



State of New Jersey
DEPARTMENT OF HEALTH

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Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

In Re Licensure Violation:	:	
	:	
WOODLAND BEHAVIORAL	:	AMENDED DIRECTED
AND NURSING CENTER	:	PLAN OF CORRECTION
(NJ Facility ID# NJ61901)	:	
	:	
	:	

TO: Menachem (Michael) Spiegel, Administrator
Woodland Behavioral and Nursing Center
99 Mulford Road
PO Box 1279
Andover, New Jersey 07821

Dear Mr. Spiegel:

On January 14, 2022, the Department ordered a Directed Plan of Correction (hereinafter "DPOC"), requiring Woodland Behavioral to retain an Administrator Consultant who will be required to work on site for at least 40 hours per week. On January 14, 2022, the Department also ordered the curtailment of all admissions to Woodland Behavioral, except readmissions. Additionally, Woodland Behavioral was required to submit a plan detailing the steps it will take to meet the staffing requirements of N.J.S.A. 30:13-18 and N.J.A.C. 8:39-5.1(a). The Department is now ordering an amended plan of correction requiring Woodland Behavioral to hire a Registered Nurse (RN) consultant and an infection preventionist.

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

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), 3.1 (Enforcement Remedies Available), and 3.6 (Curtalement of Admissions) after Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site at Woodland Behavioral and found significant deficiencies posing an immediate and serious threat of harm to residents.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site at Woodland Behavioral from January 3, 2022, through January 6, 2022. Based on observations, interviews, and review of pertinent facility documentation, it was determined that facility staff were not wearing or properly wearing the necessary PPE while on the COVID-19 units, including no use of eye protection, improperly worn gowns and no use of gowns, while there were multiple wandering residents that tested positive for COVID-19 throughout the units who were not wearing masks. Additionally, there were no receptacles for discarding used PPE at exits of four COVID-19 positive units.

Observations of facility staff, including Certified Nurse Aides, housekeepers, and Security Guards, revealed they were improperly wearing N95 respirator masks, although they claimed to have been fit-tested for the masks.

Observations and interviews revealed a unit that contained residents designated for all three COVID-19 cohort zones (Green, Yellow, Red Zone). There were five exposed residents on the unit who were unvaccinated and not placed on Transmission-Based Precautions (TBP). Facility staff, including a Housekeeper, Housekeeping Manager, and Licensed Practical Nurse (LPN) assigned to the unit, had no knowledge of well-to-ill rounding and would serve the COVID-19 positive resident/resident area first before resuming services for the non-COVID residents on the same unit. Survey observations revealed that the Housekeeper who cleaned the COVID-19 positive area exited the area with contaminated gloves without performing hand hygiene, and attempted to enter a non-COVID-19 resident room by coming in direct contact with the resident's doorknob, and was stopped by Survey staff.

The facility also failed to: perform contact tracing; identify Person Under Investigation (PUI) residents; implement TBP, including appropriate PPE; use TBP signs to indicate the residents exposed to staff that tested positive; and provide necessary PPE bins on all units. Specifically, on January 3, 2022, when eleven residents not previously identified as exposed to COVID-19 tested positive on a single non-COVID (Green Zone) Cohort unit, the facility did not implement transmission-based precautions for the remaining residents on the unit to mitigate the spread of COVID-19 when they could not identify how the residents may have been exposed to COVID-19. Staff were unaware of proper protocols for exposure and implementation of TBP to prevent the spread of infection. The breaches in infection control during a period of multiple new COVID-19 cases in the facility placed all residents at risk for contracting COVID-19.

Further, the facility's designated, full-time Infection Preventionist/LPN did not meet the New Jersey state-mandated qualifications to function as the facility's Infection Preventionist, in accordance with Executive Directive 20-026 updated January 6, 2021.

Finally, Survey staff also found serious deficiencies in staffing at the Facility. In particular, the facility was deficient in Certified Nurse Aide staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 7 of 14 evening shifts, and deficient in total staff for residents on 10 of 14 overnight shifts.

