



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358

PHILIP D. MURPHY
Governor

www.nj.gov/health

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

SHEILA Y. OLIVER
Lt. Governor

In Re Licensure Violation:

IVY STONE SENIOR LIVING
(NJ ID# NJ15C000)

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CURTAILMENT OF
ADMISSIONS ORDER,
DIRECTED PLAN OF
CORRECTION

TO: Helen Murage, Administrator
Ivy Stone Senior Living
7999 North Route 130
Pennsauken, New Jersey 08110

Dear Ms. Murage:

This order confirms the March 22, 2023, telephone call between Lashonda Jones, Administrator of the joint Bentley facility and the Department of Health, Office of Program Compliance (Department), wherein you were ordered to curtail all admissions at Ivy Stone Senior Living (hereinafter "Ivy Stone" or "Facility"). This Order also includes a Directed Plan of Correction set forth below.

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 Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs set forth at N.J.A.C. 8:36 et seq.

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), 3.1 (Enforcement Remedies Available), and 3.6 (Curtailment of Admissions) after Staff from the Department's Health Facility Survey and Field Operations ("HFS&FO" or "Survey") were on-site at Ivy Stone and found significant deficiencies, including s deficiency posing an immediate and serious threat of harm to residents.

LICENSURE VIOLATIONS:

Staff from HFS&FO were on-site at Ivy Stone on March 20, 2023 to March 22, 2022, for the purpose of conducting complaint surveys. Based on observations, interviews, and review of pertinent Facility documentation, it was determined that the Facility failed to meet requirements at N.J.A.C. 8:36.

Infection Control Findings:

Surveyors observed staff at Ivy Stone using improper handwashing procedures. N.J.A.C. 8:36-18.2(a)1 requires facilities to adhere to Centers for Disease Control Guidelines for Hand Hygiene in Health Care Settings. N.J.A.C. 8:36-18.3(a)5 requires facilities to have written policies and procedures for techniques to be used during each resident contact, including handwashing before and after caring for the resident. Surveyors observed facility staff using a mop for one wing of the facility without changing the mophead or water before subsequent use. N.J.A.C. 8:36-17.2(b) requires housekeeping personnel to be trained in cleaning procedures, including the use and care of equipment. Surveyors also observed that there was no soap and paper towels in common areas and bathrooms, although this was required by the facility's policies and procedures. N.J.A.C. 8:36-3.4(a)1 requires the facility administrator or designee to ensure the development, implementation, and enforcement of all policies and procedures, including resident rights.

Surveyors substantiated that the Ivy Stone Director of Nursing (DON) was responsible for the comprehensive personal care home (CPCH) and the assisted living program (ALP), and that the DON was also acting as the infection preventionist (IP) for both CPCH and ALP, but was not fulfilling these responsibilities. N.J.A.C. 8:36-5.1(a) requires a CPCH to provide and/or coordinate personal care and services to residents, based on assessment by qualified persons, in accordance with the New Jersey Nurse Practice Act, N.J.A.C. 8:36, and the individual needs of each resident, in a manner which promotes and encourages assisted living values. N.J.S.A. 26:2H-87.3e(1) requires a comprehensive personal care home to employ an infection preventionist who is a licensed health care provider and who possesses five years of experience in infection control, or an individual who has successfully completed an online infection prevention course through the federal Centers for Disease Control and Prevention or the American Health Care Association course with a valid certificate therefrom.

Survey staff also observed that there was no personal protective equipment (PPE) signage outside the door of a Covid-positive resident. In addition, no PPE was accessible for use outside of the resident's room. The survey documented that facility staff were unaware which residents were Covid positive. N.J.A.C. 18.3(a)4 requires facilities to implement surveillance techniques to minimize sources and transmission of infection and (a)6 requires a facility to establish and implement policies and procedures that include protocols for identification of residents with communicable diseases. Survey staff documented that Employees were not screened upon entrance into the community, and that there was no documentation in resident records of Covid testing and results. N.J.A.C. 8:36-18.3(a)4 requires facilities to implement surveillance techniques to minimize sources and transmission of infection. N.J.A.C. 8:36-15.6(b) requires facilities to ensure that all

assessments and treatments by health care and service providers are entered and documented according to the standards of professional practice.

Immediate Jeopardy:

On March 20, 2023, surveyors identified an immediate jeopardy at the facility because Glucometers and insulin pens did not have affixed labels, and because the glucometers were not in an enclosed case and were touching one another, which placed the residents at risk of immediate and serious harm. N.J.A.C. 8:36-11.7(b)1 requires the label of each resident's prescription medication container to be permanently affixed and contain the resident's full name, prescriber's name, prescription number, name and strength of medication, lot number, quantity, date of issue, expiration date, manufacturer's name if generic, directions for use, and cautionary and/or accessory labels.

