



State of New Jersey  
DEPARTMENT OF HEALTH

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

[www.nj.gov/health](http://www.nj.gov/health)

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Governor

TAHESHA L. WAY  
Lt. Governor

KAITLAN BASTON, MD, MSC, DFASAM  
Commissioner

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In Re Licensure Violation:

Aspen Hills Healthcare Center

(NJ Facility ID# NJ50311)

NOTICE OF ASSESSMENT  
OF PENALTIES

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TO: Yisrael Broyde, Administrator  
Aspen Hills Healthcare Center  
600 Pemberton-Browns Mills Road  
Pemberton, New Jersey 08068  
[admin@ButtonwoodBHH.com](mailto:admin@ButtonwoodBHH.com)

Dear Administrator Broyde:

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 (the "Department") is authorized to inspect all health care facilities and to enforce the Manual of Hospital Licensing Standards set forth at N.J.A.C. 8:43G-1.1 et seq.

#### LICENSURE VIOLATIONS

Staff of the Department visited Aspen Hills Healthcare Center (Aspen Hills) on December 27, 2023, to conduct a complaint survey. The report of this visit, which is incorporated herein by reference, revealed the following policy violations of N.J.A.C. 8:43G-5.2(a), Administration and Hospital-wide Services: Policies and procedures:

- Surveyors determined that the facility failed to establish and implement the facility policy, "Nursing Admission Assessment." This policy states that the patient's time of arrival on the unit is documented immediately when the patient arrived on the unit. Yet, on December 14, 2023, the facility documented a patient's admission assessment as 9:24 PM, with orders placed at 9:45 PM, even though the patient actually arrived at 10:24 PM, as a hospital transfer.
- A review of the facility policy titled "Medication Administration" states that the RN will evaluate the patient's response to pharmacological interventions one hour after administration of the

intervention and document the responses on the medication administration record (MAR) under "PRN reassessment" as needed. Regardless, on December 19, 2023, security video surveillance revealed that, after a patient received PRN medications at 12:40 AM, the RN on duty was never shown to have left her nurses' station until 5:10 AM. Thus, upon review of the video, the Chief Executive Officer/Administrator and the Director of Nursing had concluded that the RN never left the nurses' station to assess the patient's response to the administered medications. Furthermore, the video revealed that the RN was on her personal computer and did not engage with the patient when the patient walked to the nurse's station at 2:42 AM, two hours and two minutes after receiving PRN medications. These behaviors contrasted with the MAR documentation, which falsely stated that the patient was reassessed on December 19, 2023, at 1:40 AM.

- A review of the facility policy titled "Cell Phone Usage" states that "Cell phones are not to be used while employees are on duty. This includes incoming and outgoing cell phone calls . . . No cell phones are to be used on. . . nursing units. No cell phones are to be used in any resident areas." Nevertheless, on December 19, 2023, security video surveillance revealed the following:
  - At 2:09 AM, an RN was observed using a cell phone while behind the nurses' station;
  - At 2:42 AM, the same RN was observed using a computer while seated behind the nurses' station, and a Psychiatric Aide was observed using a cell phone;
  - At 3:00 AM, the same RN was observed behind the nurses' station using a computer.

In addition to the preceding violations, the following deficiencies relate to N.J.A.C. 8:43G-26.2(a)(2), Psychiatry: Policies and Procedures:

- Regarding patients who are under "Close Observation" status, the facility policy entitled "Levels of Observation" states that "[S]taff is to visually observe the patient and accurately document the location and activity of the patient every 15 minutes...." Specifically, it states that "Staff assigned to monitor the patient will document on the Special Observation Flow Sheet." And yet, on December 18, 2023, medical records for patients 12 and 13 lacked documented evidence of Q15 monitoring from 10:40 PM to 11:50 PM. Additionally, on December 18 and December 19, 2023, from 11:30 PM until 5:47 AM the Psychiatric Aide documented that patients were "Sleeping." Despite this notation, on December 19, 2023, security video surveillance revealed that visual observation of patients 1, 2, 6, 11, 12, 13, 14, 15, and 16 was not conducted from 2:58 AM to 6:19 AM. On December 21, 2023, the Director of Nursing confirmed that the staff member did not appear on camera and therefore did not visually observe her assigned patients every 15 minutes. Finally, nine of nine medical records did not contain a required RN signature on the Q15 Close Observation Flow sheet dated December 18, 2023 to December 19, 2023, from 11:30 PM to 7:30 AM.
- The facility policy titled "Levels of Observation" also states that, in accordance with "Close Observation (Q15 minutes), [a]ll patients admitted will be placed on Close Observation for the duration of their stay, unless different orders are written by an LIP. . . . [T]he RN will assign staff via assignment sheet to conduct Close Observation monitoring." Yet, as noted above, security video surveillance revealed that visual observation of patients 1, 2, 6, 11, 12, 13, 14, 15, and 16 was not conducted from 2:58 AM to 6:19 AM.
- A review of the facility Environment of Care (EOC) risk assessment for October 20, 2023 identified the patient bathroom doors as a risk, with the EOC report stating, "Bathroom doors slant cut to reduce ligature risk." However the door hinges were not identified, thus failing to ensure that ligature risks were identified on the EOC assessment and were completely mitigated. On December 19, 2023, a patient committed suicide by hanging himself from the bathroom door.
- A review of the facility policy titled, "Nursing Admission Assessment," dated August 22, 2023, stated, "All patients are assessed within 8 hours of admission .... The RN will determine if there are additional safety precautions required, if the patient does not contract for safety." Notwithstanding, the policy failed to address the "additional safety precautions" that should be implemented if the

patient does not contract for safety. The Director of Nursing indicated that the level of observation is determined by the physician and the RN.

