PLAN OF CORRECTION, AND SUSPENSION OF CMA PROGRAM
Fox Trail Memory Care Living Greenbrook	:	
(NJ Facility ID# NJD35013)	:	

TO: Tabirah Benton, Administrator
Fox Trail Memory Care Living-Greenbrook
205 Rock Avenue
Greenbrook, NJ 08812

Dear Ms. Benton:

The Department is issuing this Amended Curtailment of New Admissions and Readmissions, Directed Plan of Correction and Suspension of CMA program, to correct typographical errors, and to correct the name of the facility stated in the 5th paragraph of this Order, from Manahawkin to Fox Trail and the email of Sharlie Lewis (Sharlie.Lewis@doh.nj.gov). All other provisions of the previous Order remain the same.

On May 1, 2026, the Department of Health (hereinafter, "the Department") ordered the curtailment of all admissions, and readmissions of residents to Fox Trail Memory Care Living Greenbrook (hereinafter "Fox Trail" or the "facility"). The Department further notified the facility that it would be imposing a Directed Plan of Correction (hereinafter "DPOC"), requiring the facility to retain a Consultant Administrator, a Consultant Director of Nursing and to hire a professional Registered Nurse licensed in the State of New Jersey, to provide required services, including supervision of the Certified Medication Aide (CMA) program. The facility shall provide documentation demonstrating ongoing Registered Nurse oversight in accordance with regulatory requirements. The DPOC further requires the suspension of the CMA program until the facility demonstrates compliance with regulatory requirements for Registered Nurse supervision and medication delegation. Additionally, the facility must provide documentation verifying compliance with life safety requirements, including ensuring the storage areas/doors are properly locked and doors are equipped with audible alarms that ring if the doors are opened.

The Department is taking these enforcement actions due to violations identified by Department surveyors that constitute an immediate and serious risk of harm to facility residents. These enforcement actions are

being taken in accordance with the provisions set forth at N.J.A.C 8:43E-2.4 (Plan of Correction), N.J.A.C 8:43E-3.1 (Enforcement Remedies Available), N.J.A.C 8:43E-3.6 (Curtailment of Admissions), N.J.A.C. 8:37 (Standards for Licensure of Dementia Care Homes), and N.J.A.C. 8:43E (General Licensure Procedures and Standards Applicable to All Licensed Facilities).

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are operated in a manner that protects the health, safety, and welfare of residents. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health is authorized to inspect all health care facilities and enforce the applicable standards for licensure, including those governing dementia care homes, to ensure compliance with State regulations and to protect residents from unsafe conditions.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site conducting a Complaint Survey at Fox Trail from April 29, 2026, through April 30, 2026. The surveyors identified multiple violations of the New Jersey Administrative Code, including, but not limited to, the following:

1. The facility failed to provide a safe environment for residents in violation of N.J.A.C. 8:37-3.1(a)(12)*,("Resident Rights, (a) Every resident of a dementia care home shall have the right to:... (12) A safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident;")*.
   A. On April 29, 2026, the surveyor reviewed the facility's "Evacuation Assist List" provided by the acting Community Director (CD) which indicated that ten residents required assistance with evacuation, one of which required a two-person assist. However, the acting CD stated that the staffing ratio was always two staff per shift and that staffing was not increased to accommodate emergency evacuation.

   B. On April 29, 2026, during lunch, the surveyor observed Resident #2 stand up from the table and pick up his/her plate of food. A Certified Home Health Aide (CHHA) then grabbed Resident #2 by the right arm and then by the waist in an attempt to sit the resident back down. Resident #2 resisted the CHHA's attempt, which resulted in a brief struggle.

   C. On April 29, 2026, the surveyor observed that the "Authorized Personnel Only/Sprinkler Valve Panel Room" was unlocked. Inside, the surveyor observed an electrical power source box, wiring, and a door labeled, "Sprinkler Valve", which was also unlocked. The surveyor opened the door and observed wiring, pipes, and chemicals.

      The surveyor also toured the first-floor bathroom near the elevator and observed an unlocked closet. Inside the closet, the surveyor observed a cutting tool with sharp edges and bins filled with personal hygiene products.

