



State of New Jersey
DEPARTMENT OF HEALTH

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Lt. Governor

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KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

In Re Licensure Violation:	:	
	:	
Laurel Brook Rehabilitation and	:	CURTAILMENT OF
Healthcare Center	:	ADMISSIONS & READMISSIONS
	:	ORDER, AND DIRECTED PLAN OF
(NJ Facility ID# NJ03015)	:	CORRECTION

TO: Lauren Pote, Administrator
Laurel Brook Rehabilitation and Healthcare Center
3718 Church Road
Mount Laurel, New Jersey 08054

Dear Ms. Pote:

As you were notified orally on October 24, 2024, effective upon the facility's notification, the Department of Health (hereinafter, "the Department") ordered the curtailment of new admissions and readmissions to Laurel Brook Rehabilitation and Healthcare Center (hereinafter "Laurel Brook"). This enforcement action was taken in accordance with the provisions set forth at N.J.A.C. 8:43E-3.1 (Enforcement Remedies available) and N.J.A.C. 8:43E-3.6 (Curtailment of Admissions) in response to serious deficiencies observed by Department staff at Laurel Brook during its on-site inspection.

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 Department's Commissioner 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:

Minimum Staffing Violations

Staff from Survey were on-site at Laurel Brook from August 18, 2024, to September 14, 2024, and on October 16, 2024. During these dates, the surveyors identified deficient practices that posed an immediate and serious risk of harm to the residents of Laurel Brook. These violations pertain to minimum staffing requirements in accordance with N.J.S.A. 30:13-18 (P.L. 2020. C.112). N.J.S.A. 30:13-18 requires nursing homes to maintain the following minimum direct care staff-to-resident ratios: (1) one certified nurse aide (CNA) to every eight residents for the day shift; (2) one direct care staff

member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each staff member shall be signed in to work as a CNA and shall perform CNA duties; and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform certified nurse aide duties.

During the dates August 18, 2024, to September 14, 2024, you failed to maintain the minimum number of CNAs for residents on the day shift. A September 19, 2024, review of facility staffing revealed that, during the dates in question, the surveyors identified the following:

1. On August 18, 2024, your facility had 16 CNAs for 191 residents on the day shift (at least 24 CNAs were required);
2. On August 19, 2024, your facility had 14 CNAs for 191 residents on the day shift (at least 24 CNAs were required);
3. On August 20, 2024, your facility had 15 CNAs for 191 residents on the day shift (at least 24 CNAs were required);
4. On August 21, 2024, your facility had 15 CNAs for 191 residents on the day shift (at least 24 CNAs were required);
5. On August 22, 2024, your facility had 15 CNAs for 191 residents on the day shift (at least 24 CNAs were required);
6. On August 23, 2024, your facility had 16 CNAs for 191 residents on the day shift (at least 24 CNAs were required);
7. On August 24, 2024, your facility had 19 CNAs for 191 residents on the day shift (at least 24 CNAs were required);
8. On August 25, 2024, your facility had 14 CNAs for 191 residents on the day shift (at least 24 CNAs were required);
9. On August 26, 2024, your facility had 17 CNAs for 195 residents on the day shift (at least 24 CNAs were required);
10. On August 27, 2024, your facility had 16 CNAs for 195 residents on the day shift (at least 24 CNAs were required);
11. On August 28, 2024, your facility had 17 CNAs for 195 residents on the day shift (at least 24 CNAs were required);
12. On August 29, 2024, your facility had 18 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
13. On August 30, 2024, your facility had 17 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
14. On August 31, 2024, your facility had 15 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
15. On September 01, 2024, your facility had 7 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
16. On September 02, 2024, your facility had 18 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
17. On September 03, 2024, your facility had 19 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
18. On September 04, 2024, your facility had 19 CNAs for 196 residents on the day shift (at least 24 CNAs were required);

19. On September 05, 2024, your facility had 18 CNAs for 196 residents on the day shift (at least 24 CNAs were required);
20. On September 06, 2024, your facility had 16 CNAs for 196 residents on the day shift (at least 24 CNAs were required);
21. On September 07, 2024, your facility had 17 CNAs for 196 residents on the day shift (at least 24 CNAs were required);
22. On September 08, 2024, your facility had 16 CNAs for 196 residents on the day shift (at least 24 CNAs were required);
23. On September 09, 2024, your facility had 15 CNAs for 196 residents on the day shift (at least 24 CNAs were required);
24. On September 10, 2024, your facility had 16 CNAs for 196 residents on the day shift (at least 24 CNAs were required);
25. On September 11, 2024, your facility had 16 CNAs for 196 residents on the day shift (at least 24 CNAs were required);
26. On September 12, 2024, your facility had 15 CNAs for 193 residents on the day shift (at least 24 CNAs were required);
27. On September 13, 2024, your facility had 15 CNAs for 193 residents on the day shift (at least 24 CNAs were required);
28. On September 14, 2024, your facility had 16 CNAs for 193 residents on the day shift (at least 24 CNAs were required).

