



State of New Jersey
DEPARTMENT OF HEALTH
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Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

In Re Licensure Violations:

Silver Healthcare Center
(NJ Facility ID# NJ 60407)

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: DIRECTED PLAN OF
: CORRECTION, CURTAILMENT OF
: READMISSIONS AND NOTICE OF
: PROPOSED SUMMARY
: SUSPENSION OF LICENSE
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TO: Mr. Ronald Denti, Administrator
Silver Healthcare Center, L.L.C.
1417 Brace Road
Cherry Hill, New Jersey 08034
ron_teresa_denti@hotmail.com

Mr. Michael Treff
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Owner, Silver Healthcare Center, LLC
1462 East 27th Street
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856.701.6088

Effective immediately, the Department of Health ("the Department") is issuing a Directed Plan of Correction ("DPOC"), Curtailment of Readmissions and Notice of Proposed Summary Suspension of License to Silver Healthcare Center, L.L.C. ("Silver"). These enforcement actions are being taken in accordance with the provisions set forth at N.J.S.A. 26:2H-14, N.J.A.C. 8:43E-2.4 (Plan of Correction), 3.1 (Enforcement Remedies Available), N.J.A.C. 8:43E-3.6 (Curtailment of Admissions) and N.J.A.C. 8:43E-3.8 (Suspension of a License) in response to pervasive and serious licensure violations observed by Department staff in Silver during its recent on-site inspections.

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 Long-Term Care Facilities set forth at N.J.A.C. 8:39-1.1 et seq.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) have been on-site at Silver multiple days beginning October 8, 2021. The surveyors identified egregious, deficient practices that pose an immediate and serious danger to the residents of Silver. These violations pertain to the care of residents receiving healthcare and related services at Silver. Based on observation and interview, the facility failed to use resources to provide a clean, comfortable, homelike environment and failed to prevent the spread of infection on a dementia unit where 58 residents (33 of them ambulatory) resided. During the inspections, surveyors made and documented the following observations:

1. The facility was deficient in certified nurse aide (CNA) staffing for 14 of 14 day shifts, deficient for total staff to residents on 1 of 14 evening shifts, deficient in CNAs to residents for 1 of 14 evening shifts and deficient in total staff to residents for 1 of 14 overnight shifts.
2. The hallway floors in front of the nurse's station and on the A and B hallways were sticky and dirty with a brown dried substance that was identified as feces. It also appears that someone walked in the feces and tracked it through the unit. There were pieces of trash, needle covers, tissues and cups on the floors throughout the halls.
3. The resident bathroom that was located on the B hallway had dried feces on the toilet and cups and trays on the floor.
4. The floor in one room was wet with black mud and debris, and used tissues were on the floor. The resident in the room was confused and lying in bed and was not able to be interviewed.
5. In one room there were black skid marks and scuffs over the entire floor and under the beds. There were smears of feces all over the floors and walls and some trash located on the floors. The mattress on the bed was faded and torn with foam coming out the side. The trim on the wall behind the bed was broken and coming off the walls. Dried feces smears were observed on the walls.

6. In two rooms, the air conditioning unit covers were missing, and the inside of the air conditioning units were exposed and full of dust and debris.
7. In another room, there was a large brown spill with dried drips running down the wall, and the floor was covered in brown dried debris, food particles and red stains.
8. In another patient room, the floor was dirty, discolored with scuff marks, and with smears of feces in multiple areas and also on the wall near the door.
9. The resident's wheelchair in one room was dirty and dusty, had a torn seat cushion and torn arm rest with foam coming out from the torn cushion fabric.
10. At least two rooms had broken blinds; bed sheets were being utilized as curtains.
11. The privacy curtains in most rooms were stained, dirty and unclean.
12. Another room had smeared feces in and around the toilet from at least October 8 until October 12, 2021.
13. The facility failed to provide a safe environment and ensure that there were functioning, padded side rails for a resident who resided on Court 1. The facility utilized undersized, un-padded, side rails on a resident bed; one of those side rails was loose and not properly engaged, with a gap between the side rail and bed. Utilizing broken and uncovered side rails poses a risk for resident entrapment. On October 19, 2021, at 10:25 AM the surveyor observed the resident, located in a room, along with the resident's attending physician. The attending physician confirmed the siderails were not padded and they posed an entrapment risk for the resident, i.e., that a serious adverse outcome is likely to occur.
14. On October 19, 2021, at 11:20 AM, the surveyor toured the laundry department with the facility Maintenance Director. The surveyor detected the odor of natural gas, which was confirmed by the Maintenance Director. The surveyor directed the Maintenance Director to immediately notify the gas company. At 11:52 AM the gas company responded and confirmed an active leak in the flex line to the #4 dryer, which was not in service. At 12:07 PM the gas company issued a violation. This constitutes further evidence that a serious adverse outcome is likely to occur as, due to the non-compliance identified in this paragraph, all residents and occupants were placed at risk for a natural gas explosion. This is a systemic failure because the facility had no monitoring in place to monitor the gas lines or the dryers.
15. The facility failed to provide adequate linens/towels for residents.
16. The facility failed to ensure that two supply closets in Court 1 that contained hazardous materials were securely locked. The housekeeping director identified that both closets were unlocked for at least one week on Court 1, where some confused, but ambulatory residents resided. On October 19, 2021, the surveyor observed a chemical supply closet located on Court 1. The staff stated the closet lock has been non-functioning for one week. Court 1 has 25 residents, some of whom are ambulatory with impaired cognition.

