



State of New Jersey
DEPARTMENT OF HEALTH

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www.nj.gov/health

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

CHRISTOPHER R. RINN
Acting Commissioner

January 3, 2018

Ms. Darlene Tranquilli, Owner/Administrator
Selah Care Center
131/133 Fourth Street
Belvidere, NJ 07823

Via Email: darlenetranquilli@gmail.com, facsimile and Certified Mail, RRR

**RE: Curtailment of New Admissions and Other Orders,
Directed Plan of Correction, and Notice of Penalty Assessment
Facility ID# NJD35026**

Dear Ms. Tranquilli:

This letter confirms the telephone call on January 3, 2018 between you and staff of the Office of Program Compliance and Health Care Financing within the Department of Health, wherein you were advised of the Curtailment of Admissions and Other Orders, Directed Plan of Correction and Notice of Penalty Assessment set forth below.

Based upon a complaint survey conducted at Selah Care Center ("Selah"), by Division of Health Facility Survey and Field Operations ("Survey") staff on November 13, 2017, November 14, 2017 and December 11, 2017, including observations, interviews and record review, as well as review of pertinent facility documents, the New Jersey Department of Health ("the Department") makes the following findings:

1. The facility failed to investigate and report to the Department as required: a) an allegation of staff to resident abuse, and b) a bruise of unknown origin.
2. On September 27, 2017, Mark Tranquilli, Selah's House Manager ("HM") and husband of Darlene Tranquilli, physically and verbally abused a resident in the presence of staff at the day care center ("Day Care"). When he was interviewed by the surveyor on November 13, 2017, the HM admitted that on September 27, 2017, when he was at the Day Care and saw Resident #1 yelling, kicking and cursing, he wrapped his arms around Resident #1 when walking him/her out of Day Care. The HM also admitted that he yelled and cursed at Resident #1. An incident report, received on November 15, 2017, revealed that the HM became very angry when Resident #1 was verbally abusing, kicking and hitting the staff. The HM was yelling loudly and

physically held Resident #1 from behind while holding Resident #1's arms in front of him/her.

3. On the day it occurred, this abuse was reported to Darlene Tranquilli, Chief Operating Officer (COO), and owner of Selah. The COO is also a Certified Medication Aide who may provide services only pursuant to the delegation and supervision of a Registered Nurse pursuant to N.J.A.C. 8:36-11.5 and N.J.A.C. 13:37-6.1 et seq.
4. Selah did not investigate the report of abuse nor did it report this abuse to the Department as required by N.J.A.C. 8:37-2.6(a) (recodified at N.J.A.C. 8:37-2.8(a), effective December 18, 2017).
5. The facility failed to ensure that Resident #1 was protected from abuse, and has allowed the HM to continue to provide care to the residents without supervision. This deficient practice violates the regulations at N.J.A.C. 8:37-1.1 et seq. and poses a risk of immediate jeopardy ("IJ") to the safety of all residents at Selah.
6. Pursuant to N.J.A.C. 8:37-3.1(a)(12), each resident is entitled to a safe and decent living environment and considerate and respectful care that recognizes the dignity and individuality of the resident. Pursuant to N.J.A.C. 8:37-5.3(a), "[n]o licensee shall employ or continue to employ any person known to the licensee to have engaged in conduct violative of the rights of residents set forth at N.J.A.C. 8:37-3.1 or who the licensee has reason to believe would be likely to engage in such conduct."
7. On November 14, 2017, Selah was advised by Survey staff of the requirement to submit a plan of correction for this deficiency, but Selah has still not submitted an acceptable plan of correction.
8. Additionally, on November 13, 2017, the surveyor observed Resident #1 with a bruise around his/her right eye. The HM informed the surveyor that the bruise around Resident #1's right eye happened a week ago when Resident #1 opened the door; however, the HM stated he did not witness the incident.
9. The COO informed the surveyor that she was unaware that the bruise around Resident #1's eye had to be reported to the Department, and that Resident #1 sustained a bruise due to the his/her behavior. The COO stated that she did not investigate or document the incident.
10. In addition to failing to investigate and report Resident #1's bruised eye to DOH, Selah has not demonstrated that a Registered Nurse who is responsible for the nature and quality of all nursing care at Selah, was alerted to the bruise. As provided by N.J.A.C. 13:37-6.2(d) and -6.5(b), the Registered Nurse may not delegate the physical, psychological, and social

assessment of the patient, which requires professional nursing judgement, intervention, referral or modification of care.