      The surveyor then toured the second-floor bathroom near Room 12. The surveyor observed an unlocked closet with bins filled with personal hygiene products and an unlocked cabinet that had a 1-quart spray bottle of Peroxy HDOX Green Solution inside.

On April 30, 2026, the surveyor toured the facility and observed that the laundry room door was unlocked. Once inside, the surveyor observed nine bottles of chemicals, including BAC-OFF Disinfectant/Cleaner, which could cause severe skin and eye irritation with contact and harm if ingested.

The surveyor then observed that the "Authorized Personnel Only/Sprinkler Valve Panel Room" was unlocked again.

Furthermore, the surveyor observed that the closet door in the first-floor bathroom near the elevator was open again with personal hygiene products inside.

D. On April 29, 2026, the surveyor and Certified Medication Tech 1 (CMT) heard Resident #4 screaming from the bathroom. CMT #1 entered the bathroom, and the surveyor observed CMT #2 attempting to assist Resident #4 to stand up. CMT #1 informed CMT #2 that Resident #4 was a two-person assist and that the resident was not able to stand up straight. The surveyor reviewed incident reports, which revealed that Resident #4 had five falls since January 27, 2026.

E. On April 29, 2026, the surveyor observed that Resident #1 had approximately eight stitches above his/her left eyebrow. The surveyor reviewed Resident #1's Medical Record (MR), which indicated that the resident had 11 documented falls from April 5, 2025, to April 9, 2026. Three of the falls resulted in a closed head injury, including Resident #1's fall on April 9, 2026, that resulted in a closed head injury and a laceration.

F. On April 30, 2026, the surveyor interviewed CMT #3 who stated that she would mix Resident #4's medication in a snack or beverage. CMT #3 stated that she would leave the snack or beverage that contained medications with Resident #4 and continue her medication pass because the resident was able to feed herself. The surveyor reviewed the MR of Resident #4, which indicated that the resident was diagnosed with Alzheimer's Disease.

2. The facility failed to ensure storage areas/doors are locked and doors are equipped with audible alarms that ring if the door is opened in violation of N.J.A.C. 8:37-7.10(a)(2)(i-vi), ("*...2. Physical security features in compliance with the following:*
i. The entrance to the front yard shall be controlled with a non-scalable fence of at least four feet and a gate.
ii. The gate will have self-closing and self-latching hardware and be equipped with a doorbell or intercom that controls access into the building and the licensee or an employee of the licensee shall, at all times, be responsible for responding to the doorbell or intercom.
iii. Exterior doors shall be locked at all times and access by the residents and visitors will only be permitted with the assistance of a staff member.
iv. All doors to a common cellar or storage area shall remain locked at all times, except for ingress or egress in the presence of a staff member.
v. The gate or main entrance of the residence shall be monitored by a closed-circuit monitor.

vi. Windows and doors will be equipped with audible alarms that will ring if a door or window is opened.")

Resident #6 eloped through the side exit door twice but was found without injury and did not make it outside of the facility's fence. The acting Community Director (CD) stated that Resident #6 was able to exit through the side exit door because staff would sometimes forget to activate the door alarm.

The surveyor observed a lever handle lock on the side exit door. The acting CD stated that the lever handle lock was installed one month ago to prevent Resident #6 from eloping. The acting CD opened the side door, and the surveyor observed that the door alarm did not go off.

3. The facility failed to provide staff training (5-Day Course) in violation of N.J.A.C. 8:37-5.4(a)(2)(i-ii), (*Training and Staffing Requirements, (a) All staff who are employed by the facility who have regular direct contact with residents and are not licensed healthcare professionals shall successfully complete the following:... 2. A five-day course given by a registered nurse or other healthcare professional, which shall include:*
i. Orientation to the facility;
ii. Specific training regarding Alzheimer's disease;").

