



State of New Jersey
DEPARTMENT OF HEALTH
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Governor

TAHESHA L. WAY
Lt. Governor

www.nj.gov/health

KAITLAN BASTON, MD, MSc, DFASAM
Acting Commissioner

In Re Licensure Violation:	:	
CARING HANDS HOSPICE	:	DIRECTED PLAN OF CORRECTION
(NJ Facility ID# NJ24923)	:	

TO: Lina Gefter, Administrative Director
1050 North Kings Highway, Suite 210
Cherry Hill, New Jersey 08034
lgefter@chhospice.com

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 Hospice Licensing Standards set forth in N.J.A.C. 8:42C-1.1 et seq. The purpose of the hospice regulations "is to assure the provision of high quality hospice services to the residents of New Jersey in a coordinated and cost-effective manner." N.J.A.C. 8:42C-1.1 According to N.J.A.C. 8:42C-1.2, "'Hospice' means a program that the Department licenses to provide palliative services, including medical, nursing, social work, volunteer, and counseling services, to terminally ill patients in their homes, at their places of residence, or at inpatient hospice care units." N.J.A.C. 8:42C-1.2(a).

LICENSURE VIOLATIONS

Staff from the Department's Health Facility, Survey and Field Operations (HFS&FO) unit were on-site at Caring Hands Hospice (hereinafter "Caring Hands") on May 1st through 4th, 2023, for a state re-licensure and complaint survey. The survey identified deficient practices in the areas of administration, dining service and resident assessments and care plans. These violations pertain to the care of residents using the services at Caring Hands.

During the inspection, the surveyor found, among other things, the following:

- There was no documentation regarding volunteers or volunteer services on any of the medical records.

- There was no evidence that counseling services are being offered. During the nurse's initial nursing assessment, he/she is indicating that patients are "refusing" social work and chaplain services. This refusal is indicated prior to the social worker and chaplain performing their initial assessment. Out of eleven medical records reviewed, documentation in the medical record states that nine patients refused social work services and ten patients refused chaplain services without the social worker or the chaplain performing an initial assessment.
- As noted above, there was also no evidence that social work services are being offered.

Other areas of concern included emergency services, infection control and nursing services. Regarding emergency services, the facility's emergency preparedness plan did not address coordination with services in Essex County, where all of the hospice patients reside, as opposed to Cherry Hill, where the facility's office is located. Further, there was no evidence that education was provided to patients or families regarding the Emergency Preparedness Plan.

Regarding infection control, the designated infection control professional lacks training or coursework in infection control, the facility could not produce its policy on transmission-based precautions, does not have a list approved disinfectants for cleaning equipment, there was no evidence that the Director of Nursing, identified as the day-to-day infection control professional, provided infection control training to staff annually or as needed (the one in-service sign-in sheet did not specify what the training was about). The facility does not have a wound care policy.

Regarding nursing services, there was no evidence that the nurse collaborated with other disciplines in the care of the patient, to ensure that all of the patient's needs are met. For example, a psychosocial assessment indicated that the family of a patient would like a chaplain to contact them, but there was no indication that the nurse communicated this to the social worker or chaplain. There were no documented social work or chaplain visits and other documentation indicated that visits were refused.

PLAN OF CORRECTION

On July 10, 2023, the Department sent the state survey form to the facility. On July 20, 2023, the Department received the facility's first Plan of Correction. On August 2, 2023, the Department notified the facility that its Plan of Correction was not acceptable and advised the facility of the additional information needed to make the plan acceptable. On August 7, 2023, the Department received a revised Plan of Correction. On September 14, 2023, HFS&FO staff informed you by telephone of the required elements for an acceptable Plan of Correction. On September 19, 2023, the Department received the facility's third Plan of Correction (second revised). By letter dated September 27, 2023, the Department notified you that the facility's revised Plan of Correction was unacceptable. This letter detailed the additional information that was required and requested submission of a revised Plan of Correction. As of this date, the Department has still not received an acceptable Plan of Correction.

DIRECTED PLAN OF CORRECTION (DPOC)

The Commissioner of the Department of Health hereby directs the following plan of correction:

- a. The facility must retain the on-site services of an Administrator Consultant who is a New Jersey Licensed Nursing Home Administrator for 20 hours a week. 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 (including an acceptable Plan of Correction);

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 administrator consultant shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultant by sending them to Kimberly.Hansen@doh.nj.gov, Erin.Sembler@doh.nj.gov, Gene.Rosenblum@doh.nj.gov and Lisa.King@doh.nj.gov by close of business on October 16, 2023. The approved consultant shall be retained and begin work no later than the close of business on October 20, 2023. 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 shall be present in the facility offices for no less than 20 hours per week until further notice from the Department.

The facility should send weekly progress reports every Friday by 1:00 p.m. Kimberly.Hansen@doh.nj.gov, Erin.Sembler@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;

In addition, the facility is directed to maintain timely communication with the Department, as may be required.

This enforcement action is 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).

Department staff will monitor facility compliance with this Directed Plan of Correction 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.

CURTAILMENT OF ADMISSIONS

As you were notified verbally on May 5, 2023, effective upon the facility's verbal notification, the Department ordered the curtailment of new admissions to Caring Hands. The facility census at the time of the order was eight. Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of \$250 per day for each resident admitted to the facility in violation of the curtailment order. This DPOC and the curtailment of admissions shall remain in place until the facility is otherwise notified in writing by a representative of this Department.

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Directed Plan of Correction
October 11, 2023
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Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions concerning the Curtailment of Admissions Order or Directed Plan of Correction, please contact Nadine Jackman, Office of Program Compliance, at Nadine.Jackman@doh.nj.gov.

Sincerely,



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

DATED: October 11, 2023
E-MAIL
Control #X23038

- C. Nursing Home Administrators Licensing Board
Frank Skrajewski, Health Facilities Evaluation And Licensing
Pamela Lebak, Health Facility Survey and Field Operations
Kiisha Johnson, Health Facility Survey and Field Operations
Laurie Brewer, New Jersey Long-Term Care Ombudsman