State of New Jersey
DEPARTMENT OF HEALTH
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PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

JEFFREY A. BROWN
Acting Commissioner

IN RE: LICENSURE VIOLATION RADIOLOGY CENTER AT HARDING (NJ Facility ID# NJ23319)	:	CURTAILMENT OF SERVICES ORDER

TO: Preetham Pillarisetty- Administrator
Radiology Center at Harding
1201 Mt. Kemble Avenue
Morristown, NJ 07960
preetham@hardingradiology.com

As you were notified verbally on October 1, 2025, effective October 1, 2025, the Department of Health (hereinafter, "the Department") has curtailed all services at Radiology Center at Harding (hereinafter "Harding"), as 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 Manual of Standards for Licensing of Ambulatory Care facilities set forth at N.J.A.C. 8:43A-1.1 et seq.

Pursuant to N.J.A.C. 8:43A-14.1(b), "[t]he administrator shall designate an infection control professional who shall be responsible for the direction, provision, and quality of infection prevention

and control services. The designated person shall be responsible for, but not limited to, developing and maintaining written objectives, policies and procedures, an organizational plan, and a quality improvement program for the infection prevention and control service. The infection control professional may be a consultant; however, there must be a health care professional on site who is responsible for the day to day activities related to infection control."

Pursuant to N.J.A.C. 8:43A-4.1(a)4, "[t]he facility shall have a governing authority which shall assume legal responsibility for the management, operation, and financial viability of the facility. The governing authority shall be responsible for...[a]ppointment, reappointment, assignment of privileges, and curtailment of privileges of health care professionals, and written confirmation of such actions". Further, N.J.A.C. 8:43A-4.1(a)7 states this governing authority shall be responsible for the "[d]etermination of the frequency of meetings of the governing authority and its committees, or equivalent, conducting such meetings, and documenting them through minutes."

Pursuant to N.J.A.C. 8:43A-25.2(a)1, a facility providing computerized tomography services shall have at least one radiologist available during the facility's hours of operation and on the premises whenever a contrast medium is being used.

Pursuant to N.J.A.C. 8:43A-4.1(a)7, a facility shall have a governing authority which shall assume legal responsibility for the management, operation, and financial viability of the facility. The governing authority shall be responsible for determination of the frequency of meetings of the governing authority and its committees, or equivalent, conducting such meetings, and documenting them through minutes.

Pursuant to N.J.A.C. 8:43A-3.5(a), the facility shall develop written job descriptions and ensure that personnel are assigned duties based upon their education, training, and competencies, and in accordance with their job descriptions.

Pursuant to N.J.A.C. 8:43A-3.5(d), the facility shall develop and implement a staff orientation plan and a staff education plan, including plans for each service and designation of person(s) responsible for training.

Pursuant to N.J.A.C. 8:43A-3.5(e), at least one person who is currently certified in basic cardiac life support by the American Heart Association or the American Red Cross, or currently certified by the Department as an emergency medical technician--ambulance (EMT-A), shall be in the facility at all times during the facility's hours of operation. If a cardiac rehabilitation program is provided, at least one person who is currently certified in advanced cardiac life support by the American Heart Association shall be in the facility at all times during the facility's hours of operation.

Pursuant to N.J.A.C. 8:43A-3.6(a), "[a] policy and procedure manual(s) for the organization and operation of the facility shall be developed, implemented, and reviewed at intervals specified in the manual(s). Each review of the manual(s) shall be documented, and the manual(s) shall be available

in the facility to representatives of the Department at all times. The manual(s) shall include at least the following;

3. A description of the quality assurance program for patient care and staff performance, including methods for at least annual review of staff qualifications and credentials and of staff orientation and education must be included in the manual.
7. Policies and procedures for the maintenance of personnel records for each employee, including at least the employee's name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, records of staff orientation and staff education, and evaluations of job performance

Pursuant to N.J.A.C. 8:43A-3.7(a), the policy and procedures manual of the facility shall include policies and procedures to ensure that physical examinations of employees are performed upon employment and subsequently and shall specify the circumstances under which other persons providing direct patient care services shall receive a physical examination and the content and the frequency of the examinations for employees and other persons providing direct patient care services.