In sum, during its inspection, surveyors concluded that the facility violated N.J.A.C. 8:43G-5.2(a), Administration and Hospital-wide Services: Policies and Procedure. Specifically, the facility misstated a patient's arrival time at the premises as 9:24 PM on December 14, 2023, when the patient actually arrived at 10:24 PM on that date. The facility also failed to abide by its own policy and evaluate a patient's response to pharmacological interventions one hour after administration, despite its claims to the contrary. On December 19, 2023, at 12:40 AM, a patient received PRN medications, and its medication administration documentation falsely stated that the patient was reassessed on December 19, 2023, at 1:40 AM. Video surveillance, however, showed that the RN on duty never left her nursing station until 5:10 AM, which proves the RN could not have reassessed the patient in accordance with its medication administration documentation. Finally, regarding its Cell-Phone-Usage policy, which disallows cell-phone use while employees are 1. on duty, 2. in nursing units, or 3. in residential areas, facility employees flouted that policy as well. Again, video surveillance revealed multiple instances of employees using cell phones during work hours and in areas where cell-phone use is prohibited.

Along with the above-stated violations, the facility was in violation of N.J.A.C. 8:43G-26.2(a)(2), Psychiatry: Policies and Procedures. Here, survey determined that Aspen Hills Healthcare Center failed to ensure patients on Close Observation were monitored every 15 minutes, in compliance with facility policy. The facility failed to ensure that ligature risks were identified on the EOC assessment and were completely mitigated. And the facility failed to document Close Observation monitoring in accordance with facility policy and procedure. Subsequent to those failures, a patient hanging occurred, leading to the patient's death. That patient was first admitted to the facility on December 14, 2023, for an unspecified mood disorder, alcohol use disorder, and depression with suicidal ideation. The Columbia Suicide Severity Rating Scale (CSSRS) documented that the patient was brought to the Emergency Room on December 12, 2023, following a suicide attempt by hanging with a belt and with lacerations at the left wrist. The CSSRS also noted that the patient suffered from severe depression and anxiety. On December 15, 2023, a facility Nurse Practitioner documented on the care plan that the "[p]atient will be monitored every 15 minutes (LOS) per hospital policy. Patient considered imminent danger to [himself/herself] due to suicidal ideation." Thus, the facility was fully aware of the risks involved with this patient, yet it failed to adequately monitor him, or other patients, in accordance with policy.

## **MONETARY PENALTIES**

### **N.J.A.C. 8:43G-5.2(a), Administration and Hospital-wide Services: Policies and Procedures**

N.J.A.C. 8:43E-3.4(a)(8) provides that the Department may assess a monetary penalty of \$1,000 per violation "where there are multiple deficiencies related to patient care ... and/or 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...." The \$1,000 penalty may be assessed for each day the facility fails to comply with the administrative rule. The Department is assessing a \$1,000-per-day penalty for the facility's multiple deficiencies cited above for the periods December 14, 2023, to December 27, 2023. These dates correspond to the time the facility first violated its Nursing Admission Assessment policy, through to its violation of its Medication Administration Records policy, and finally to its violation of its Cell Phone Usage policy, of which all violations were deemed corrected as of December 27, 2023. Thus, the total penalty assessed for these violations is (\$1,000 x 13 days = \$13,000).

### **N.J.A.C. 8:43G-26.2(a)(2), Psychiatry: Policies and Procedures**

Additionally, N.J.A.C. 8:43E-3.4(a)(10), provides that the Department may assess a monetary penalty of \$2,500 for violations resulting in either actual harm to a patient or resident, or for violations that result in an immediate and serious risk of harm. The Department is imposing a \$2,500 penalty-per-violation, which may be assessed for each day of noncompliance for the deficiencies. A penalty of \$2,500 per day is assessed for each day of noncompliance, from December 15, 2023 to December 27, 2023, for a total of 12 days. These dates correspond to the time the facility first tailored the care plan of a newly-admitted patient who was documented with suicidal ideation to account for the increased suicide risk (monitoring every 15

minutes) to the date when surveyors concluded that the Immediate Jeopardy risk was resolved, December 27, 2023, eight days after this patient committed suicide by hanging. Thus, the total penalty assessed for this violation is (\$2,500 x 12 days = \$30,000).

The total amount of this penalty (**\$43,000**) must 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 #AX24067.**

### **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. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. 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:

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:

Nadine Jackman, Office of Program Compliance  
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 does not delay the imposition of any enforcement remedies.

### **FORMAL HEARING**

Aspen Hills Healthcare Center is entitled to challenge the assessment of penalties pursuant to N.J.S.A. 26:2H-13, by requesting a formal hearing at the Office of Administrative Law (OAL). The facility may request a hearing to challenge any of the following: the factual survey findings and/or the assessed penalties. Aspen Hills Healthcare Center must advise this Department within 30 days of the date of this letter if it requests an OAL hearing.

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 Aspen Hills Healthcare Center is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Aspen Hills Healthcare Center 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.

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.

Finally, be advised that Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by Aspen Hills Healthcare Center 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.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this notice, please contact Nadine Jackman, Office of Program Compliance at [Nadine.Jackman@doh.nj.gov](mailto:Nadine.Jackman@doh.nj.gov).

Sincerely,



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

GR:ss

DATE: February 28, 2025

E-MAIL: [admin@ButtonwoodBHH.com](mailto:admin@ButtonwoodBHH.com)

REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Control# **AX24067**