During the dates September 22, 2024, to October 05, 2024, you failed to maintain the minimum number of CNAs for residents on the day shift. An October 16, 2024, review of facility staffing revealed that, during the dates in question, the surveyors identified the following:

1. On September 22, 2024, your facility had 14 CNAs for 199 residents on the day shift (at least 25 CNAs were required);
2. On September 23, 2024, your facility had 18 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
3. On September 24, 2024, your facility had 20 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
4. On September 25, 2024, your facility had 19 CNAs for 197 residents on the day shift (at least 25 CNAs were required);
5. On September 26, 2024, your facility had 19 CNAs for 194 residents on the day shift (at least 24 CNAs were required);
6. On September 27, 2024, your facility had 17 CNAs for 194 residents on the day shift (at least 24 CNAs were required);
7. On September 28, 2024, your facility had 19 CNAs for 194 residents on the day shift (at least 24 CNAs were required);
8. On September 29, 2024, your facility had 15 CNAs for 194 residents on the day shift (at least 24 CNAs were required);
9. On September 30, 2024, your facility had 17 CNAs for 199 residents on the day shift (at least 25 CNAs were required);
10. On October 01, 2024, your facility had 18 CNAs for 199 residents on the day shift (at least 25 CNAs were required);

11. On October 02, 2024, your facility had 16 CNAs for 199 residents on the day shift (at least 25 CNAs were required);
12. On October 03, 2024, your facility had 18 CNAs for 199 residents on the day shift (at least 25 CNAs were required);
13. On October 04, 2024, your facility had 18 CNAs for 207 residents on the day shift (at least 26 CNAs were required);
14. On October 05, 2024, your facility had 16 CNAs for 207 residents on the day shift (at least 26 CNAs were required).

Finally, during the dates September 22, 2024, to October 05, 2024, you failed to maintain the minimum staffing levels for nurses for two out of fourteen days. For the week of September 22, 2024, the required total staffing hours were 555.75; you had 536 actual staffing hours, 19.75 hours shy of the requirement. For the week of October 5, 2024, the required total staffing hours were 575.75; you had 568 actual staffing hours, 7.75 hours shy of the requirement.

Other Violations

Other deficiencies for Laurel Brook follow. In total, the facility has twenty-three federal deficiencies and four state deficiencies as of the October 16, 2024-recertification survey.

The following federal deficiencies were cited under Substandard Quality of Care:

The facility failed to maintain the resident's environment, equipment and living areas in a safe and sanitary homelike manner for five of five units, in violation of 42 C.F.R. 483.10(i)(1).

The facility failed to implement its smoking policy interventions and ensure that interventions were in place to reduce hazards and risks for residents who smoked tobacco and verify the resident's safety for one of one resident, in violation of 42 C.F.R. 483.25(d)(1).

The following federal deficiencies were cited under Quality of Care:

The facility failed to ensure that there were no delays for services and treatment for two residents who had a change in condition, in violation of 42 C.F.R. 483.25.

The facility failed to perform and document a skin assessment, obtain a treatment order, and implement timely interventions to prevent the development of a pressure ulcer for one resident, in violation of 42 C.F.R. 483.25(b)(1).

The facility failed to ensure that urinary catheter bags were positioned properly, and drainage bags were changed as ordered for two residents, in violation of 42 C.F.R. 483.25(e)(2).

The facility failed to provide fortified foods as ordered by the physician and obtain weekly weights as recommended by the Registered Dietician for two residents, in violation of 42 C.F.R. 483.25(g)(1).

The facility failed to store respiratory equipment in a safe and sanitary manner for one resident, in violation of 42 C.F.R. 483.25(i).

The Department cited the following additional federal deficiencies:

The facility failed to timely report an allegation of staff-to-resident abuse to the New Jersey Department of Health for one resident, in violation of 42 C.F.R. 483.12(c)(1).

The facility failed to ensure that a fall investigation was completed after one resident fell, in violation of 42 C.F.R. 483.12(c)(2).

The facility failed to complete discharge Minimum Data Sets timely for two residents, in violation of 42 C.F.R. 483.20(f)(1).

The facility failed to accurately complete a Preadmission Screening and Resident Review (PASARR) to ensure that a resident was referred to the appropriate state-designated authority, in violation of 42 C.F.R. 483.20(k)(1).