Pursuant to N.J.A.C.8:43A-3.7(b)2-(b)3, each employee's personnel record shall contain documentation of all rubella screening tests performed and the results. A list shall be maintained of all employees who are seronegative and unvaccinated, to be used in the event that an employee is exposed to rubella and a determination is needed as to whether or not the employee may continue to work.

Pursuant to N.J.A.C. 8:43A-3.7(c)2-(c)3, each employee born in 1957 or later shall be given a measles (rubeola) screening test using the hemagglutination inhibition test, or other rubeola screening test, within six months of the effective date of this chapter. Each new employee born in 1957 or later shall be given a measles (rubeola) screening test upon employment. An employee who can document receipt of a live measles vaccine on or after the first birthday, physician-diagnosed measles, or serologic evidence of immunity shall not be required to have a measles (rubeola) screening test. Each employee's personal record shall contain documentation of all tests performed and the results. A list shall be maintained of all employees who are seronegative and unvaccinated.

Pursuant to N.J.A.C. 8:43A-3.7(d), the facility shall establish policies and procedures for the detection and control of the transmission of *Mycobacterium tuberculosis* that include, but are not limited to, developing a Tuberculosis Exposure Control Plan (TB plan), according to the guidelines set forth in "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," incorporated herein by reference, as amended and supplemented, published in the Morbidity and Mortality Weekly Report, at MMWR 2005; 54 (No. RR-17) (December 30, 2005) published by the Coordinating Center for Health Information and Service, available at

http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf and
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm, pursuant to the Occupational Safety and Health Act of 1970 Public Law 91-596, incorporated herein by reference, as amended and supplemented.

Pursuant to N.J.A.C. 8:43A-15.3(d), the facility shall have written policies and procedures regarding emergency kits and, if required, emergency carts which are appropriate to the patient population served by the facility and approved by the medical director. The policies and procedures shall be reviewed annually, revised as needed, and implemented, and shall specify the locations, contents, frequency of checking contents (including expiration dates), and assignments of responsibility for checking contents.

Pursuant to N.J.A.C. 8:43A-16.1(b), the staff of the facility shall receive in-service education concerning the implementation of policies and procedures regarding patient rights annually and as part of new employee orientation.

Pursuant to N.J.A.C. 8:43A-9.3(b)5, "[t]he facility's policies and procedures for the administration, control, and storage of medications shall include [t]he purchase, storage, safeguarding, accountability, use, and disposition of drugs, in accordance with the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39, and the Controlled Dangerous Substances Acts and amendments thereto."

Pursuant to N.J.A.C. 8:43A-9.5(f), "[d]rugs in single dose or single use containers which are open or which have broken seals, drugs in containers missing drug source or exact identification (such as lot number), and outdated, recalled, or visibly deteriorated medications shall be returned to the institutional pharmacy for disposal. In the absence of an institutional pharmacy, such drugs shall be brought to a location specified in the facility's policies and procedures for disposal in accordance with Federal and State laws."

Pursuant to N.J.A.C. 8:43A-7.2, "[t]he governing authority shall designate a physician to serve as medical director. The medical director shall designate, in writing, a physician to act in the absence of the medical director. The medical director, or his or her designee, shall be available to the facility at all times."

Pursuant to N.J.A.C. 8:43A-25.2(a)2, a facility providing computerized tomography services shall have at least one radiologic technologist on the premises during the facility's hours of operation.

Pursuant to N.J.A.C. 8:43A-25.2(b)2, a facility providing magnetic resonance imaging services shall have at least one radiologist available during the facility's hours of operation and on the premises whenever a contrast medium is being used.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility, Survey and Field Operations unit were on-site at Harding on October 1, 2025, for a complaint investigation.