At a revisit on January 18, 2022, the facility was also cited for the following deficiencies: failure to implement a stat order for monoclonal antibody infusion (Regeneron) as ordered on October 17, 2021; failure to ensure that the unvaccinated resident received the monoclonal antibody infusion within the required 36-hour time frame after reconstitution of the monoclonal antibody infusion; failure to identify that monoclonal antibody infusion was not administered to the resident; failure to accurately communicate to the hospital that the resident had not received monoclonal antibody infusion; and, failure to implement a written policy for the administration of monoclonal antibody infusion.

You will receive a complete inspection report detailing all deficiencies.

CURTAILMENT:

On January 14, 2022, the Department ordered the curtailment of all admissions to Woodland Behavioral, except readmissions. The curtailment ordered on January 14, 2022, remains in effect until further notice.

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

ADDITIONAL DIRECTED PLAN OF CORRECTION:

In addition to the requirements of the directed plan of correction ordered on January 14, 2022, the facility is ordered to retain the full-time, on-site services of a registered nurse consultant to begin providing services to the facility as a consultant Director of Nursing no later than January 28, 2022. The facility shall provide the Department with the name and resume of the consultant by January 26, 2022. The resume should be sent to Pamela.Lebak@doh.nj.gov and Gene.Rosenblum@doh.nj.gov. The registered nurse consultant shall be on-site for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The contract with this registered nurse consultant shall include provisions for immediate corrective action ensuring that resident safety is not jeopardized and that applicable state licensing standards are met.

The facility is also ordered to retain the full-time services of a Certified Infection Control Practitioner (ICP) consultant to begin providing services to the facility no later than January 28, 2022. The facility shall provide the Department with the name and resume of the consultant by January 26, 2022. You may contact the Association of Professionals in

Infection Control and Epidemiology (apic.org) to obtain the names of ICPs in your area. The facility shall provide the Department with the name and resume of the consultant. The resume should be sent to Pamela.Lebak@doh.nj.gov and Gene.Rosenblum@doh.nj.gov. The ICP consultant shall be on-site for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The contract with this consultant shall include provisions for immediate corrective action ensuring that resident safety is not jeopardized and that applicable state licensing standards are met. The facility should send weekly reports every Friday by 1:00 p.m. to the Communicable Disease Services (CDS) Healthcare Associated Infections Coordinator, Jason Mehr, MPH, CIC, at Jason.Mehr@doh.nj.gov with a copy to Pamela.Lebak@doh.nj.gov. These weekly reports shall include timely updates regarding the outbreak investigation, identified cases (as defined by CDS) and the progress of infection prevention. In addition, the facility is directed to maintain timely communication with the Department as may be required by CDS staff, including both the facility's infection prevention team and the consultants

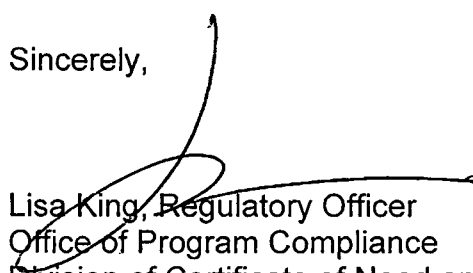
The curtailment and DPOC shall remain in place until the Facility is otherwise notified in writing by a representative of this Department.

Department staff will monitor facility compliance with this order 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 also be advised that you may be subject to other enforcement remedies in addition to this order.

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, Regulatory Officer
Office of Program Compliance
Division of Certificate of Need and Licensing

DATE: January 21, 2022
E-MAIL (Mspiegel@woodlandbehavioral.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X21030

Cc: Nursing Home Administrators Licensing Board
Frank Skrajewski
Donna Koller, Health Facility Survey and Field
Operations
Pamela Lebak, Health Facility Survey and Field
Operations
Bonnie G. Stevens
Kiisha Johnson