The facility failed to develop and implement a comprehensive-centered care plan for one resident, in violation of 42 C.F.R. 483.21(b)(1).

The facility failed to revise a care plan for three residents, in violation of 42 C.F.R. 483.21(b)(2).

The facility failed to complete a performance review and education based on the performance review outcome for two CNAs, in violation of 42 C.F.R. 483.35(d)(7).

The facility failed to ensure that the correct resident census was reflected on the posted staffing report on three survey days, in violation of 42 C.F.R. 483.35(g).

The facility failed to obtain and administer medication in accordance with a physician's order, in violation of 42 C.F.R. 483.45.

The facility failed to address recommendations for psychotropic medications, ensure that as-needed medications were prescribed with a fourteen-day duration, and reevaluate and monitor psychotropic target behaviors for five residents, in violation of 42 C.F.R. 483.45.

The facility failed to ensure that medications were administered without an error rate of five percent or more, in violation of 42 C.F.R. 483.45(f)(1).

The facility failed to properly dispose of expired medical equipment, and to maintain clean and sanitary medication storage areas for two medication storage rooms and one medication cart, in violation of 42 C.F.R. 483.45(h).

The facility failed to provide dental care services in a timely manner for one resident, in violation of 42 C.F.R. 483.55(b)(3).

The facility failed to handle potentially dangerous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness, in violation of 42 C.F.R. 483.60(i)(2).

The facility's Licensed Nursing Home Administrator failed to ensure that staff implemented policies and procedures stemming from survey outcomes related to substandard quality of care, in violation of 42 C.F.R. 483.70.

The facility failed to ensure that one staff member practiced appropriate hand hygiene during "medication pass," in violation of 42 C.F.R. 483.80.

The Department also cited the facility for the following four state deficiencies:

- Universal Transfer Form—where the facility failed to maintain a complete copy of the NJ Universal Transfer Form;

- Mandatory access to care, staffing (enumerated above under Minimum Staffing Violations);
- Mandatory Nurse Staffing (also enumerated above under Minimum Staffing Violations); and
- Mandatory physical environment—where the facility failed to ensure that resident-room nightlights were maintained in an operational condition.

CURTAILMENT:

The Department hereby orders the curtailment of new admissions and readmissions to Laurel Brook effective October 24, 2024, upon oral notification to the facility via telephone call.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of \$250.00 per day for each resident admitted to the facility in violation of this curtailment order.

DIRECTED PLAN OF CORRECTION:

The facility must retain the full-time, on-site services of an Administrator Consultant in accordance with N.J.A.C. 8:34-1.1 et seq., who shall be responsible for consultation services concerning the day-to-day operations of the facility. The Administrator Consultant must be approved by the Department. 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, kara.morris@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov, and Steven.Smalls@doh.nj.gov, by 12:00 noon on Wednesday, November 6, 2024. 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, on Friday, November 8, 2024. 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 Friday, November 15, 2024, and continuing each Friday thereafter. The progress reports shall be submitted to carol.fogarty@doh.nj.gov and kara.morris@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 the 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 carol.fogarty@doh.nj.gov and kara.morris@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.

Laurel Brook shall also retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN). The Consultant DON must be approved by the Department. The facility shall provide the Department with the name and resume by 12:00 noon, on Wednesday, November 6, 2024. The resume should be sent to carol.fogarty@doh.nj.gov, kara.morris@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov, and Steven.Smalls@doh.nj.gov. 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 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, on Friday, November 8, 2024. That person shall be responsible for ensuring that immediate corrective action is taken to verify that resident safety is not jeopardized, and applicable state licensing standards are met.

The Curtailment and 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 additional enforcement actions, including penalties.

Please be advised that you may be subject to other enforcement remedies in addition to this order.

FORMAL HEARING:

Laurel Brook is entitled to contest the curtailment, pursuant to N.J.S.A. 26:2H-14, by requesting a formal hearing at the Office of Administrative Law (OAL). Laurel Brook may request a hearing to challenge any of the following: the factual survey findings and/or the curtailment. Laurel Brook 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 Laurel Brook is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Laurel Brook is further required to submit a written response to every charge as specified in this notice, which shall accompany its written request for a hearing.

Due to the emergent situation and the immediate and serious risk of harm posed to the residents, the Department will not hold the curtailment or the Directed Plan of Correction 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 contact Lisa King, Office of Program Compliance, at (609) 376-7751.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gene Rosenblum".

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

GR:SS

DATE: October 29, 2024
E-MAIL (lpote@laurelbrookrehab.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X24111