Based on the findings set forth above, the following ORDERS are effective immediately:

1. You are **ordered** to curtail all new admissions to Selah, effective immediately. Your current census is 11 residents.
2. You are **ordered** to immediately ensure that Darlene Tranquilli and any other ancillary nursing personnel perform selected nursing tasks for Selah residents only as delegated and supervised by a Registered Nurse pursuant to N.J.A.C. 8:37-6.2 and N.J.A.C. 8:36-11.5.
3. You are **ordered** to immediately prohibit Mark Tranquilli from acting as an employee of Selah. Mark Tranquilli is not permitted to be an employee of Selah because he physically and verbally abused a resident on September 27, 2017, thereby violating that resident's rights and posing an immediate jeopardy situation to Selah residents. Therefore, effective immediately, Mark Tranquilli is prohibited from providing any care to the residents of Selah, including any care in which he interacts verbally or physically with Selah residents. Mr. Tranquilli is prohibited from being responsible for residents as one of the staff members required to be awake and able to provide assistance to residents at any time, and from providing or assisting with dietary services, recreational activities, supervision of self-administration of medications, supervision and assistance in activities of daily living, and assistance in obtaining necessary health care services. Mr. Tranquilli is specifically prohibited from assisting residents with getting into or out of a vehicle, and from driving a vehicle in which residents are passengers.
4. A **Directed Plan of Correction** ("DPOC") is also issued requiring the following provisions:
 - a. Selah is ordered to retain the services of a consultant administrator ("Consultant") who, upon prior approval of the Department, will be required to work on site for at least 25 hours per week. The Consultant 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 Consultant must be approved in advance by the Department, and a resume must be submitted to Gene.Rosenblum@doh.nj.gov by 12:00 p.m. on **Tuesday, January 9, 2018**. The Consultant shall be retained no later than the close of business on **Tuesday, January 16, 2018**. The contract with the Consultant shall include provisions for immediate corrective action pursuant to all applicable state licensing standards. The facility administrator/COO shall submit by email weekly

progress reports, signed off by the Consultant, beginning on **January 23, 2018**, and continuing each Tuesday thereafter, until this DPOC is lifted by the Department. The progress reports shall be submitted to Donna.Koller@doh.nj.gov and Gene.Rosenblum@doh.nj.gov.

- b. By **Tuesday, January 9, 2018**, Selah shall provide to the Department the attached certification which shall be completed and executed by the Registered Professional Nurse(s) who is (are) responsible for delegating selected nursing tasks and supervising any Certified Home Health Aides, Certified Medication Aides, and any other ancillary nursing personnel who provide services at Selah, in accordance with N.J.A.C. 13:37-6.2 and N.J.A.C. 8.36-11.5. The certification shall be submitted to:

Gene Rosenblum
Director, Program Compliance and Health Care Financing
Division of Certificate of Need and Licensing
New Jersey Department of Health
25 South Stockton Street, 2nd Floor
P.O. Box 358
Trenton, N.J. 08608

Notice of Penalty Assessment

Based upon the identification of an Immediate Jeopardy situation during the complaint investigation on November 14, 2017, which was related to Selah's failure to investigate and report to the Department an allegation of staff to resident abuse and a bruise of unknown origin, in violation of N.J.A.C. 8:37-2.6(a) (recodified at N.J.A.C. 8:37-2.8(a), effective December 18, 2017), and failure to protect a resident from staff to resident abuse which occurred on September 27, 2017, in violation of N.J.A.C. 8:37-3.1(a)(12), and as a result of Selah's continued failure to provide Survey with an acceptable plan of correction for the removal of the Immediate Jeopardy, in violation of N.J.A.C. 8:37-3.1(a)(12) and N.J.A.C. 8:37-2.6(a) (recodified at N.J.A.C. 8:37-2.8(a), effective December 18, 2017), please be advised that in accordance with the provisions set forth in N.J.A.C. 8:43E-3.4(a)(10), a \$2,500 per day penalty is being assessed. The penalty begins on November 14, 2017, when the COO was notified of the IJ, and will continue until Survey receives an acceptable plan of correction for removal of the IJ.

These actions are being taken based on recommendations from Survey staff during an onsite complaint survey and in response to ongoing, uncorrected, IJ level deficiencies related to the health, safety and welfare of the residents of Selah.

Formal Hearing

Selah is entitled to a prompt formal hearing at the Office of Administrative Law (OAL) to challenge the curtailment of admissions.

Selah must advise the Department within 30 days of receipt of this letter to request an OAL hearing regarding this matter.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests
Office of Legal and Regulatory Compliance, Room 805
New Jersey State Department of Health
P.O. Box 360
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Selah is owned by a corporation, representation by counsel is required.

In the event of an OAL hearing regarding this matter, Selah is further required to submit a written response to each and every charge as specified in this Order, which shall accompany your written request for a hearing.

