



State of New Jersey
DEPARTMENT OF HEALTH

PHILIP D. MURPHY
Governor

PO BOX 358
TRENTON, N.J. 08625-0358

TAHESHA L. WAY
Lt. Governor

www.nj.gov/health

JEFFREY A. BROWN
Acting Commissioner

In Re Licensure Violation:	:	
	:	
Saddle Brook Endoscopic and	:	CURTAILMENT OF MEDICAL AND
Orthopedic Center	:	
	:	SURGICAL SERVICES ORDER
(NJ Facility ID# NJ31C0001037)	:	

TO: Dr. Sukdeb Datta,
Medical Director/Administrator
289 Market Street, Suite 2
Saddle Brook, New Jersey 07663

Dear Dr. Datta:

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.

As you were notified through email and verbally on December 12, 2025, effective upon the facility's notification, the Department of Health (hereinafter, "the Department") ordered the curtailment of medical and surgical services to Saddle Brook Endoscopic and Orthopedic Center (hereinafter "Saddle Brook "). You are required to provide a list of patients, scheduled procedures and are required to cancel all patient appointments starting December 12, 2025. 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 Saddle Brook during its complaint investigation survey conducted on December 11, 2025.

LICENSURE VIOLATIONS:

On December 11, 2025, the Department conducted a complaint investigation survey. During this survey, multiple issues were identified in the facility (see below).

1. Governing Authority
N.J.A.C. 8.43A-4.1a(2)

“The 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, but not limited to, the following:

2. Provision of a safe physical plant equipped and staffed to maintain the facility and services;”.

The facility failed to provide the provision of a safe physical plant equipped to maintain the facility and services.

The facility is located on the second floor of the building. The elevator has been out of service since September 30, 2025, and the facility is still performing medical procedures. There are twenty steps leading up and down the facility.

2. Governing Authority

N.J.A.C. 8.43A.4.1(a) - “The 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, but not limited to, the following:

...

2. Provision of a safe physical plant equipped and staffed to maintain the facility and services;

...

7. Determination of the frequency of meetings of the governing authority and its committees, or equivalent, conducting such meetings, and documenting them through minutes;

The facility’s Governing Body, in their Meeting dated November 3, 2025, did not discuss the issue of the non-functioning elevator. There was no documented evidence provided that the Governing Body was aware of the elevator being out of service, and what the plan was during that time.

3. Patient Rights

N.J.A.C. 8.43A-16.2(a)(10) “(a) Each patient receiving services in an ambulatory care facility shall have the following rights:...

10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;”.

The facility failed to ensure patients are treated with dignity.

A patient on a wheeled walker was carried up and down the steps by his/her son to the 2nd floor office to gain access to the facility, because the elevator is not functioning.

4. Provision for the Handicapped

N.J.A.C. 8:43A 19.5 "Facilities shall be available and accessible to the physically handicapped pursuant to the Barrier-Free Subcode of the New Jersey Uniform Construction Code, N.J.A.C. 5:23-7."

The facility failed to ensure the Provision for the handicapped.

During Medical Record review and staff interview, a patient identified as having a rollator (a wheeled walker with handlebars, brakes, and often a built-in seat and storage), was carried up and down the stairs (20 steps), by his/her son, to gain access to the facility and be discharged after his/her procedure, due to the non-functioning elevator.

5. Environmental Services and Inspection

N.J.A.C. 8:43A-15.2(h) "There shall be an elevator inspection, if applicable, in accordance with N.J.A.C. 5:23-12.3 of the Elevator Safety Subcode. The date of inspection, the results, and the licensed official or inspector conducting the inspection shall be documented."

The facility failed to provide an Elevator Maintenance Log when it was requested.

6. Disaster Planning

N.J.A.C. 8:43A-15.1 "(a) The facility shall have written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of potential hazards that could necessitate an evacuation, including internal and external disasters such as fire, natural disaster, bomb threats, or industrial or radiological accidents.

(b) The licensee shall file the written, comprehensive emergency plan with the Department, and shall notify the Department when the plan is changed.

1. The licensee shall submit the plan to both municipal and county emergency management officials for their review.

(c) Procedures for emergencies shall include at least:

1. Protocols for notification of emergency service providers and officials;

2. Locations of emergency equipment and alarm signals;

3. Evacuation routes;

4. Procedures for evacuating patients;

5. Identification of one or more facilities to which patients would be referred in the event of extended closure of the facility;

6. Procedures for reentry after evacuation;

7. Tasks and responsibilities assigned to all personnel and identification of the person in the facility designated to coordinate emergency activities;

8. Protocols for removal and return of records, medications, supplies, and equipment after evacuation; and

9. Alternative procedures if patients cannot be returned to the facility.

(d) The facility shall ensure that patients receive necessary services during the evacuation or other emergency.

(e) A written evacuation diagram that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers shall be conspicuously posted throughout the facility.

(f) All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation as part of their initial orientation and at least annually thereafter."

The facility failed to ensure equipment identified as being needed to evacuate patients in an emergency were available within the facility.

The "blanket lift and special tools" described in the emergency preparedness plan were not found. The Director of Nursing confirmed that the facility did not have that equipment.

7. Appointment of an Administrator

N.J.A.C. 8:43A-5.1 "The governing authority shall appoint an administrator who shall be accountable to the governing authority. The administrator, or an alternate who shall be designated in writing to act in the absence of the administrator, shall be available in the facility during its hours of operation."

The facility failed to ensure an Alternate Administrator was designated in writing, to act in the absence of the Administrator.

8. Designation of Director of Nursing Services

N.J.A.C. 8:43 A – 8.2 "The facility shall designate in writing a registered professional nurse as the director of nursing services, who shall be on the premises of the facility during its hours of operation. A registered professional nurse shall be designated in writing to act in the absence of the director of nursing services."

The Director of Nursing (DON) assists in the Operating Room during surgeries. The designated alternate DON is currently out on medical leave and is not available to act in the absence of the DON while he/she is in the OR.

CURTAILMENT:

The Department hereby orders the curtailment of medical and surgical services to Saddle Brook effective end of business day, December 12, 2025, upon email and verbal notification to the facility.

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

FORMAL HEARING:

Saddle Brook is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). Saddle Brook may request a hearing to challenge either the factual survey findings or the curtailment, or both. Saddle 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

Saddle Brook Endoscopic and Orthopedic Center
Curtailment of Medical and Surgical Services Order
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Trenton, New Jersey 08625-0360

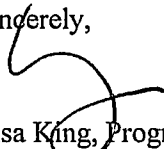
Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Saddle Brook is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Saddle Brook is further required to submit a written response to every charge 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 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,



Lisa King, Program Manager
Office of Program Compliance
Division of Certificate of Need and Licensing

LK:RSM/eg
DATE: December 12, 2025
E-MAIL (sdattamd@gmail.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # AX25036