



State of New Jersey
DEPARTMENT OF HEALTH

PHILIP D. MURPHY
Governor

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TAHESHA L. WAY
Lt. Governor

www.nj.gov/health

KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

In Re Licensure Violation:	:	CURTAILMENT OF
	:	ADMISSIONS ORDER AND
	:	DIRECTED PLAN OF
Royal Senior Care	:	CORRECTION
(NJ Facility ID# NJFNP72Z)	:	
	:	
	:	
	:	

TO: Samuel Herbst (Royalseniorcare@aol.com)
Royal Senior Care
1041 (500) Highway 36
Atlantic Highlands, NJ 07716

Dear Mr. Herbst:

Effective as of March 6, 2025, the Department of Health (hereinafter, "the Department") is ordering the curtailment of all admissions of new participants to Royal Senior Care (hereinafter "Royal Senior"), and a Directed Plan of Correction (hereinafter "DPOC"), requiring Royal Senior to immediately retain a consultant Administrator, and a consultant Director of Nursing with experience in Infection Control Protection.

These enforcement actions are being taken in accordance with the provisions set forth at N.J.A.C. 8:43E-2.4 (Plan of Correction), N.J.A.C. 8:43E-3.1 (Enforcement Remedies Available), N.J.A.C. 8:43E-3.6 (Curtailment of Admissions), N.J.A.C. 8:36-3.1 (Appointment of Administrator).

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 Adult Day Health Services Facilities set forth at N.J.A.C. 8:43F-1.1 et seq.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site conducting a Complaint Survey at Royal Senior on February 10, 2025 and March 4, 2025. The report of this survey will provide additional detail regarding the following licensure violations:

The facility failed to comply with several regulations, including N.J.A.C. 8:43F-3.1(a), which requires that the administrator be a full-time employee available on the premises when participant care services are being provided. During the survey, the surveyor determined that the Administrator was not present at the facility full-time. The Administrator confirmed that he typically visited the facility only twice a week, on Mondays and Wednesdays, and that the Office Manager/Director of Transportation (OM/DOT) served as the Alternate Administrator (AA) in his absence. The surveyor reviewed the facility's policy, titled "Administrator," which stipulated that the Administrator is responsible for the day-to-day operations of the facility and must be present when client care services are being provided. The policy also stated that in the Administrator's absence, the Social Worker would serve as the Alternate Administrator, but this designation had not been made in writing as required by the facility's own policy.

Additionally, the facility failed to comply with N.J.A.C. 8:43F-3.1(b) by allowing an untrained volunteer to provide direct care to participants without proper documentation of in-service training or a criminal background check. The surveyor observed a volunteer assisting Participant #3, who was wheelchair-bound, with toileting while the participant was still wearing a seat belt restraint. The volunteer, who identified herself as not being a staff member and as a volunteer on her days off, confirmed that she had not received any in-service training on how to provide direct care to participants. Furthermore, the Administrator confirmed during an interview that the facility had not conducted a criminal background check on the volunteer. The surveyor requested the volunteer's personnel file and training documentation, but the facility was unable to provide any records to verify that in-service training had been completed, in violation of regulations.

The facility also failed to comply with N.J.A.C. 8:43F-4.2(a)(8) by using physical restraints on Participants #1 and #3 without obtaining a physician's order, as required by law. During the survey, the surveyor observed both participants wearing seat belt restraints. The Director of Nursing (DON) and the Alternate Administrator (AA) confirmed that the participants were unable to independently remove the restraints, making them physical restraints. However, neither the DON nor the AA could provide physician orders for the use of these restraints. When asked about the use of restraints, the Administrator stated that restraints were only permitted if "instructions" were provided, but was unaware that

seat belt restraints, used for safety purposes like preventing falls, were considered physical restraints and required a physician's order.