17. The facility administrator failed to ensure that the residents' environment was safe and free from hazards. During the tour, handrails in common areas were not securely mounted to the wall. The handrails were broken, exposing jagged and rough edges creating potential for serious injury to residents. Also observed were uncovered light fixtures with exposed live wires, and uncovered exposed electrical outlets, both of which also posed a likelihood of serious and/or life-threatening injury. Residents sustained falls and skin tears due to the environmental hazards as noted in three incident and accident reports reviewed.

18. The facility failed to ensure that residents are free of significant medication errors. An Agency Licensed Practical Nurse, on Court 1, failed to follow proper protocols to correctly identify a resident prior to administering medications. The Agency LPN stated that it was her first day working in the facility, and that she was provided with the medication keys without first receiving proper orientation. On October 19, 2021, at 9:50 AM, the surveyor observed a Licensed Practical Nurse prepare four medications for a dialysis resident. The LPN was observed preparing Lisinopril 10 mg (blood pressure), Lopressor 25 mg (blood pressure), Eliquis (medication that thins blood and control heart rate) and Renvela (used in dialysis residents to lower high phosphate levels). The surveyor observed the LPN approach a resident who was seated in a wheelchair, and without identifying the resident by asking for his name or checking his ID Bracelet, prepared to administer another resident's medication to the wheelchair-bound resident. The surveyor stopped the LPN to ask her if this was the correct resident. When the LPN asked the resident for their name, the resident identified himself as a different resident. This constitutes evidence that a serious adverse outcome is likely to occur, i.e. the administration of the wrong medications to one or more residents. Had the surveyor not intervened to prevent the LPN from administering the medication, the LPN would have administered the incorrect medications to the incorrect resident. The medications administered were risk medications which included a blood thinner, anti-hypertensive medication and a medication that lowers phosphate levels.

Other significant findings include an infestation of flies throughout the facility, including on residents' bodies, non-functioning heating systems/units and non-functioning call-bell systems with no alternative means, such as tap-bells, for residents to call for assistance. These findings are illustrative, and do not include all survey findings, which will be detailed in the survey report.

DIRECTED PLAN OF CORRECTION:

The Department hereby directs Silver as follows (all hourly time frames below shall begin running on **October 22, 2021, at 5:00 p.m.**):

1. The facility shall not transfer any residents from the facility without the prior, written approval of the Department, but may, without prior approval of the Department, transfer residents to hospitals if medically appropriate;

2. The facility shall, within 72 hours, retain and maintain the services of a Licensed Nursing Home Administrator and Director of Nursing and submit their credentials to the Department at Pamela.Lebak@doh.nj.gov;