During the inspection, the surveyors found the following violations:

- There was no infection control professional (CBIC) There was no staff member with training as the onsite day to day infection control professional. [N.J.A.C. 8:43A-14.1(b)]
- The facility identified three physicians on staff: the Medical Director, a Radiologist who is Remote, and an MD who is part of the Family practice located on another floor in the building. However, there were no paper or electronic credential files provided for any of the physicians. The facility provided only a copy of the Medical License for the Medical Director and one of the other physicians, There was no medical license for the physician who worked upstairs in the Family practice. Facility policies provided that the facility should have credential files for each provider that included the medical license, DEA and CDS registrations, proof of liability insurance, peer reviews, evidence of Board certification and other documents, to be reviewed and approved by the Governing Body. There was no evidence that the physician identified as the Medical Director was appointed. [N.J.A.C. 8:43A-4.1(a)4]
- Radiology services were being provided 100% remotely, and no evidence of a contract with the radiologists or group was provided. [N.J.A.C. 8:43A-25.2(a)1]
- No Governing Body Meeting minutes were provided to surveyors. [N.J.A.C. 8:43A-4.1(a)7, N.J.A.C. 8:43A-3.5(a),]
- No staff personnel files, resumes, job descriptions, health files, competencies, orientation or state training were provided. Only licensure was available. [N.J.A.C. 8:43A-3.5(a), (d), and (e), N.J.A.C. 8:43A-3.6(a), (a) 3, and (a)7, N.J.A.C. 8:43A-3.7(b)2 and (b)3, N.J.A.C. 8:43A-3.7(c)2 and(c)3, N.J.A.C. 8:43A-3.7(d), and N.J.A.C. 8:43A-16.1(b)]
- There was only one Automated External Defibrillator (AED) on site for emergency equipment, with one set of pads having expired in 2023. No replacement pads were available at the facility. [N.J.A.C. 8:43A-15.3(d)]
- Facility provided no check sheet documenting when the CT tech checks the AED and emergency medication box monthly. [N.J.A.C. 8:43A-15.3]
- Contrast at the facility was stored in a warmer without a beyond use date, although the contrast must be used within one month of placing in the warmer as per instructions for use. [N.J.A.C. 8:43A-9.3(b)5]
- Expired medication, such as Benadryl, Epinephrine injection, Nitroglycerine tablets, Dextrose injection, and IV solutions, were observed. [N.J.A.C. 8:43A-9.5(f)]
- The facility did not have a designated alternate Medical Director. [N.J.A.C. 8:43A-7.2]
- The Administrator stated that the facility works with remote radiologists. Facility staff stated there were never any physicians in the radiology center. The physician who was identified as monitoring patients stayed in his private practice medical office on a different floor. There was no credential file for that physician. There was no evidence by way of schedule or MD

note in the medical record documenting that the physician was present when patients were in need of monitoring for contrast administration. [N.J.A.C. 8:43A-25.2(a)2], N.J.A.C. 8:43A-25.2(b)2]

CURTAILMENT OF SERVICES:

As you were notified by telephone on October 1, 2025, effective immediately upon notification, the Department ordered the curtailment of services at the facility.

This enforcement action was taken in accordance with the provisions set forth at N.J.A.C. 8:43E-3.1 and 3.6 in response to serious violations observed by Department staff during its on-site inspection as detailed above.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of $250 per day for each patient served by the facility in violation of this curtailment order.

Department staff will monitor facility compliance with this order and 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.

This Curtailment of Services Order shall remain in place until the facility is otherwise notified in writing by a representative of this Department.

FORMAL HEARING:

The facility 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 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.

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 penalty, the facility 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.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions concerning the Curtailment Order, please contact Lisa King, Office of Program Compliance, at Lisa.King@doh.nj.gov.

Sincerely,

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

GR:JI:nj
DATE: October 7, 2025
EMAIL: preetham@hardingradiology.com
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # AX25031