



State of New Jersey
DEPARTMENT OF HEALTH

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Commissioner

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|----------------------------|---|------------------|
| In Re Licensure Violation: | : | |
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| Aristacare at Cedar Oaks | : | ORDER FOR |
| (NJ Facility ID# NJ61216) | : | DIRECTED PLAN OF |
| | : | CORRECTION |
| | : | |

TO: Steven Share, Administrator
Aristacare at Cedar Oaks
1311 Durham Avenue
South Plainfield, NJ 07080

Dear Mr. Share:

This letter confirms the telephone call on February 3, 2022 between ADON Ayag and the Department of Health (hereinafter, "the Department"). The Department issued a verbal order for a Directed Plan of Correction (hereinafter "DPOC"), requiring Aristacare at Cedar Oaks (hereinafter "Aristacare") to retain the full-time services of a Consultant Administrator and Consultant Director of Nursing.

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) and 3.1 (Enforcement Remedies Available), after Staff from the Department's Health Facility Survey and Field Operations (HFS&OF or Survey) were on-site at Aristacare and found significant deficiencies posing an immediate and serious threat of harm to residents.

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 Health is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Long-Term Care Facilities set forth at N.J.A.C. 8:39-1.1 et seq.

LICENSURE VIOLATIONS:

Staff from Survey were on-site at Aristacare on February 3, 2022. Based on observations, interviews, and review of pertinent Facility documentation, it was determined that the Facility violated N.J.A.C. 8:39-4.1(e), when it failed to ensure that residents were free from physical abuse. This was evidenced by the failure to supervise and monitor a resident who had prior aggressive behaviors. This resulted in a resident-to-resident physical altercation, in which a resident was hospitalized after being struck on the head, was treated for Intracranial Hemorrhage, and died as a result of the injuries. In addition, there was a failure to ensure immediate action was taken to monitor residents which placed all residents at risk for abuse.

In addition, the survey team determined that the facility failed to comply with the requirements of N.J.A.C. 8:39-33.1(d) which mandates that facilities implement quality assessments and improvements. This includes procedures for reviewing maintenance inspections and reports, and procedures for emergency response to incidents and hazards. The facility failed to follow its policy for Accidents and Incidents and ensure that investigation was initiated for a resident with impaired cognition had been found with "3 bottles of supplements." The facility failed to notify supervisors and did not initiate an investigation to determine the status of the resident. This posed a serious and immediate risk to the health and well-being of all residents who reside in the facility.

The survey team also determined that the facility's Licensed Nursing Home Administrator (LNHA) failed to ensure that residents received the care needed to enhance their quality of life as required by N.J.A.C. 8:39-33.1. The Administrator failed to take the immediate action needed to ensure that residents are being supervised and/or monitored in order to protect residents from resident-to-resident physical abuse and protect residents from hazards.

The survey team determined that the facility's non-compliance with these requirements had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.

You will receive a complete inspection report detailing all deficiencies and factual findings.

DIRECTED PLAN OF CORRECTION:

a. The facility must retain the full-time, on-site services of an Administrator Consultant who is responsible for the day-to-day operations of the facility in accordance with N.J.A.C. 8:37-2.3. The facility shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Carol.Fogarty@doh.nj.gov, Arlene.McIninch@doh.nj.gov, Gene.Rosenblum@doh.nj.gov and Lisa.King@doh.nj.gov by 12:00 noon on February 10, 2023. The Administrator Consultant shall be present in the facility for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The approved Administrator Consultant shall be retained no later than the close of business, February 17, 2023. The contract with the consultant shall include provisions for immediate corrective action with applicable state licensing standards. 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 Administrator Consultant and facility shall submit weekly progress reports, beginning on February 24, 2023 and continuing each Friday thereafter. The progress reports shall be submitted to Carol.Fogarty@doh.nj.gov and Arlene.Mcninch@doh.nj.gov.

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.

The weekly progress reports by the Administrator Consultant and the facility should be sent every Friday by 1:00 p.m. to Kiisha.johnson@doh.nj.gov. These weekly reports shall include timely status updates regarding:

1. Identified areas of non-compliance;
2. Corrective measures to address identified areas of non-compliance; and,
3. Status of corrective measures implementation.

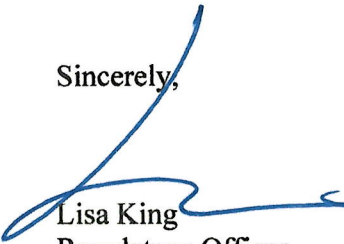
b. Aristacare shall retain the full-time services of a Consultant Director of Nursing in accordance with the requirements of N.J.S.A. 26:2H-87.3e. The Consultant DON must be approved by the Department. The facility shall provide the Department with the name and resume by 12:00 noon February 10, 2023. The resume should be sent to Carol.Fogarty@doh.nj.gov, Arlene.Mcninch@doh.nj.gov., Gene.Rosenblum@doh.nj.gov and Lisa.King@doh.nj.gov. The consultant DON shall be on-site for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The approved Consultant Director of Nursing shall be retained no later than the close of business, February 17, 2023. They shall be responsible for ensuring that immediate corrective action is taken to ensure resident safety is not jeopardized and applicable state licensing standards are met.

The DPOC shall remain in place until the Facility is otherwise notified in writing by a representative of this Department. Department staff will monitor facility compliance with this order 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 also be advised that you may be subject to other enforcement remedies in addition to this order.

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, Office of Program Compliance at (609) 376-7751.

Sincerely,



Lisa King
Regulatory Officer
Division of Certificate of Need and Licensing

DATE: February 7, 2023
FACSIMILE
E-MAIL (SShare@Aristacare.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X23002