



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:	:	
	:	
Silver Lake Hospital LTACH	:	ORDER CURTAILING NEW
	:	ADMISSIONS AND
(NJ Facility ID# NJ 24009)	:	READMISSIONS
	:	
	:	

TO: Richard Lipsky, CEO, President and Chief Executive Officer
Silver Lake Hospital LTACH
495 N. 13th Street
Newark, New Jersey 07107
Richard.Lipsky@silverlakehospital.org

Dear Mr. Lipsky:

Effective July 18, 2025, the Department of Health (the Department) ordered Silver Lake Hospital LTACH (Silver Lake or the Hospital) to curtail all admissions and readmissions of patients to the Hospital. 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 3.6 (Curtailement of Admissions) in response to serious violations observed by Department staff at Silver Lake during its on-site complaint inspection. The identified violations pose an immediate and serious risk of harm or actual harm to the health, safety, and welfare of patients at the Hospital.

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. General hospitals are licensed in accordance with N.J.S.A. 26:2H-1 and N.J.A.C. 8:43G. Pursuant to the Act, N.J.A.C. 8:43G (Hospital Licensing Standards) and N.J.A.C. 8:43E (General Licensure Procedures and Standards Applicable to All Licensed Facilities), the Commissioner of the Department of

Health is authorized to inspect all health care facilities and to enforce the Manual of Hospital Licensing Standards set forth at N.J.A.C. 8:43G-1.1 et seq.

LICENSURE VIOLATIONS

Staff from the Department's Health Facility, Survey and Field Operations unit have been on-site at Silver Lake Hospital LTACH (Silver Lake) beginning on July 16, 2025, for federal and state complaint investigations regarding patient rights. During the inspection, the surveyor findings included an immediate jeopardy (IJ) situation that was called for the same deficient practices identified on a previous complaint investigation that occurred from June 30, 2025, to July 1, 2025, including the Hospital's failure to ensure that all patients who were on observation status were monitored every 15 minutes in accordance with Hospital policy and the Hospital's failure to ensure that emergency equipment was available for use in the event of an emergency. The current survey's findings include the following;

- The Hospital had a delay in responding to an emergency situation. It was over an hour before the code was called. The Hospital failed to follow its Code Blue protocol.
- On July 17, 2025, at 6:00 p.m., an IJ situation was identified for the Hospital's failure to ensure that all patients who are under Observation Status are monitored Q15 [every 15 minutes] according to Hospital policy. On July 17, 2025, at 6:00 p.m., the survey team notified administrative staff and provided the Hospital with the IJ template.
- The IJ findings include that Q15 minute observation was not completed by staff between the hours of 11:45 p.m. on July 11, 2025, and 4:40 a.m. on July 12, 2025.
- At 4:40 a.m., a Mental Health Technician (MHT) checked on Patient 1 (P1) and walked out of the room.
- At 5:50 a.m., the MHT was observed to check on P1, who was unresponsive. A nurse checked the patient at 6:03 a.m. A rapid response code was called at 6:07 a.m.
- The Hospital failed to take immediate action/interventions for the unresponsive patient.
- The Hospital failed to ensure that emergency equipment is charged and available for use in the event of an emergency. Upon surveillance review, it was observed that the defibrillator did not work. Upon interview, it was confirmed that the defibrillator's battery pack failed, and there was no electric outlet in the patient's room for the equipment.
- The staff failed to follow Basic Life Support (BLS) guidelines during an emergency situation requiring CPR.

- During review of security camera footage, it was observed that staff did not follow BLS guidelines. Staff did not use a back board, did not give rescue breathing or apply a defibrillator during CPR. Upon interview, it was confirmed that there were no emergency drills or “mock codes” conducted on the dual diagnosis unit.
- Un-certified MHTs are conducting group therapy sessions.
- There were no fire drills or mock codes performed in the dual diagnosis unit since 2023.
- Nurses are not using bar code scanning for medication administration. Staff interviewed stated that it is because the bar codes do not scan.
- The social worker for the dual diagnosis unit was hired to work 4 hours per day, 5 days per week. There is no social worker in the Long-Term Acute Care Hospital.
- The Governing Bylaws indicate that Nurse Practitioners shall not be granted admitting privileges and it was revealed that an Advance Practice Nurse (APN)/Doctor of Nursing Practice (DNP) is admitting patients. The APN/DNP is listed as the attending physician in the patient’s medical records for the dual diagnosis patients.
- There is no Psychiatrist overseeing the patients. There is an APN/DNP trained in Psychiatry that collaborates once a month with a Psychiatrist. The Psychiatrist does not see patients and is only available to the APN/DNP.

These licensure violations impact directly on patient safety of those receiving services from the Hospital.

CURTAILMENT OF ADMISSIONS AND READMISSIONS

As you were notified by telephone and e-mail on July 18, 2025, effective upon the Hospital’s notification, the Department ordered the curtailment of all admissions and readmissions to the Hospital. This curtailment applies both to the Long-Term Acute Care Hospital and the dual diagnosis unit.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of \$250 per day from the date of such admission to the date of discharge or lifting of the curtailment order for each patient admitted in violation of this curtailment order.

The Curtailment of Admissions and Readmissions shall remain in place until the Hospital is otherwise notified in writing by a representative of this Department.

FORMAL HEARING

Silver Lake 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). Silver Lake may request a hearing to challenge the factual survey findings and/or the curtailment. Silver Lake 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 Silver Lake is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Silver Lake 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.

Due to the emergent situation and the immediate and serious risk of harm posed to the patients, the Department will not hold the curtailment in abeyance during any appeal of the curtailment.

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

Sincerely,



Lisa King, Program Manager
Office of Program Compliance

Silver Lake Hospital LTACH
Order Curtailing Admissions and Readmissions
July 21, 2025
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Division of Certificate of Need and Licensing

LK:JLM:nj
DATE: July 21, 2025
E-MAIL
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
c. Order Distribution List

Control # AX25024