



State of New Jersey
DEPARTMENT OF HEALTH

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KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

In Re Licensure Violation:	:	
	:	DIRECTED PLAN OF CORRECTION
JUNIPER VILLAGE AT WILLIAMSTOWN	:	
	:	
(NJ Facility ID# NJ35A005)	:	
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TO: Melissa Repkoe, Administrator
Juniper Village at Williamstown
1648 S. Blackhorse Pike
Williamstown, New Jersey 08094
Melissa.Repkoe@JuniperCommunities.com

As more fully detailed below, the New Jersey Department of Health (the Department) is issuing to Juniper Village at Williamstown (Juniper Village) a Directed Plan of Correction requiring retention of a consultant Director of Nursing.

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. 8:36-1.1 et seq.

LICENSURE VIOLATIONS

Staff from the Department's Health Facility, Survey and Field Operations unit were on-site at Juniper Village on November 7, 2024, for a complaint investigation and state re-licensure survey. During this survey, the surveyors identified multiple state violations, which included:

- The facility failed to ensure that medications were being administered accurately and that administration was documented in a timely manner resulting in a mis-recorded insulin level. N.J.A.C. 8:36-11.5(f).
- The facility failed to ensure that certified medication aides acted within their scope of practice when a certified medication aide administered a Dupixent injection. Administration of this medication is

the non-delegable responsibility of the registered professional nurse. N.J.A.C. 8:36-11.5(a) and 11.5(b)(3).

- The facility failed to ensure that staff properly disinfected reusable medical equipment (glucometers) and that staff sterilized the resident's injection site (a portal of entry for pathogenic microorganisms). N.J.A.C. 8:36-18.3(a)(7)i-iv.
- The facility failed to ensure that staff performed proper hand hygiene after handling bodily fluids (between blood sugar checks). N.J.A.C. 8:36-18.4(j).

As a result of these violations, all residents in the facility were at an immediate and serious risk of harm.

On November 8, 2024, the Department issued a Directed Plan of Correction requiring the facility's Director of Nursing to provide in-service training to certified medication aides addressing scope of practice for medication aides, medication administration for medication aides, including, but not limited to, sterilization of injection sites and timely documentation, hand hygiene for all direct care staff, and sterilization, disinfection, and cleaning practices and techniques for reusable medical equipment for all direct care staff. The November 8, 2024, Directed Plan of Correction remains in effect.

On January 8, 2025, Department surveyors conducted a revisit and cited the facility for an additional medication error due to a medication aide handing medication to the wrong resident, despite the medication aide having received in-service training by the facility.

DIRECTED PLAN OF CORRECTION

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

- a. The facility must retain the full-time, on-site services of a Registered Nurse to begin providing services to the facility as a consultant Director of Nursing. The Registered Nurse Consultant shall:
 - a. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
 - b. Oversee the development, implementation and evaluation of corrective action plans;
 - c. Develop and implement compliance management systems at the facility;
 - d. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;
 - e. Ensure staff training and testing for competency needed to comply with applicable licensing standards, including, but not necessarily limited to, medication administration by certified medication aides; and,
 - f. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

The 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 Kara.Morris@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Jacqueline.Jones1@doh.nj.gov, Erica.Barber@doh.nj.gov, Lisa.King@doh.nj.gov, Jean.Markey@doh.nj.gov and Gene.Rosenblum@doh.nj.gov by 12 p.m. on February 20, 2025. The approved consultant shall be retained and begin work no later than the close of business on February 24, 2025. 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 for no less than 40 hours per week until further notice from the Department, with documented coverage of all shifts and weekends.

Beginning on Friday, February 28, 2025, the facility should send weekly progress reports every Friday by 1:00 p.m. to Kara.Morris@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Jacqueline.Jones@doh.nj.gov and Erica.Barber@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.

Department staff will monitor facility compliance with this order to confirm compliance with this order and Directed Plan of Correction and 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.

The Directed Plan of Correction shall remain in place until the facility is otherwise notified in writing by a representative of this Department.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions concerning the 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

GR:JLM:nj
DATED: February 18, 2025
E-MAIL
Control #X25036

c. Order Distribution List