Further violations included failure to comply with N.J.A.C. 8:43F-7.4(c) and N.J.A.C. 8:43F-8.4(b)(1-4) due to the facility's failure to obtain signed and dated History and Physical (H&P) reports for Participants #1, #2, #3, and #4. During the survey, the surveyor found that the medical records for these participants were missing signed and dated H&P reports. The DON explained that she had requested these records from the participants' group homes, but the group homes had not provided the necessary documentation. The Administrator confirmed that the facility was aware of the missing H&Ps but had not taken adequate steps to address the issue. Additionally, the DON was unable to show that she had coordinated the care for these participants or obtained the necessary physician orders for restraints, as required by the facility's policy.

Infection Control Violations: The facility further violated infection control protocols, especially in relation to Covid-19. Despite the ongoing pandemic, the facility lacked a formal Covid-19 Response Plan or any written policies addressing infection control measures to prevent the spread of the virus. This oversight left participants and staff vulnerable to Covid-19 exposure. The facility also failed to mandate mask usage, with the Director of Nursing (DON) confirming that masks were not required. Furthermore, the DON could not confirm that the facility was following any CDC guidelines related to Covid-19.

The surveyor observed that while personal protective equipment (PPE) was available, it was not being used appropriately by staff, indicating a failure to enforce infection control protocols. Additionally, the facility did not provide any in-service training to staff regarding infection control practices for Covid-19, further compounding the risk of transmission within the facility. The facility had also experienced seven Covid-19 cases among participants, who had attended from different group homes, yet no steps had been taken to manage or mitigate the spread of the virus within the facility. These deficiencies in infection control, combined with the failure to implement proper care policies, represent a serious threat to the health and safety of participants and staff alike.

These are representative findings that are ongoing violations, particularly in infection control, and add to the facility's failure to meet state and federal regulations, further compromising the well-being of its residents. These findings do not necessarily include all survey findings, which will be detailed in the survey report.

CURTAILMENT:

The Department hereby orders the curtailment of new participants to Royal Senior.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty for each participant admitted for services in violation of this curtailment order.

DIRECTED PLAN OF CORRECTION:

The Department of Health directs the following plan of correction pursuant to N.J.A.C. § 8:43E-2.4.

- a. The facility must retain the full-time, on-site services of an Administrator Consultant who is a New Jersey Licensed Nursing Home Administrator. 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 identification of compliance issue and implementation of timely corrective measures.
- b. The facility must also retain a full-time, on-site services of Director of Nursing (DON) consultant to oversee the care of participants, which includes assessments of participants for use of restraints and assessment of their conditions, securing history and physicals for all participants from their physicians to ensure appropriate medical day care program and care needs are met, and securing medical orders for care and services needed by participants prior to attending and while attending the program. Furthermore, the DON consultant must have experience with infection control.

The two consultants shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by sending them to Kara.Morris@doh.nj.gov, Lynor.Bagtas@doh.nj.gov, Andrea.MccrayReid@doh.nj.gov, Lisa.King@doh.nj.gov, Jannelie.Claudio@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov by 12 p.m. on March 13, 2025.

The approved consultants shall be retained and begin work no later than the close of business on March 17, 2025. The consultants 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 consultants 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 when the facility is open.

Beginning on Friday, March 21, 2025, the facility should send weekly progress reports every Friday by 1:00 p.m. to Kara.Morris@doh.nj.gov, Lynor.Bagtas@doh.nj.gov, and Andrea.MccrayReid@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.

Please be advised that this curtailment and DPOC shall remain in place until Senior Royal is otherwise notified by the Department.

FORMAL HEARING:

Royal Senior is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). Royal Senior may request a hearing to challenge either the factual survey findings or the curtailment, or both. Royal Senior 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 Royal Senior is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Royal Senior 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.

Due to the emergent situation and the immediate and serious risk of harm posed to the participants, please be advised that the Department will not hold the curtailment or the DPOC 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,

A handwritten signature in black ink, appearing to read "Gene Rosenblum", is written over the typed name.

Gene Rosenblum, Director
Office of Program Compliance
Division of Certificate of Need and
Licensing
New Jersey Department of Health

LK:JC

DATE: March 7, 2025
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control #X25007