State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

KAITLAN BASTON, MD, MSc, DFASAM
Acting Commissioner

In Re Licensure Violation:	:	
Center for Modern Surgery	:	NOTICE OF ASSESSMENT OF
(NJ Facility ID# NJ 24224)	:	PENALTIES

Emily Courtman, Administrator
Center for Modern Surgery, LLC
210 Meadowland Parkway #5
Secaucus, New Jersey 07094

Dear Ms. Courtman:

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 of the highest quality. 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 the Department of Health (the "Department") is authorized to inspect all health care facilities and to enforce the Standards for Licensing of Ambulatory Care Facilities set forth at N.J.A.C. 8:43A-1.1 et seq.

LICENSURE VIOLATIONS:

Staff from the Department visited the Center for Modern Surgery on June 12, 2023, through June 14, 2023, for the purpose of conducting a survey. The Department conducted a revisit survey on September 20, 2023. The reports of these visits, which are incorporated herein by reference, revealed that the Center for Modern Surgery, an ambulatory surgery center (ASC), committed numerous violations of the regulations at N.J.A.C. 8:43A.

A. The facility failed to ensure physicians performing surgery in the facility's ambulatory surgical center (ASC) were granted privileges by the Governing Body for the specific surgical procedures performed in the ASC, in accordance with the approved Medical Staff Bylaws, in violation of N.J.A.C. 8:43 A-12.3 (b).

- Based on staff interview, review of four of five Medical Records (Patient (P) 5, P6, P7 and P8), review of one of eight physicians credentialing files (Staff (S) 10), and review of facility documents, it was determined that the facility failed to ensure physicians performing surgery in the ASC were granted privileges by the Governing Body for the specific surgical procedures performed in the ASC, in accordance with the approved Medical Staff Bylaws.
- At the revisit survey on 9/20/23, it was discovered that S10 had performed surgical procedures on patients on 7/12/23, 7/26/23, 8/23/23, and 9/6/23 at the ASC before being granted clinical privileges on 9/13/23. S10 performed surgical procedures on four patients, P8, P7, P6, and P5, between July and September of 2023.
- S5 was approved for ASC membership and gynecological surgery privileges on 4/14/22, despite an expired Specialty Board Certification, and a review on 6/13/23 revealed that S5 and S6 had performed nine procedures for which they lacked clinical privileges, indicating a failure to update their privileges as of 4/14/22 and 4/21/22 respectively.
- Review of Medical Records for Patients (P) 1 thru 11, confirmed that S5 performed gynecological procedures within the ASC after his/her Specialty Board Certification expired on 12/31/21.
- S5 and S6 performed the following procedures for which the doctors lacked properly approved clinical privileges:
    - On 10/18/22 at 13:03 PM, P1 had a Laparoscopic Assisted Abdominal Myomectomy (LAAM) procedure performed by S6, the Surgeon, and S5, the Assistant Surgeon.
    - On 12/02/22 at 8:40 AM, P2 had a LAAM procedure performed by S5, the Surgeon, and S6, the Assistant Surgeon. The patient was discharged to the PACU at 10:05 AM. At 11:50 AM, the patient became hypotensive with a BP of 81/59. The patient was taken back to the ASC operating room (OR) for a second procedure and received an autotransfusion of salvaged blood.
    - 10/18/22 at 8:58AM, P3 had a Laparoscopic Myomectomy procedure performed by S5, the Surgeon, and S6, the Assistant Surgeon.
    - On 12/21/22, P4 had a LAAM procedure performed by S5, the Surgeon, and S6, the Assistant Surgeon. The patient was discharged to the post-anesthesia care unit (PACU) at 14:11 (2:11 PM). The patient became unstable and was taken back to ASC OR for a second procedure, an exploration of post operative hemorrhage and received an autotransfusion of salvaged blood.
    - On 05/31/2023, P5 underwent a Laparoscopic Supracervical Hysterectomy, Bilateral Salpingectomy, Ureterolysis, Enterectomy, and Cystourethroscopy by S5,

followed by discharge to the PACU and transfer to the Hospital for overnight observation due to abdominal pain and nausea, ultimately being discharged home on 6/2/23.