Informal Dispute Resolution (IDR)

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. IDR requests must be made in writing within ten (10) business days from receipt of this letter and must state whether the facility opts for an in-person conference at the Department, a telephone conference, or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;
2. A list of each specific deficiency the facility is contesting;
3. A specific explanation of why each contested deficiency should be removed; and
4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel.

Send the above-referenced information to:

Darlene Jackson
Program Compliance & Health Care Financing
New Jersey Department of Health
P.O. Box 358
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. Requesting IDR review does not delay the imposition of any enforcement remedies.

In addition, please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of \$250 per day for each patient admitted in violation of this curtailment order

Please call 609-984-8128 if you have any questions regarding the contents of this letter.

Sincerely,



Gene Rosenblum, Director
Program Compliance and Health Care
Financing
Division of Certificate of Need and Licensing
New Jersey Department of Health

GR/jn
Control #X17040

Certification of Registered Nurse

1. I, _____, certify that I am a Registered Professional Nurse in good standing, licensed by the State of New Jersey, and I am responsible for the nature and quality of all nursing care at Selah Care Center ("Selah"); this includes the assessment of the nursing needs, the plan of nursing care, the implementation and the monitoring and evaluation of the plan.

2. My New Jersey Registered Professional Nurse license number is: _____

3. My schedule at Selah is:
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

4. My address and telephone number(s) are:

My Address: _____

My Daytime Telephone Number(s): _____

5. In accordance with N.J.A.C. 13:37-6.2 and N.J.A.C. 8.36-11.5, upon delegation of selected nursing tasks at Selah to licensed practical nurses or ancillary nursing personnel, including, but not limited to, Certified Medication Aides ("CMAs"), Certified Home Health Aides ("CHHAs"), and other aides, assistants, attendants and technicians, I am the Registered Professional Nurse that is responsible for exercising that degree of judgment and knowledge reasonably expected to assure that a proper delegation has been made. I do not delegate the performance of a nursing task to persons who have not been adequately prepared by verifiable training and education.

6. I am responsible for the proper supervision of licensed practical nurses and ancillary nursing personnel at Selah to whom such delegation is made. The degree of supervision exercised over licensed practical nurses and ancillary nursing personnel is determined based on my evaluation of all factors including:
 - a. The condition of the patient;
 - b. The education, skill and training of the licensed practical nurse and ancillary nursing personnel to whom delegation is being made;
 - c. The nature of the tasks and the activities being delegated;
 - d. Supervision may require my direct continuing presence or my intermittent observation, direction and my occasional physical presence. In all cases, I am available for on-site supervision.

7. I do not delegate the performance of a selected nursing task at Selah to any licensed practical nurse who does not hold a current valid license to practice nursing in the State of New Jersey. I do not delegate the performance of a selected nursing task to ancillary nursing personnel who have not received verifiable education and have not demonstrated the adequacy of their knowledge, skill and competency to perform the task being delegated.

8. Upon the delegation at Selah of the administration of a specific medication to a licensed practical nurse, a CHHA, or other ancillary nursing personnel, such as a CMA, I ensure that the Selah patient record or the Registered Professional Nurse record includes:
 - a. The specific medication whose administration has been delegated;
 - b. Any specific instructions I provided as part of that delegation;
 - c. The duration of the delegation;
 - d. A timeframe for me to reevaluate the patient;
 - e. The dosage of the medication, route of administration for the medication and frequency of medication;
 - f. Any side effects that the licensed practical nurse, the CHHA, or the assistive person should watch for;
 - g. Any contraindications to administering the medication.
 - h. Any conditions that would require the licensed practical nurse, CHHA, or an assistive person to contact me;
 - i. Any instructions on positioning of the patient prior to and after the administration of the medication; and
 - j. The instructions for proper preparation and maintenance of the medication.

9. When delegating the administration of medication to a licensed practical nurse, a CHHA, or other ancillary nursing personnel, such as a CMA, at Selah, I advise the person to whom the task is delegated to:

- a. Document every time that the medication is administered; and
- b. Report to me immediately if;
 - i. The medication was administered at the wrong time;
 - ii. The wrong dose of medication was administered;
 - iii. The wrong medication was administered;
 - iv. The medication was administered through the wrong route;
 - v. The medication was not administered;
 - vi. The patient refused to take the medication; or
 - vii. The patient evidences any adverse reaction or side-effects to the medication.

10. I do not delegate any task at Selah that, as the Registered Professional Nurse, is inappropriate to delegate.

11. I do not delegate the physical, psychological, and social assessment of a patient at Selah, which requires professional nursing judgment, intervention, referral, or modification of care.

12. I do not delegate the formulation of the plan of nursing care at Selah and evaluation of the effectiveness of the plan.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____

Signature: _____

Print Name: _____, R.N.