On April 30, 2026, the surveyor reviewed employee files, which revealed that 9 of 13 employees did not have a criminal background check completed and 6 of 13 employees did not receive the mandatory 5-day Orientation Course Training

4. The facility failed to conduct Resident Assessments in violation of N.J.A.C. 8:37-10.8(a), (*"The facility shall develop and implement policies and procedures to ensure that appropriate staff assess and regularly reassess the individual needs and preferences of facility residents with respect to the residents' participation in social interactions and religious and recreational activities.*
1. These assessments and reassessments are to be documented in the resident's medical record.")

On April 29, 2026, the surveyor interviewed the acting CD who stated that a Registered Nurse (RN) had not been at the facility since February of 2026. The surveyor reviewed Medical Record (MR) of Resident #5, which revealed that Resident #5, fell on June 30, 2025, and was sent to the hospital, returned on July 1, 2025, with diagnosis of closed head injury. Resident #5, fell again on July 1, 2025, while staff were assisting Resident #5 to his/her room. This was followed by another fall on July 7, 2026. Resident #5 was bleeding from the head, was sent to the hospital, diagnosed with a cervical fracture, and expired at the hospital. There was no documented evidence of an RN assessment post fall or post hospitalization. However, the acting CD stated that he did the fall assessment dated June 16, 2025.

The acting CD stated that the RN did not come often and that he completed resident assessments on admission, at the one-month mark, and quarterly. The acting CD then stated that assessments were completed by a Licensed Practical Nurse (LPN) or himself upon a resident's return from the hospital and after falls. The acting CD further stated that he reviewed

orders sent by the physician and compared them to the Medication Administration Record (MAR) to ensure that the orders were correct. The acting CD stated that he had a Certified Assisted Living Administrator (CALA) certification and that he completed a CMT program one month ago. The acting CD also stated that he completed assessments and reviewed medications prior to completing the CMT program.

The survey identified that the facility failed to ensure sufficient staffing with appropriate qualifications and oversight to meet resident care needs. Specifically, the facility did not ensure that resident health care services, including required assessments, were conducted, directed and overseen by a Registered Nurse licensed to practice in the State of New Jersey.

These failures demonstrate noncompliance with state regulations governing dementia care homes, compromising the health, safety, and well-being of the facility's residents. These findings do not necessarily include all violations identified during the survey, which will be detailed in the full survey report.

CURTAILMENT OF NEW ADMISSIONS AND READMISSIONS:

The Department hereby memorializes the verbal order given, effective end of business day of May 1, 2026, curtailing all resident admissions and readmissions to the facility. N.J.A.C 8:43E-3.4(a)(2) provides for a $250 per day penalty for each resident who is admitted or readmitted in violation of this curtailment order. As per Survey Census, your Facility has 10 beds with residents as of May 1, 2026.

SUSPENSION OF CMA PROGRAM:

The Department hereby memorializes the verbal order given on May 1, 2026, suspending the CMA program, effective end of business day of May 1, 2026, until the facility demonstrates compliance with regulatory requirements, including Registered Nurse supervision and medication delegation.

DIRECTED PLAN OF CORRECTION:

The Department of Health directs the following plan of correction pursuant to N.J.A.C 8:43E-2.4.

A. The facility must retain the full-time, on-site services of an Administrator Consultant who is a New Jersey Licensed Nursing Home Administrator (LNHA). The Administrator Consultant shall:

1. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;

2. Oversee the development, implementation and evaluation of corrective action plans;

3. Develop and implement compliance management systems at the facility;

4. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;

5. Ensure staff training needed to comply with applicable licensing standards; and,

6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

B. The facility must retain the full-time on-site services of a Consultant Director of Nursing who is a registered professional nurse licensed in the State of New Jersey. The facility shall submit documentation to the Department verifying the Consultant DON's employment, including a copy of the Consultant DON's active New Jersey license, start date, and work schedule. The Consultant DON shall be responsible for providing clinical oversight of resident care services and ensuring compliance with all applicable nursing and clinical care requirements.

C. The facility shall employ a professional Registered Nurse (RN) licensed in the State of New Jersey permanently to assess residents and provide direction, supervision, and oversight of resident health care services in accordance with N.J.A.C. 8:37-5.3(c). The facility shall likewise submit documentation to the Department verifying the RN's employment, including a copy of the RN's active New Jersey license, start date, and work schedule. The facility shall also submit timesheets or payroll documentation verifying the RN's on-site presence at the facility. The RN shall be responsible for providing permanent clinical oversight of resident care services and ensuring compliance with all applicable nursing and clinical care requirements.

