State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358
www.nj.gov/health

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

JEFFREY A. BROWN
Acting Commissioner

In Re Licensure Violation:	:	
	:	CURTAILMENT OF
NJ Cataract & Laser Institute	:	SERVICES ORDER
	:	AND DIRECTED PLAN OF
(NJ Facility ID# NJ2205234)	:	CORRECTION

TO: Lisa Gorka, Administrator
NJ Cataract & Laser Institute
101 Prospect Street
Lakewood, New Jersey 08701

Dear Ms. Gorka:

As you were notified orally on June 13, 2025, effective upon the facility's notification, the Department of Health (hereinafter, "the Department") issued the curtailment of services order and a Directed Plan of Correction to NJ Cataract and Laser Institute (hereinafter "facility"). 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 NJ Cataract & Laser Institute during its on-site inspection on June 11-12, 2025.

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 Ambulatory Care Facilities set forth at N.J.A.C. 8:43A-1.1 et seq.

LICENSURE VIOLATIONS:

On June 11-12, 2025, the Department conducted a state re-licensure survey in tandem with a federal recertification survey. During the survey, multiple issues were identified in the facility

(see below).

N.J.A.C. 8:43a-3.5 (a) – Lack of job descriptions.

1. There was no job description for the medical technician who is performing duties such as the taking of vital signs, assisting with ambulation and voiding, assisting with dressing, and cleaning the patient care area. The job description in the medical technician's personnel file was for a "Business Manager."

2. There were no job descriptions for the designated Assistant Director of Nursing, Alternate Administrator, or Day-to-Day Infection Control Professional.

N.J.A.C. 8:43a-3.5 (c) – Personnel.

1. The substitute staff member did not hold the equivalent qualifications to replace the absent staff member. There was no qualified Registered Nurse (RN), who was readily available to provide emergency treatment, without placing other patients at risk of harm. The Preoperative/Post Anesthesia Care Unit (PACU) RN working was not an employee of the facility and did not hold the qualifications of Advanced Cardiac Life Support (ACLS), which is required by the facility preop/PACU job description. According to her resume, her experience is limited to school nurse and psych nursing. Upon request, the facility was unable to provide a personnel file for the above RN. The facility provided only her nursing license, which was verified by the facility while the surveyors were onsite, and a resume.

N.J.A.C. 8:43a- 3.7 (b) and 3.7 (c) – Employee Health.

1. Some personnel files were missing health screening information for rubeola and rubella.

N.J.A.C. 8:43a-9.3 (a) -Policies and Procedures.

1. Single dose eye drops were being used for multiple patients.
2. The Preoperative/PACU RN was not aware that the eye drops being administered to multiple patients were single dose and should be discarded after each patient.

N.J.A.C. 8:43a-9.3 (b) 5. Policies and Procedures.

1. Controlled drug bi-annual inventory was not completed.
2. There was a lack of documentation in the medical records of the administration of controlled medication to patients.

N.J.A.C. 8:43a-9.4 (a)- All medications administered shall be prescribed in writing.

1. Eye drops (tetracaine and phenylephrine hydrochloride) were administered without a physician order.

N.J.A.C. 8:43a-13.3 (a) 21 – Discharge Summary Sheet.

1. There were incomplete discharge summaries in the medical records.

N.J.A.C. 8:43a- 14.1 (b) and 14.1 (c) - No qualified Infection Control Professional

1. The facility did not have a certified infection control consultant. The healthcare professional who is responsible for the day-to-day infection control activities lacked education and training in surveillance, prevention, and control of nosocomial infections.

N.J.A.C. 8:43a- 14.3 (a) 5. Infection Prevention Measures.

1. The facility's staff did not wear gloves while cleaning the OR, went from patient to patient without performing hand hygiene and did not perform hand hygiene prior to starting patients' IVs.
2. There was no alcohol-based hand rub (ABHR) in the pre-operative care area.
3. There was no sink or ABHR in the sterilization room.

