



State of New Jersey
DEPARTMENT OF HEALTH

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

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

In Re Licensure Violation:
Hudson Regional Hospital
(NJ Facility ID# NJ15A115)

NOTICE OF ASSESSMENT
OF PENALTIES

TO: Felicia Karsos, Chief Nursing Officer
Hudson Regional Hospital
55 Meadowlands Parkway
Secaucus, New Jersey 07094
FKarsos@hudsonregionalhospital.com

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 (the "Department") 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 and Monetary Penalties

Staff from the Department's Health Facility, Survey and Field Operations were on-site at Hudson Regional Hospital for a complaint survey on August 23, 2022.

The facility was in violation of N.J.A.C. 8:43-10.11(b), which requires a facility to notify the Department immediately of the types of reportable events no later than three hours after the event. Survey determined that there were two events that the facility failed to report. The facility failed to report a bomb threat. In addition, the facility failed to report the discovery of firearms and ammunition found in an administrative office within the hospital.

The facility was also in violation of N.J.A.C. 8:36-11.1(b), because the facility failed to maintain a violence prevention plan and implement policies and procedures to maintain a safe hospital environment. Survey determined that the facility security staff failed to inquire about and identify unidentified items brought into the facility by a former employee. Additionally, a facility staffer became aware of weapons stored in the former employee's unlocked closet and failed to report this to security.

On August 23, 2022, the surveyor inquired with staff regarding the event that occurred on July 18, 2022. Staff stated that at approximately 3:00 PM, the facility Emergency Medical Services (EMS) staff received a telephone call from an unknown caller that there was a bomb in the facility, and the facility contacted the police. The police came on-site and conducted a bomb search of the facility with a K-9 unit. On review, the surveyor determined that there was no notification to the department of the bomb threat, or of the discovery of firearms and ammunition found. A staff member explained that the lieutenant in charge assured the facility that no criminal activity was confirmed at the time regarding the bomb threat, and it was unclear if the firearms incident was "reportable."

During a search of the fifth floor, the K-9 unit found multiple firearms and ammunition within the closet of a locked office that was utilized by Staff #7. Staff #7 confirmed that the weapons were his and that he personally brought the firearms onto the premises months prior. When Staff #7 brought the firearms into the facility, they were not visible to onlookers or security personnel as they were contained in cases and were covered with plastic. Because of the familiarity security had with Staff #7 security staff did not question #7 about the contents of the cart or ask to see the contents of the cases in the cart. On one occasion when staff #7 was not present, the administrative assistant, Staff #8, keyed the combination code and entered Staff #7's office to use the restroom located inside. At the time, the closet door inside the office was slightly ajar and Staff #8 saw what appeared to be weapons inside the closet. Staff #8 did not disclose to anyone at the Hospital that there were firearms in the closet of that office because she believed it was not any "of her business."

Prior to July 18, 2022, Staff #7 and Staff #8 were the only persons aware of the presence of firearms. During the initial interview with the survey team, the Director of Security indicated that there were no dates, times, or obvious means identified by security personnel, camera, video footage, or any other indicators of any weapons being brought into the building and that there were no security breaches identified. Based on observation, interview, and record review, the survey team determined that the facility failed to maintain a violence prevention plan and implement policies and procedures to maintain a safe hospital environment.

In accordance with N.J.A.C. 8:43E-3:4(a)(8), and because these violations represent a direct risk that a patient's physical or mental health will be compromised, a penalty of \$1,000 per day is assessed from July 11, 2022, the date that Staff #7 was last in the office and left the firearms in the closet, to September 9, 2022, the day that the facility educated security staff on policies and procedures to maintain a safe hospital environment. Thus, the total penalty assessed for this violation is \$61,000.

In accordance with N.J.A.C. 8:43E-3.4(a)(14), and because these violations of licensure regulations related to a failure of an entity to submit a serious preventable adverse event report to the Department in a timely fashion, a penalty of \$1,000 is assessed for the facility's failure to report the bomb threat to the Department on July 18, 2022, and a penalty of \$1,000 is assessed for the facility's failure to report the discovery on July 18, 2022, of firearms in an employee's office.

The total penalty imposed for these violations is \$63,000.

The total amount of this penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box 358, Trenton, New Jersey 08625-0358, Attention: Lisa King. **On all future correspondence related to this Notice, please refer to Control AX22006.**

INFORMAL DISPUTE RESOLUTION (IDR)

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. IDR requests must be made in writing within ten (10) business days from receipt of this letter and must state whether the facility opts for

a telephone conference or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;
2. A list of each specific deficiency the facility is contesting;
3. A specific explanation of why each contested deficiency should be removed; and
4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel. Send the above-referenced information to:

Nadine Jackman, Office of Program Compliance
New Jersey Department of Health
P.O. Box 358
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. Requesting IDR does not delay the imposition of any enforcement remedies.

FORMAL HEARING:

Hudson Regional Hospital is entitled to challenge the assessment of penalties pursuant to N.J.S.A. 26:2H-13, by requesting a formal hearing at the Office of Administrative Law (OAL). The facility may request a hearing to challenge any or all of the following: the factual survey findings and/or the assessed penalties. Hudson Regional Hospital must advise this Department within 30 days of the date of this letter if it requests an OAL hearing.

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 Hudson Regional Hospital is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Hudson Regional Hospital 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.

Finally, be advised that Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by Hudson Regional Hospital 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 additional penalties.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Gene Rosenblum".

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

GR:LK:jc:nj

DATE: November 30, 2022

E-MAIL: HFKarsos@hudsonregionalhospital.com

REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Control# AX22006