



# State of New Jersey

OFFICE OF THE STATE COMPTROLLER  
MEDICAID FRAUD DIVISION

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*Governor*

KEVIN D. WALSH  
*Acting State Comptroller*

TAHESHA L. WAY  
*Lt. Governor*

JOSH LICHTBLAU  
*Director*

June 19, 2025

**Via Electronic & Overnight Mail**

Bellevue Garden Group, LLC  
d/b/a Belle Care Nursing and Rehabilitation Center  
Cheskel Berkowitz, Joel Leifer, Joseph Orgel,  
Marton Ornstein, David Rubinstein, Joel Zupnick  
c/o Peter Slocum, Esq.  
Lowenstein Sandler  
One Lowenstein Drive  
Roseland, New Jersey 07068

RE: **Notice of Claim, Notice of Withhold and Certificate of Debt**

Provider # [REDACTED]

NPI# [REDACTED]

Dear Mr. Slocum:

The New Jersey Office of the State Comptroller, Medicaid Fraud Division (MFD) hereby gives notice of the State's claim against Bellevue Garden Group, LLC d/b/a Belle Care Nursing and Rehabilitation Center and owners, Cheskel Berkowitz, Joel Leifer, Joseph Orgel, Marton Ornstein, David Rubinstein and Joel Zupnick (referred to hereinafter as "Belle Care" or "you"), in the amount of **\$647,304**. An MFD audit review found that Belle Care, located at 439 Bellevue Avenue, Trenton, NJ, improperly submitted claims to the Medicaid program and, as a result, the Medicaid program improperly paid Belle Care a total of \$215,768 that Belle Care must pay back to the Medicaid program. In addition, as more fully explained below, based on the egregious nature of the conduct, MFD is assessing a civil monetary penalty of \$431,536, which brings the total amount of repayment that Belle Care must make to the Medicaid program to \$647,304 (\$215,768 + \$431,536).

MFD is seeking this recovery against Belle Care because it violated the minimum staffing requirement set forth in N.J.S.A. 30:13-18 and, despite that, submitted claims for payment to the Medicaid program certifying that the information contained in those claims was "true, accurate, and complete" even though the information was false, in violation of N.J.A.C. 10:49-9.8(a).

MFD found that for every day between July 1, 2023, and July 31, 2023 (31 days and 93 shifts), Belle Care failed to meet state minimum staffing requirements set forth in N.J.S.A. 30:13-18. MFD determined that Belle Care failed to meet the minimum requirements for at least two out of the three daily shifts for every day of the month, a failure to adequately staff for 86 of 93 shifts. MFD found that, on average, Belle Care provided four fewer direct care staff members per shift than legally required, which translates to Belle Care having provided approximately 48 percent fewer staff than it was legally required to provide. When this average is broken down by shift, the results are as follows. Belle Care staffed the day shift 57 percent below the minimum legal requirement, forcing each direct care staff member, on average, to provide care to 30 beneficiaries – 275 percent above the limit permitted by law. It staffed the evening shift 36 percent below the minimum legal requirement, forcing each direct care staff member, on average, to provide care to 22 beneficiaries – 116 percent above the limit permitted by law. Moreover, Belle Care staffed the night shift 51 percent below the minimum legal requirement, forcing each direct care staff member, on average, to provide care to 35 beneficiaries – 147 percent above the limit permitted by law. MFD also found that Belle Care failed to have any direct staff members present to care for its 82 residents on three separate shifts.

MFD is seeking to recover the funds that the Medicaid program paid to Belle Care for the month of July 2023, \$215,768, because Belle Care failed to meet the minimum staffing requirements for each day in July 2023 and, despite that, submitted claims to the Medicaid program certifying that it had satisfied all requirements for payment. In addition, based on the pervasiveness and significance of the deficiencies MFD found, MFD also determined that Belle Care knew or should have known about these staffing shortages. Consequently, in addition to seeking a direct recovery of \$215,768, MFD also is seeking to recover from Belle Care a civil monetary penalty of \$431,536.

MFD has filed a Certificate of Debt against Belle Care with the Clerk of the Superior Court, pursuant to N.J.S.A. 30:4D-17(h). Please be advised that the filing of the Certificate of Debt does not affect your hearing rights as outlined in the following paragraphs. Effective upon the receipt of this letter, MFD is imposing a withhold of ten percent of Belle Care's future program payments otherwise payable until the full Notice of Claim amount has been withheld, pursuant to N.J.S.A. 30:4D-17(g) and (i).

Further, because of the breadth of the staffing shortages and Belle Care's failure to provide a Corrective Action Plan (CAP) within 30 days of MFD's March 25, 2025 Review Findings letter, as instructed, MFD is requiring Belle Care to provide to the undersigned at MFD a monthly report that demonstrates that the facility is meeting its staffing requirements. The monthly report shall include, at a minimum, the facility's average census, the number of direct care staff physically present for each shift, and payroll information that is consistent with the listed staffing information. The monthly report must be accompanied by a signed statement under oath from an authorized representative of the facility with first-hand knowledge of the information contained therein.

Pursuant to N.J.S.A. 30:4D-7(h), MFD is seeking to hold owners Cheskel Berkowitz, Joel Leifer, Joseph Orgel, Marton Ornstein, David Rubinstein and Joel Zupnick personally liable for any and all overpayments as parties "responsible for or receiving the benefit or possession" of the incorrect payments.

If you choose not to dispute these findings, you may resolve the matter by reimbursing the amount above **within twenty (20) days**. Please make the check payable to "Treasurer, State of New Jersey" and mail to:

Attn: Processing Bureau  
Division of Revenue  
200 Woolverton Street  
Bldg. 20, Lockbox 656  
Trenton, NJ 08646.

The check should include reference to "Belle Care" and the case number, "[REDACTED]."

If you disagree with MFD's findings, you may request a hearing at the Office of Administrative Law and a pre-hearing conference by writing to Regulatory Officer [REDACTED] **within twenty (20) days** of the date of this letter. I can be reached by mail at the address above, by telephone at [REDACTED] or by email at [REDACTED]. You may request that the meeting be held in person or by telephone. Prior to or at the pre-hearing conference, you may provide MFD with any documentation or information in your possession that you believe is relevant to the claims at issue.

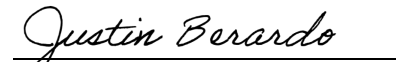
A complete list of the claims and claim amounts in this matter have been provided previously. Please contact the undersigned if you need the claims data to be re-sent to you.

If neither a pre-hearing conference nor a formal hearing is requested within twenty days of receipt of this Notice, you will have waived the right to any further proceedings in this matter and this Notice will become a self-executing Default Judgement for the total amount, as well as the Final Agency Decision.

Thank you for your attention to this matter.

Sincerely,

KEVIN D. WALSH  
ACTING STATE COMPTROLLER

  
Justin Berardo,  
Assistant Division Director  
Regulatory and Exclusion Unit  
Medicaid Fraud Division

Enclosures