You will receive a complete inspection report detailing all deficiencies.

CURTAILMENT:

Pursuant to N.J.A.C. 8:43E-3.6, the Department may impose a curtailment of admissions where violations of licensing regulations pose an immediate and serious threat of harm to residents of a health care facility. Because the violations outlined above pose an immediate and serious threat of harm to Ivy Stone residents, the Department ORDERS that the Facility is prohibited from accepting new admissions until further notice.

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 this curtailment order.

DIRECTED PLAN OF CORRECTION:

The Department is also ordering a Directed Plan of Correction (hereinafter "DPOC"), requiring Ivy Stone to retain the following consultants.

a. Ivy Stone I required to retain the full-time, on-site services of an Administrator Consultant who is credentialed as a nursing home administrator or assisted living administrator, and who shall be approved in advance by the Department. The Facility shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Lisa.King@doh.nj.gov and kiisha.johnson@doh.nj.gov by close of business on March 27, 2023. The approved Administrator Consultant shall be retained no later than the close of business, March 31, 2023. The contract with the Consultant shall include provisions for immediate corrective action ensuring resident safety is not jeopardized and applicable state licensing standards are met. The Administrator 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 and Facility shall submit weekly progress reports, beginning on April 7, 2023 and continuing each Friday thereafter. The progress reports shall be submitted to kiisha.johnson@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 including creating appropriate Plans of Correction;
3. Develop and implement compliance management systems at the Facility;
4. Collaborate with Facility leadership to ensure that policy and procedural manuals, operating procedures, systems, and standards align with compliance requirements, including separate Administrators for Bentley and Ivy Stone;
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 shall 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. The facility shall retain the full-time, on-site services of a registered nurse consultant to begin providing services to the facility as a consultant Director of Nursing no later than March 31, 2023, and who shall be approved in advance by the Department. The facility shall provide the Department with the name and resume of the consultant by March 27, 2023. The resume should be sent to Kiisha.johnson@doh.nj.gov and Lisa.King@doh.nj.gov by close of business on March 27, 2023. The registered nurse consultant 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 contract with this registered nurse consultant shall include provisions for immediate corrective action ensuring resident safety is not jeopardized and applicable state licensing standards are met.

c. Ivy Stone shall retain the full-time services of a Certified Infection Control Practitioner (ICP) consultant, in addition to or in place of the ICP currently retained by the facility, to begin providing services to the facility no later than March 31, 2023, and who shall be approved in advance by the Department. The facility shall provide the Department with the name and resume of the consultant by March 27, 2023. You may contact the Association of Professionals in Infection Control and Epidemiology (apic.org) to obtain the names of ICPs in your area. The facility shall provide the Department with the name and resume of the consultant. The resume should be sent to Kiisha.johnson@doh.nj.gov and Lisa.King@doh.nj.gov. The ICP consultant 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 contract with this consultant shall include provisions for immediate corrective action ensuring resident safety is not jeopardized and applicable state licensing standards are met.

The facility should send weekly reports every Friday by 1:00 p.m. to the Communicable Disease Services (CDS) Healthcare Associated Infections Coordinator, Jason Mehr, MPH, CIC, at Jason.Mehr@doh.nj.gov with a copy to Kiisha.johnson@doh.nj.gov. These weekly reports shall include timely updates regarding the outbreak investigation, identified cases (as defined by CDS) and the progress of infection prevention. In addition, the facility is directed to maintain timely communication with the Department as may be required by CDS staff, including both the facility's infection prevention team and the consultants

The Curtailment and DPOC shall remain in place until the Facility is otherwise notified in writing by a representative of this Department. Furthermore, 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.

FORMAL HEARING:

Ivy Stone is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). Ivy Stone may request a hearing to challenge the factual survey findings and the curtailment. Ivy Stone must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the curtailment.

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 Ivy Stone is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Ivy Stone is further required to submit a written response to each and every charge as specified in this notice, which shall accompany its written request for a hearing.

Due to the immediate and serious risk of harm posed to the patients, please be advised that the Department will not hold the curtailment in abeyance during any appeal of the curtailment.

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court.

The Department also reserves the right to pursue all other remedies available by law. Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please call (609) 376-7751.

Sincerely,


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

DATE: March 23, 2023 E-MAIL (Helen.Murage@crescenthcg.com)
(shlomo.cherns@crescenthcg.com) (lashonda.jones-acrey@crescenthcg.com)

REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X23008

Cc: Nursing Home Administrators Licensing Board
Frank Skrajewski
Pamela Lebak, Health Facility Survey and Field
Operations
Kiisha Johnson
Bonnie G. Stevens
Laurie Brewer