



**State of New Jersey**  
**DEPARTMENT OF HEALTH**  
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[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

JUDITH M. PERSICILLI, RN, BSN, MA  
*Commissioner*

In Re Licensure Violation:	:	
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IVY STONE SENIOR LIVING (NJ ID# NJ15C000)	:	CURTAILMENT OF ADMISSIONS ORDER, DIRECTED PLAN OF CORRECTION
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TO: Deven Boland, Executive Director  
 Ivy Stone Senior Living  
 7999 North Route 130  
 Pennsauken, New Jersey 08110

Dear Ms. Boland:

This order confirms the October 12, 2022 telephone call between your Assistant Executive Director and the Department of Health, Office of Program Compliance (Department), wherein you were ordered to curtail all admissions at Ivy Stone Senior Living (hereinafter "Ivy Stone" or "Facility"). This Order also includes a Directed Plan of Correction set forth below.

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 Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs set forth at N.J.A.C. 8:36 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 (Curtailement of Admissions) after Staff from the Department's Health Facility Survey and Field Operations ("HFS&FO" or "Survey") were on-site at Ivy Stone and found significant deficiencies posing an immediate and serious threat of harm to residents.

**LICENSURE VIOLATIONS:**

Staff from HFS&FO were on-site at Ivy Stone on September 30, 2022 to October 1, 2022, for the purpose of conducting complaint surveys. Based on observations, interviews,

and review of pertinent Facility documentation, it was determined that the Facility failed to implement its security policy and procedures to maintain a safe environment. Ivy Stone failed to implement its Security Policy that “the building is appropriately secured at all times, appropriately staffed at all times, and access to resident apartments will be limited to appropriate staff.” The Executive Director failed to ensure the implementation and enforcement of Facility policy and procedures. See N.J.A.C. 8:36-3.4

The surveyor entered the Facility at 12:36 am. The front doors were unlocked, and the surveyor was able to walk directly into the Facility without being stopped by anyone. A Licensed Practical Nurse (LPN) interviewed by Survey stated that, to the best of her knowledge, the front doors had never locked. Survey interviewed the Executive Director (ED) over the phone, who stated that, in the eighteen months that she has been the ED, the front doors had never been locked. Survey reviewed the Facility’s policy titled “Security,” which provided in part that: “3. All entrance shall be locked after 9 PM. 4. The doorbell shall be utilized for entry to the Residence after 9 PM.” Accordingly, the ED failed to ensure the implementation and enforcement of policies and procedures related to the Facility’s security to maintain a safe environment. See N.J.A.C. 8:36-3.4(a)(1) and N.J.A.C. 8:36-17.7.

Based on observation, interview, record review, and document review, the facility also failed to maintain a safe environment for the residents, as evidenced by failure to maintain a reliable means for residents to call staff for immediate assistance if needed. See N.J.A.C. 8:35-17.1.

During Survey’s interview of a Facility Resident on September 29, 2022, the Resident (Resident # 1) stated that the call light system in his/her room did not work. Resident #1 stated that two-hour Facility staff checks at night were supposed to happen, but did not occur. Resident #1 indicated that because the facility did not have a nurse call system, he/she had to get a Life Alert system because there was no other way to get help.

Resident #1 had diagnoses including hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following a cerebral infarction (stroke) affecting the left non-dominant side, chronic obstructive pulmonary disease (COPD), and acute myocardial infarction (heart attack). Survey’s review of Resident #1’s service plan indicated to immediately call for assistance if the resident experienced chest pain.

Survey interviewed of Resident #2 on September 29, 2022. Resident #2 stated that he/she had an incident where he/she fell out of bed and could not get up. Resident #2 stated that it was lucky his/her phone fell, too, so that he/she was able to call 911 for help. Resident #2 also stated that nobody answered the phone at the desk, and that there had been many nights when there was no nurse or nurse aide in the facility.

During a surveyor’s interview of a Home Health Aide (HHA) on September 29, 2022, the HHA stated that the facility did not have a working call system and staff were required to complete rounds every two hours to check on the residents. The HHA stated that most of the residents had roommates, so if someone was in distress, they would send the roommate for help.

During Survey's interview of the Wellness Director (WD) on September 29, 2022, the WD stated the Facility's call light system was too old, did not work, and had not been used for many months. Survey observed that most rooms on the memory care units had closed doors at 1:12 am, and HHA #2 stated to Survey that there was no call system on the unit.

Based on observations, interviews, and facility policy review, the facility also failed to provide pest control and ensure effective pest control services were provided to keep the facility free of mice. See N.J.A.C. 8:36-17.1.