3. The facility shall, within 72 hours, retain the services of an Infection Control Preventionist Consultant and submit their credentials to the Department at Pamela.Lebak@doh.nj.gov;
4. The facility shall, within 72 hours, comply with all staffing requirements under applicable law and contract with a staffing agency to prevent further shortages (and provide a copy of the contract to the Department by e-mail to Pamela.Lebak@doh.nj.gov);
5. The facility shall, within 24 hours, conduct clinical evaluations by a Physician or Advanced Practice Nurse of all residents and immediately address any identified health concerns, including sending residents to the hospital, as appropriate;
6. The facility shall retain a licensed pest control provider who will perform comprehensive pest control services in the facility within 48 hours;
7. The facility shall, within 48 hours, contract with a laundry service, and, in addition, immediately have linens delivered to the facility (and provide a copy of the contract to the Department by e-mail to Pamela.Lebak@doh.nj.gov);
8. The facility shall, within 48 hours, conduct an evaluation of all heating systems/units and contract for repairs to be completed within 72 hours (and provide a copy of the contract to the Department by e-mail to Pamela.Lebak@doh.nj.gov);
9. The facility shall monitor room temperature in all rooms at least once per shift and implement a new plan to continue monitoring room temperature;
10. The facility shall retain a cleaning service to thoroughly carbolize clean each resident room and bathroom and all common areas and hallways in accordance with CDC guidance (<https://www.cdc.gov/hai/pdfs/resource-limited/environmental-cleaning-RLS-H.pdf>), within 72 hours (and provide a copy of the contract to the Department by e-mail to Pamela.Lebak@doh.nj.gov);
11. The facility shall notify residents, family members and guardians by providing them with a copy of this Directed Plan of Correction, Curtailment of Readmissions and Notice of Proposed Summary Suspension within 72 hours; and,
12. The facility shall engage an outside consultant acceptable to the Department to perform a global facility assessment and ensure that the quality of care and services needs of all residents residing in the facility will be met. The facility is directed to submit, weekly, a Quality Assurance and Performance Improvement (QAPI) plan inclusive of all areas that are identified by the facility to Pamela Lebak, Program Manager, LTC Survey & Recertification; Pamela.Lebak@doh.nj.gov. The facility must develop and submit an action plan for facility identified areas, which shall include facility management, medical director, department heads, corporate staff, consultants, and frontline healthcare workers (inclusive of, but not limited to, nurses and certified nurse aides) for action plan input and implementation. This action plan will be reviewed by the Department weekly along with the QAPI submissions.

MANAGEMENT COMPANY

To ensure Silver's ability to continue to operate as a long-term care nursing facility, the Department will identify and present to Silver the names and contact information of management companies. The management companies must be completely independent of Silver's current and prospective owners, having no current or previous business, familial or personal relationship to Silver, or its principals, and/or managers or to the current management company, and must have recent experience working with long-term care nursing facilities in New Jersey. The management company selected from the referrals should be submitted to Pamela.Lebak@doh.nj.gov within seven (7) days of this Directed Plan of Correction. Silver will engage the approved management company at its own expense and provide a copy of the management contract to the Department by e-mail to Pamela.Lebak@doh.nj.gov.

The management company's responsibilities shall include managing all administrative, financial and clinical aspects of the facility, including, but not limited to, the following:

1. Supervising facility staff;
2. Procuring and providing for replacements, repairs and additions to personal property used in the operation of the facility;
3. Receiving notice from any governmental authority with respect to a deficiency, violation, non-compliance, or condition at the facility that requires correction, coordinating actions to maintain all licenses, permits and certificates required for the operation of the facility, and ensuring that appropriate certifications and accreditations are obtained and maintained;
4. Negotiating managed care, payor, reimbursement, and other contracts for the payment for services with third parties;
5. Filing all Medicaid and/or Medicare cost reports and all other licensure and certification reports related to the Facility in order to maintain the Facility licensure and Medicaid and/or Medicare certifications and contracts, as applicable;
6. Engaging, retaining and terminating vendors, suppliers, and other service providers as appropriate for the operation of the facility;
7. Establishing and updating policies and procedures governing quality assurance;
8. Providing assistance with quality assurance activities, including to develop orientation and training plans to teach the policies and procedures to all administrative personnel and coordinate with third parties and the relevant government agencies to establish, update and maintain policies, protocols and procedures;
9. Assuring compliance with HIPAA;
10. Collecting and verifying credentialing and recredentialing information; and,
11. Any other acts as are appropriate to the management of the day to day operations of the facility.

MONITOR:

The Department will select a management consultant with expertise in nursing home administration, finance and clinical operations (the "Monitor"). The Monitor shall be engaged at Silver's expense within seven calendar days of the notice of the Department's selection of the Monitor (Silver shall provide a copy of the contract to the Department by e-mail to Pamela.Lebak@doh.nj.gov).

The Monitor shall be responsible for assessing the level and quality of care provided to the residents of Silver. The Monitor shall also assess the financial health of the facility and any other matters related to the facility's functions that arise during the course of this review. In carrying out these responsibilities, the monitor shall: i) have full access to any and all records and information at Silver in order to gain an understanding of the prior and current level of care provided, as well as the financial decisions of Silver, ii) have full access to the senior management team and staff to determine, among other things, how strategic and resident care decisions are made; iii) have full access to brief these owners as a group or individually, and iv) report to the Commissioner of the Department of Health at least weekly to facilitate the regulatory relationship. The Monitor shall be required to provide all of its reports, findings, projections, operational and strategic plans to the Department and the Silver LLC members.