- On 2/21/23, P6 underwent a LAAM procedure performed by S5 and S6 but experienced complications, leading to a second procedure involving exploratory laparotomy, arterial ligation, and ureterolysis, and ultimately, P6 was transferred to the hospital, admitted to the Intensive Care Unit (ICU) on 2/22/23, and discharged on 2/26/23 with a diagnosis involving pelvic angiogram and embolization.
- On 4/5/23, P7 underwent a Laparoscopic Supracervical Hysterectomy, bilateral Salpingectomy, and Myomectomy, performed by S5 and S6, during which complications arose, leading to P7's transfer to the Hospital and subsequent diagnosis of extensive hemoperitoneum with active bleeding following a CT scan. P7 underwent a pelvic arteriogram with bilateral hypogastric artery Gel foam embolization, received multiple blood transfusions, and was discharged on 4/11/23.
- On 10/25/22 at 2:05 PM, P10 had a LAAM procedure performed by S5, the Surgeon, and S6, the Assistant Surgeon.
- On 5/24/22, P11 had a LAAM procedure performed by S5, but experienced complications, including hypotension and intraperitoneal hemorrhage, leading to a second procedure and ICU admission, ultimately diagnosed with acute blood loss/hemorrhagic anemia and hemorrhagic shock, and discharged on 5/31/22.

In summary, three physicians performed thirteen (13) surgeries that they were not approved to do through credentialing in accordance with the facility's bylaws. This placed patients at an immediate and serious risk of harm. Four of the 11 patients were transferred out to area hospitals to receive a higher level of care, including multiple blood transfusions.

Penalty: For failing to comply with the requirements of N.J.A.C. 8:43A-12.3 (b) for three physicians and 13 surgeries, for a total of 13 violations, the Department imposes a total civil monetary penalty (CMP) of $32,500 pursuant to N.J.A.C. 8:43E-3.4(a)10, which allows the Department to impose a civil monetary penalty of $2,500 for violations resulting in either actual harm to a patient or resident, or in an immediate and serious risk of harm, which may be assessed for each day noncompliance is found.

B. The medical staff failed to ensure physicians credentialed within the ASC have a documented peer review in accordance with the Medical Staff Bylaws, in violation of N.J.A.C. 8:43 A-7.4(a) (2), which placed patients at a serious risk of harm.

- The investigation revealed significant deficiencies in the medical staff's oversight at the ASC. The review exposed a lapse in the documentation of peer reviews, as exemplified by

the presence of two "Peer Review Questionnaire" documents in S5's credentialing file, neither of which pertained to this ASC. This discrepancy highlighted a failure on the part of the Medical Executive Committee and Governing Body to ensure that S5's peer review was conducted for the specific ASC where privileges were sought, which violates credentialing standards and potentially compromises patient safety.

- The credentialing files of S8, a Physician's Assistant, S15, a Gynecological surgeon, and S16, another Gynecological surgeon, lacked documentation of a peer review process. Despite requests for these documents, they were not provided, and it was later revealed that a document titled "Physician Peer Review" was used for peer review purposes, with some of these reviews being conducted by a Registered Nurse, rather than a physician.
- This indicated a failure by the Medical Executive Committee and Governing Body to ensure that proper and documented peer reviews were conducted in accordance with facility policies and Medical Staff Bylaws.

Penalty: For the facility's failure to comply with the requirements of N.J.A.C. 8:43 A-7.4(a) 2 for four of its staff members, the Department imposes a total CMP of $10,000 pursuant to N.J.A.C. 8:43E-3.4(a)10, which allows the Department to impose a civil monetary penalty of $2,500 for violations resulting in either actual harm to a patient or resident, or in an immediate and serious risk of harm, which may be assessed for each day noncompliance is found.