N.J.A.C. 8:43a- 17.3 (d). Housekeeping patient services.

1. The facility did not follow manufacturer's instructions for use (IFU) for the disinfection wipes. The lid was left open with the wipes hanging out.

N.J.A.C. 8:43a- 14.4 (a) 1. Sterilization of Patient Care Items.

1. There is no dedicated handwashing sink in the decontamination room in accordance with the
   Association for the Advancement of Medical Instrumentation (AAMI) guidelines.

2. The facility did not inspect surgical instruments after manual cleaning prior to sterilization in accordance with AAMI guidelines.

3. The facility did not perform biological indicator testing as required by AAMI.

4. Sterilizer mechanical strips were not reviewed and initialed by staff to ensure sterilization parameters were met, in accordance with AAMI guidelines.

N.J.A.C. 8:43a- 14.4 (g) The Manufacturer's Instructions for Use (IFU) for cleaning, testing, disassembly, and sterilization of equipment shall be readily available and followed by employees.

1. The facility was unable to provide manufacturer's IFUs for surgical cleaning brushes that were being reprocessed.

N.J.A.C. 8:43a-17.4 (a) 15 - All equipment and environmental surfaces shall be kept clean to sight and touch.

1. Rust on surgical light makes it an uncleanable surface.

2. There was swelling on the counter surface in the decontamination room and the edges were separated.

3. Drawer in the decontamination area is broken and unable to close completely.

CURTAILMENT OF SERVICES:

The Department confirms the order curtailing all services at the facility, which became effective June 13, 2025, 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 patient admitted to the facility in violation of this curtailment order.

DIRECTED PLAN OF CORRECTION:

A. The facility shall retain the full-time services of a Certified Infection Control Practitioner (ICP) consultant, to begin providing services to the facility no later than June 27, 2025. The facility shall provide the Department with the name and resume of the consultant by June 20, 2025. You may contact the Association of Professionals in Infection Control and Epidemiology (apic.org) to obtain the names of ICPs in your area. The resume should be sent to Kimberly.Hansen@doh.nj.gov, Kara.Morris@doh.nj.gov, Charlene.Valenta@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, and Lisa.King@doh.nj.gov. The ICP consultant shall be on-site for no less than 40 hours per week, until further notice from the Department. The contract with this consultant shall include provisions for immediate corrective action ensuring patient safety is not jeopardized and applicable state licensing standards are met.

   The Certified Infection Control Practitioner (ICP) Consultant shall:

1. Be responsible for the direction, provision, and quality of infection prevention and control services; and
2. For developing and maintaining written objectives, policies and procedures, an organizational plan, and a quality improvement program for the infection prevention and control service.

   The Certified Infection Control Practitioner (ICP) Consultant and the facility administrator shall submit weekly progress reports, beginning on July 3, 2025, and continuing each Friday thereafter. The progress reports shall be submitted to Kimberly.Hansen@doh.nj.gov,

Kara.Morris@doh.nj.gov, and Charlene.Valenta@doh.nj.gov, and should be sent every Friday by 1:00 p.m. to. 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. In addition to the consultant required above, in accordance with N.J.A.C. 8:43A-14.1, the facility shall either hire a permanent Infection Control Practitioner (ICP) consultant or a permanent employee Infection Control Practitioner (ICP), with the following qualifications:

1. The infection control professional shall have education or training in surveillance, prevention, and control of nosocomial infections.
2. The infection control professional shall be certified in infection control within five years of beginning practice of infection control.
3. The infection control professional shall maintain certification through the Certification Board of Infection Control and Epidemiology, Inc. (CBIC).

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:

NJ Cataract & Laser Institute 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). The facility may request a hearing to challenge the factual survey findings and/or the curtailment. The facility 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 the facility is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, the facility 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 patients, 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) 376-7890.

Sincerely,

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

GR:RSM:nj
DATE: June 17, 2025
E-MAIL (gorkavian@aol.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # AX25021