The Consultant DON and the RN shall conduct a comprehensive review of all resident clinical records to ensure that required nursing assessments are completed in accordance with scope of practice requirements and that resident care plans accurately reflect each resident's current status and identified needs. Any missing, incomplete, or outdated assessments shall be completed or updated by the Consultant DON and the RN, and corresponding revisions to resident care plans shall be implemented as necessary to ensure the provision of safe and appropriate care.

The Consultant DON and the RN shall conduct a review of the facility's medication administration practices to ensure compliance with N.J.A.C. 8:37-6.2(a) and applicable medication delegation requirements referenced at N.J.A.C. 8:36-11.5. This review shall include, but not be limited to, evaluation of medication administration procedures, documentation practices, storage and security of medications, medication error identification and reporting, and policies governing medication management.

The two (2) consultants shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by sending them to Kimberly.Hansen@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov, and Rommel.Manuel@doh.nj.gov, by 12 p.m. on May 6, 2026.

The approved consultants shall be retained and begin work no later than the close of business on May 8, 2026. The consultants shall have no previous or current ties to the facility's principals, management, and/or employers or other related individuals of any kind, including, but not limited to, employment, business, or personal ties. The Administrator and DON consultants shall be present in the facility for no less than 40 hours per week, with documented coverage of all shifts and weekends when the facility is open.

Beginning on Friday, May 15, 2026, the facility should send weekly progress reports every Friday by 1:00 p.m. to Erica Barber@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Sharlie.Lewis@doh.nj.gov Andrea.Mccrayreid@doh.nj.gov, Denise.ODonnell@doh.nj.gov, Opunne.Odulana@doh.nj.gov. Weekly reports shall include timely status updates regarding:

1. The date each corrective action was taken and the individual responsible for implementing the action.

2. Documentation verifying the employment, licensure, and work schedule of the Registered Nurse providing clinical oversight.

3. A summary of the RN's resident assessments and reviews of clinical records, including confirmation that all required assessments have been completed.

4. Documentation describing the RN's review of medication administration practices, including identification of any medication errors and corrective actions taken.

5. Documentation related to the review and corrective actions taken regarding the CMA program, including verification that the program remains suspended until RN oversight requirements are satisfied.

6. Documentation of emergency preparedness policies and training.

7. Documentation confirming completion of fire alarm repairs, fire watch procedures, and approval from the local fire authority permitting occupancy of the building.

8. A summary of actions taken by the Administrator Consultant to assess facility operations, identify compliance issues, and implement corrective measures.

9. A description of the facility's Quality Assurance (QA) process, including how deficiencies are identified, tracked, and corrected, and how facility leadership is ensuring sustained compliance with regulatory requirements.

In addition, the facility is directed to maintain timely communication with the Department, as may be required. Department staff will monitor facility compliance with this order to confirm compliance with this order and Directed Plan of Correction and to determine whether corrective measures are implemented by the facility in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of penalties.

Please be advised that this curtailment, the suspension of the CMA program, and DPOC shall remain in place until the facility is otherwise notified by the Department.

FORMAL HEARING:

The facility is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). The facility must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the curtailment.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests
Office of Legal and Regulatory Compliance, New Jersey Department of Health
P.O. Box 360
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if the facility is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, the facility is further required to submit a written response to each and every charge as specified in this notice, which shall accompany its written request for a hearing.

Due to the emergent situation and the immediate and serious risk of harm posed to the residents, please be advised that the Department will not hold the curtailment in abeyance during any appeal of the curtailment.

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court. The Department also reserves the right to pursue all other remedies available by law.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please contact Lisa.King@doh.nj.gov.

Sincerely,

Gene Rosenblum
Director
Office of Program Compliance
Division of Certificate of Need and Licensing

GR:RSM:nj
DATE: May 5, 2026
E-MAIL (tbenton@foxtrailmemorycare.com/bputnam@foxtrailmemorycare.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
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