C. The medical staff failed to ensure physicians credentialed within the ASC hold Board Certification by a specialty organization in accordance with the Medical Staff Bylaws, in violation of N.J.A.C. 8:43 A-7.4 (a) 2. The investigation at the ASC unveiled several deficiencies in their credentialing and oversight processes.

a. It was found that physicians granted privileges within the ASC did not consistently hold board certifications from relevant specialty organizations. S5, a surgeon, was approved for membership and granted privileges to perform gynecological surgery within the ASC on 4/14/22, although their Specialty Board Certification in Obstetrics and Gynecology expired on 12/31/21.

b. The facility failed to adhere to its own policy and the Medical Staff Bylaws by granting temporary privileges to S12 for Orthopedics & Podiatry for a period exceeding six months. Although the policy explicitly stated the six-month limit for temporary privileges, S12 performed bunionectomy procedures on two patients after this period had elapsed, without any documented evidence of privileges being reviewed or updated.

c. The facility's mechanism for establishing and implementing procedures related to credentialing and medical staff appointments was not aligned with their policy and was incongruent with the Medical Staff Bylaws. These findings indicate lapses in the

ASC's credentialing and oversight processes, which could impact patient safety and compliance with established standards.

d. During an interview, Staff (S)13, the ASC's Medical Director, explained that the physician credentialing process involves the submission of required information by applicants, verification by the Credentialing Specialist, and final approval by the Medical Director. However, S13 was unable to confirm the involvement of all Governing Body members in the credentialing process. The facility's Medical Staff Bylaws outlined a process where the Executive Committee reviews applicant information and makes recommendations to the Medical Director for final decisions. Additionally, facility policies indicated that decisions regarding applicants and their privileges are to be determined at Medical Executive Committee/Governing Board meetings. However, the most recent meeting minutes were not provided, and a conflict was identified between the ASC's practices and its policies. The ASC was found to lack a fully responsible Governing Body to oversee policies and procedures in accordance with Medical Staff Bylaws and failed to align its practices with its stated policies and procedures.

e. Two physicians conducting surgical procedures on patients in the facility were not board certified in NJ in accordance with the bylaws. A non-credentialed physician without proof of competency places patients at a serious risk of harm.

Penalty: For violating the requirements of N.J.A.C. 8:43A-7.4(a)2 for two staff members, the Department imposes a total CMP of $5,000 pursuant to pursuant to N.J.A.C. 8:43E-3.4(a)10, which allows the Department to impose a civil monetary penalty of $2,500 for violations resulting in either actual harm to a patient or resident, or in an immediate and serious risk of harm, which may be assessed for each day noncompliance is found..

D. The facility failed to ensure that the policies and procedures available within the ASC were specific to the ASC, in violation of N.J.A.C. 8:43 A-6.3 (b).

On June 12 and 13, 2023, the facility's policies and procedures were reviewed, revealing that several policies lacked the specific name of the ASC and were not tailored to it. The facility transfer policy, provided by the Director of Nursing, was undated and titled "Patient Transfer," but it failed to mention the ASC's name and incorrectly listed a hospital in another state for patient transfers. Additionally, the policies "Ownership, Licensing and Accreditation" and "Retention and Destruction of Medical Records" incorrectly referred to the laws of a state other than New Jersey, where the ASC is located. The Administrator confirmed these issues, noting that the absence of the ASC's name on the policies was due to their corporate origin, and acknowledged that all other provided policies similarly lacked the ASC's name.

Penalty: For the facility's failure to comply with the requirements of N.J.A.C. 8:43A-6.3(b) with regard to several of its policies and procedures, the Department imposes a $500 CMP pursuant to N.J.A.C. 8:43E-3.4(a)7 allows the Department to impose a monetary penalty of $500 for each violation of licensure

regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility.

E. The facility also failed to ensure that a physician's order for transfer was entered into the patient's medical record when patients are transferred to the hospital, in violation of N.J.A.C. 8:43A-13.3 (a) (5).

The facility failed to ensure that physician orders for patient transfers to acute care facilities were entered into the medical records of five patients (P5, P6, P7, P10, and P11) who were transferred. Despite documented physician orders for discharge from the Post Anesthesia Care Unit (PACU) in some cases, the medical records did not contain transfer orders, leading to incomplete documentation of the transfer process. The absence of transfer orders raised concerns about proper communication and documentation when patients were transferred to other healthcare facilities.