On September 29, 2022, Survey observed a mouse running across the Facility's lobby, and observed a mouse in the nurses' station. Survey's review of a "Maintenance Log," revealed that residents submitted eleven complaints in an 8-month period regarding mice in the facility. The resident complaints date back to February 1, 2022. Facility locations listed in the complaint for mouse sightings included multiple resident rooms, and the resident's activity Room. Resident #1 stated that a "crazy amount" of mice were "running around" the facility.

Survey interviewed the Facility Maintenance Director (MD) by phone on September 30, 2022. The MD stated that he had walked the facility with an exterminator, and they identified the building had areas where they needed to seal up some holes and place door sweeps, but to date, nothing had been done. Survey also reviewed an undated Facility policy titled, "Insect and Rodent Control." The Facility policy provided that "[t]he Residence shall be maintained free from insects and rodents at all times. 1. Control services are provided by a reputable pest control firm on a monthly basis. 2. All windows and doors shall have tight fitting screens and kept in good repair [sic] be self-closing, open outward and shall not be propped open."

Ivy Stone's security deficiencies and its failure to implement its security policy, failure to have a working nurse call light system, and failure to ensure effective pest control services affects all residents and places them at a risk of harm.

You will receive a complete inspection report detailing all deficiencies.

#### **CURTAILMENT:**

Pursuant to N.J.A.C. 8:43E-3.6, the Department may impose a curtailment of admissions where violations of licensing regulations pose an immediate and serious threat of harm to residents of a health care facility. Because the violations outlined above pose an immediate and serious threat of harm to Ivy Stone residents, the Department ORDERS that the Facility is prohibited from accepting new admissions 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 admitted to the Facility in violation of this curtailment order.

#### **DIRECTED PLAN OF CORRECTION:**

The Department is also ordering a Directed Plan of Correction (hereinafter "DPOC"), requiring Ivy Stone to:

1. Put a security system in place consistent with its security policies including repair of all entrance doors to secure the facilities' entry, locking the door after 9 p.m., and allowing entrance through use of a doorbell and security guard;
2. Procure and install a working nurse call light system; and
3. Retain an exterminator to meet requirements of the Facility's policy to maintain the Facility free from insects and rodents.

The Facility must also retain the full-time, on-site services of an Administrator Consultant who is credentialed as a nursing home administrator or assisted living administrator, and who shall be approved in advance by the Department. The Facility shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov) and [kiisha.johnson@doh.nj.gov](mailto:kiisha.johnson@doh.nj.gov) by close of business on October 24, 2022. The approved Administrator Consultant shall be retained no later than the close of business, October 28, 2022. The contract with the Consultant shall include provisions for immediate corrective action ensuring resident safety is not jeopardized and applicable state licensing standards are met.

The Administrator Consultant shall have no previous or current ties to the Facility's principals, management and/or employers or other related individuals of any kind, including, but not limited to employment, business, or personal ties. The Consultant and Facility shall submit weekly progress reports, beginning on November 4, 2022 and continuing each Friday thereafter. The progress reports shall be submitted to [kiisha.johnson@doh.nj.gov](mailto:kiisha.johnson@doh.nj.gov).

The Administrator Consultant shall:

1. Assess the Facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
2. Oversee the development, implementation and evaluation of corrective action plans including creating appropriate Plans of Correction;
3. Develop and implement compliance management systems at the Facility;
4. Collaborate with Facility leadership to ensure that policy and procedural manuals, operating procedures, systems, and standards align with compliance requirements, including separate Administrators for Bentley Senior Living and Ivy Stone;
5. Ensure staff training needed to comply with applicable licensing standards; and
6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

The weekly progress reports by the Administrator Consultant and the Facility should be sent every Friday by 1:00 p.m. to [kiisha.johnson@doh.nj.gov](mailto:kiisha.johnson@doh.nj.gov). These weekly reports shall include timely status updates regarding:

1. Identified areas of non-compliance;

2. Corrective measures to address identified areas of non-compliance; and,
3. Status of corrective measures implementation.

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

**FORMAL HEARING:**

Ivy Stone is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). Ivy Stone may request a hearing to challenge the factual survey findings and the curtailment. Ivy Stone 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 Ivy Stone is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Ivy Stone 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. Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please call (609) 376-7751.

Sincerely,



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

DATE: October 21, 2022 E-MAIL ([dboland@crescenthcg.com](mailto:dboland@crescenthcg.com))  
([shlomo.cherns@crescenthcg.com](mailto:shlomo.cherns@crescenthcg.com)) ([lashonda.jones-acrey@crescenthcg.com](mailto:lashonda.jones-acrey@crescenthcg.com))

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