NOTICE OF PROPOSED SUMMARY SUSPENSION:

The above-referenced violations pertain to the care of residents and to hazardous and unsafe conditions existing in the facility. In accordance with N.S.J.A. 26:2H-14 and N.J.A.C. 8:43E-3.8, the Department hereby notifies Silver that it shall have 72 hours in which to correct all violations. At the conclusion of the 72 hours, the Department will review Silver's compliance with the Directed Plan of Correction and provide notification to Silver as to whether it has complied with the Directed Plan of Correction or if violations remain that are a serious and immediate threat to the residents of the facility. If the violations are not corrected and continue to pose an immediate threat to the health, safety, or welfare of the public or the residents of the facility and the facility fails to request a hearing in the time-period set forth below, then the license shall be deemed suspended on the effective date established by the Department, which will provide sufficient time for the safe and orderly transfer of residents.

CURTAILMENT:

The curtailment of admissions issued on October 14, 2021, shall remain in place until Silver is otherwise notified by the Department. In addition, the Department curtails readmissions to the facility effective immediately.

RIGHT TO HEARING:

The facility has the right to request a hearing within 48 hours of receipt of this Notice of Proposed Suspension of License. Please forward your hearing request to the Department's Office of Legal and Regulatory Compliance at OLRC@doh.nj.gov. See below for their full contact information.

Mail

Office of Legal and Regulatory Compliance

New Jersey Department of Health
PO Box 360
Trenton, NJ 08625-0360

Express delivery or courier:
Office of Legal and Regulatory Compliance
New Jersey Department of Health
55 North Willow Street
Trenton, NJ 08618

Phone: 609-376-0930
Fax: 609-292-5333

As noted above, if the facility fails to request a hearing and the Department determines that the violations have not been corrected, then the Department will issue a summary suspension of Silver's license and will provide a time period to effect an orderly transfer of residents.

Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by Silver 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. The Department also reserves the right to pursue all other remedies available by law.

DOH EMERGENCY CONTACTS:

Should you need to reach the Department on an emergency basis (evenings/weekends/non-business hours), you may reach out via email to any of the following Department officials:

1. Marcela Maziarz, Deputy Commissioner, Marcela.Maziarz@doh.nj.gov
2. Robin Ford, Executive Director, Robin.Ford@doh.nj.gov
3. Maria Christensen, Assistant Commissioner, Maria.Christensen@doh.nj.gov
4. Frederick Jacobs, Assistant Commissioner, Frederick.Jacobs@doh.nj.gov

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this matter, please contact Lisa King, Office of Program Compliance at (609) 376-7751.

Sincerely,



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

DATE: October 22, 2021
FACSIMILE ((856) 295-8922)
E-MAIL
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # 21022



State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

October 22, 2021

To Whom it May Concern:

Per the Directed Plan of Correction (DPOC), Curtailment of Readmissions and Notice of Proposed Summary Suspension of License to Silver Healthcare Center, LLC effective October 22, 2021 at 5:00pm, the New Jersey Department of Health (Department) requires the selection of one of the two approved management companies listed below. The management company's responsibilities shall include managing all administrative, financial and clinical aspects of the facility. The selected management company shall be permitted entry to the facility located at 1417 Brace Road, Cherry Hill, NJ 08034 to perform an assessment prior to entering into a contract with Silver Healthcare Center, LLC.

Complete Care Management, LLC
1730 NJ – 37 W
Toms River, NJ 08757

Robert J. Hoch, Chief Operating Officer
rhoch@completecaremgmt.com
(732) 313-0880, ext. 629

AristaCare Health Services
245 Birchwood Avenue
Cranford, NJ 07016

Sidney Greenberger, Chief Executive Officer
sidney@aristacare.com
(917) 658-8875

*Over Shabbat, please call:
Rhea Goodwin, Chief Operating Officer
(267) 800-8008

Silver Healthcare Center, LLC shall notify pamela.lebak@doh.nj.gov of their selection within seven days of receipt of the Directed Plan of Correction. Silver Healthcare Center, LLC will engage the approved management company at its own expense and provide a copy of the management contract to the Department by e-mail to pamela.lebak@doh.nj.gov.