Penalty: For failing to comply with the requirements of N.J.A.C. 8:43A-13.3 (a) 5 for five different patients, the Department imposes a total $2,500 CMP pursuant to N.J.A.C. 8:43E-3.4(a)7 which allows the Department to impose a monetary penalty of $500 for each violation of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility.

F. The facility failed to ensure that a physician's order for cell saver autotransfusion was entered into patients' medical records when patients receive an autotransfusion, in violation of N.J.A.C. 8:43A- 13.3 (a) (5).

a. During the review of eleven medical records, it was discovered that five patients (P1, P2, P3, P4, and P6) lacked physician orders for cell saver autotransfusions. These autotransfusions occurred during various surgical procedures, such as Laparoscopic Myomectomy and Laparoscopic Assisted Abdominal Myomectomy, where patients received salvaged blood without proper documentation of physician orders. The responsibility for administering autotransfusions fell on nursing staff, but the absence of physician orders raised concerns about the proper authorization and documentation of these procedures.

Penalty: For violating the requirements of N.J.A.C. 8:43A- 13.3 (a) 5 for five different patients, the Department imposes a total CMP of $2,500 pursuant to N.J.A.C. 8:43E-3.4(a)7, which allows the Department to impose a monetary penalty of $500 for each violation of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility or the general public.

G. The facility failed to ensure that each patient received an adequate post-surgical assessment when a complication arose, in violation of N.J.A.C. 8:43A-13.3 (a) (9).

The facility failed to ensure that adequate post-surgical assessments were conducted when complications arose in five out of eleven reviewed medical records (P2, P5, P6, P7, and P11). These patients underwent various surgical procedures and experienced complications, but their medical records lacked physician progress notes indicating that they were assessed by a physician in the post-anesthesia care unit (PACU) when complications arose. The absence of these progress notes raised concerns about the existence and

thoroughness of post-surgical assessments and proper documentation when patients experienced complications, leading to their transfer to a hospital.

There was no evidence that a physician evaluated the patient in the Post Anesthesia Care Unit when a complication arose. This subjected the patients to actual harm or an immediate and serious risk of harm.

Penalty: For violating the requirements of N.J.A.C. 8:43A-13.3 (a)9 with regard to five different patients, the Department imposes a total CMP of $12,500 pursuant to N.J.A.C. 8:43E-3.4(a)10, which allows the Department to impose a monetary penalty of $2,500 for violations resulting in either actual harm to a patient or resident, or in an immediate and serious risk of harm, which may be assessed for each day noncompliance is found.

H. The facility failed to develop policies and procedures that address medical emergencies occurring within the ASC, in violation of N.J.A.C. 8:43A-15.3 (a).

The facility was found to have failed to develop policies and procedures to address medical emergencies occurring within the ASC. When requested, the Director of Nursing (DON) could not provide a policy addressing medical emergencies within the ASC, except for the transfer policy. During interviews, staff members, including a Post Anesthesia Care Unit (PACU) nurse, confirmed that there were no written guidelines or policies for emergencies or when to call 911, and they would rely on notifying the doctor in case of an emergency. This lack of established procedures raised concerns regarding the facility's preparedness to handle medical emergencies effectively within the ASC. The facility's lack of written policies and procedures to address medical emergencies within the facility places patients at risk for a delay in emergency care and treatment.

Penalty: For violating the requirements of N.J.A.C. 8:43A-15.3a, the Department imposes a CMP of $1,000 pursuant to N.J.A.C. 8:43E-3.4(a)(8), which allows the Department to impose a monetary penalty of $1,000 per violation for each day noncompliance is found for multiple deficiencies related to patient care or physical plant standards throughout a facility, and/or where such violations represent a direct risk that a patient's physical or mental health will be compromised, or where an actual violation of a resident's or patient's rights is found.

I. The governing body failed to ensure that an alternate administrator is designated in writing, to act in the absence of the administrator, in violation of N.J.A.C. 8:43A-5.1.

a. On 6/12/23 at 9:55 AM, during the entrance conference, S1, the Director of Nursing (DON) stated that he/she was the Alternate Administrator for the facility. Review of S1's personnel file lacked documented evidence that he/she was appointed as the designated Alternate Administrator. On 6/13/23 at 11:45 AM, S3, the Administrator confirmed that the facility lacked documented evidence that S1 was designated in writing to act as the Alternate Administrator

Penalty: For violating the requirements of N.J.A.C. 8:43A-5.1, the Department imposes a CMP of $500 pursuant to N.J.A.C. 8:43E-3.4(a)(7), which allows the Department to impose a monetary penalty of $500

for each violation of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility or the general public.

J. The governing body failed to ensure that an alternate Director of Nursing (DON) is designated in writing, to act in the absence of the DON in violation of N.J.A.C. 8:43 A-8.2.

The facility did not comply with regulations regarding the designation of an Alternate Director of Nursing (ADON) to act in the absence of the Director of Nursing (DON). Furthermore, the facility lacked documented evidence of appointing an ADON in the personnel file. This deficiency indicated a failure of the Governing Body to ensure the proper designation of an ADON.

While the DON mentioned that Staff 2 (S2) was the ADON, during the interview with S2, a PACU RN, she said she was not aware of this appointment and denied signing a job description for the ADON role. The facility did not present any documentation of S2 accepting the ADON position or signing the job description. In addition, although the DON indicated that Staff 7 (S7) served as the Alternate DON, there was no documented evidence in S7's personnel file to confirm this designation.

Penalty: For violating the requirements of N.J.A.C. 8:43A-8.2, the Department imposes a CMP of $500 pursuant to N.J.A.C. 8:43E-3.4(a)7, which allows the Department to impose a monetary penalty of $500 for each violation of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility or the general public.

K. The facility failed to ensure personnel are assigned duties in accordance with their job description in violation of N.J.A.C. 8:43 A-3.5 (a).

Based on staff interview and review of two personnel files (Staff (S) 1,and S7), it was determined that the facility failed to ensure personnel are assigned duties in accordance with their job description.

On 6/12/23 at 9:55 AM, during the entrance conference, S1, the Director of Nursing (DON) confirmed that he/she is the Alternate Administrator and S7 is the Alternate Director of Nursing for the facility. However, S1's personnel file lacked a written job description for his/her function as the Alternate Administrator. Further, S7's personnel file lacked a written job description for his/her function as the Alternate DON.

Penalty: For violating the requirements of N.J.A.C. 8:43 A-3.5 (a) with regard to two different staff members, the Department imposes a total CMP of $1,000 pursuant to N.J.A.C. 8:43E-3.4(a)(7), which allows the Department to impose a monetary penalty of $500 for each violation of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility or the general public.

L. The facility failed to ensure the medical records of patients contained a discharge summary sheet with the patient's name, address, date of admission and discharge, and a summary of the treatment and medications rendered during the patients stay in violation of N.J.A.C. 8:43 A-13.3 (a) (21).

An evaluation of eleven patient records (Patients 1-11) and an interview with Staff 4, a Physician Assistant (PA), confirmed the absence of discharge summary sheets containing essential patient information such as name, address, admission and discharge dates, and a summary of treatment and medications provided during their stay. S4 mentioned that the facility believed discharge summaries were not necessary and should be handled by hospitals.

Penalty: For violating the requirements of N.J.A.C. 8:43 A-13.3 (a) (21) with regard to eleven patients, the Department imposes a total CMP of $5,500 pursuant to N.J.A.C. 8:43E-3.4(a)(7), which allows the Department to impose a monetary penalty of $500 for each violation of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility or the general public.

M. The facility failed to ensure all sections of the Universal Transfer Form (UTF) are complete in violation of N.J.A.C. 8:43 A-13.4 (b).

Based on staff interview and two of five medical records reviewed of patients transferred to an acute care facility (P5 and P7), it was determined that the facility failed to ensure all sections of the UTF are complete.

A review of the medical records for Patients P5 and P7 revealed incomplete UTFs, with multiple sections left blank. S1 confirmed these findings on 6/13/23.

Penalty: For violating the requirement of N.J.A.C. 8:43 A-13.4(b) with regard to two different patients, the Department imposes a total CMP of $1,000 N.J.A.C. 8:43E-3.4(a)(7), which allows the Department to impose a monetary penalty of $500 for each violation of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility or the general public.

N. The facility failed to retain a completed copy of the UTF as part of the patient's medical record in violation of N.J.A.C. 8:43A-13.4 (d).

Based on staff interview, and review of three of five medical records (P 6, P10 and P11), of patients transferred to an acute care facility, it was determined that the facility failed to retain a completed copy of the UTF as part of the patient's medical record.

On 6/12/23 at 9:55 AM, during the entrance conference, Staff S1, the Director of Nursing (DON), confirmed the facility had transferred patients to an acute care facility, in the past year. The medical records and UTFs for the transferred patients were requested. The UTFs for P6, P10 and P11 were not received. On 6/13/23 at 1:30 PM, S1 confirmed the above findings.

Penalty: For violating the requirements of N.J.A.C. 8:43A-13.4 (d) with regard to three different patients, the Department imposes a total CMP of $1,500 pursuant N.J.A.C. 8:43E-3.4(a)(7), which allows the Department to impose a monetary penalty of $500 for each violation of licensure regulations related to patient care or physical plant standards that represent a risk to the health, safety, or welfare of patients or residents of a facility or the general public.

TOTAL MONETARY PENALTIES:

Therefore, based on the facts supporting the deficiencies set forth above, and in accordance with N.J.A.C. 8:43E-3.4(a)(7), N.J.A.C. 8:43E-3.4(a)(8), and N.J.A.C. 8:43E-3.4(a)(10), the total penalty assessed is $76,500.

The total amount of this penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box 358, Trenton, New Jersey 08625-0358, Attention: Lisa King. **On all future correspondence related to this Notice, please refer to Control AX24009.**

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. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. 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 a telephone conference, or review of Facility documentation only. The request must include an original and ten (10) copies of the following:

- The written survey findings;
- A list of each specific deficiency the facility is contesting;
- A specific explanation of why each contested deficiency should be removed; and
- 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.

FORMAL HEARING:

The Center for Modern Surgery is entitled to a formal hearing at the Office of Administrative Law (OAL) to challenge this assessment of penalties pursuant to N.J.S.A. 26:2H-13. The Center may request a hearing to challenge the assessment of penalties. The Center must advise this Department within 30 days of receipt of this letter if it requests an OAL hearing regarding this matter.

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

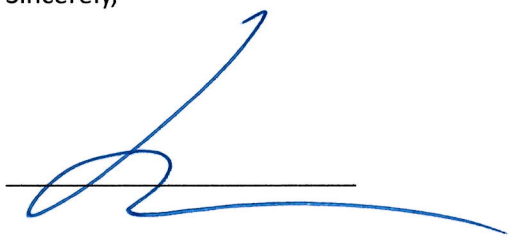
Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if The Center for Modern Surgery is owned by a corporation, representation by counsel is required by law.

In the event of an OAL hearing regarding this matter, Center for Modern Surgery is further required to submit a written response to every charge specified in this Notice, which shall accompany your written request for a hearing.

In accordance with N.J.A.C. 8:43E-3.5(c)(1), failure to submit a written request for a hearing within 30 days from the date of receipt of this notice will render this a final agency decision assessing the amount of the penalty, which shall then become due and owing. Further, at the request of the Department, the Clerk of the Superior Court or the Clerk of the Superior Court, Law Division, Special Civil Part, shall record the final order assessing the penalty on the judgment docket of the court, in accordance with N.J.S.A. 2A:58-10. The final agency decision shall thereafter have the same effect as a judgment of the court.

Be advised that Department staff will monitor facility compliance with this Notice to determine whether corrective measures are implemented by the facility and whether assessed penalties are paid 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 additional penalties.

Sincerely,



Lisa King, Program Manager

Office of Program Compliance

LK:WCK:NJ

DATE: February 29, 2024

REGULAR AND

CERTIFIED MAIL:

RETURN RECEIPT REQUEST

Control # AX24009