



*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:	:	
	:	
	:	CURTAILMENT OF
	:	ADMISSIONS
Little Brook Nursing and Convalescent Home	:	ORDER AND
(NJ Facility ID# NJ22003492)	:	DIRECTED PLAN OF
	:	CORRECTION
	:	

TO: James J. Lindes, Administrator  
 Little Brook Nursing  
 78 Sliker Road  
 Califon, NJ 07830

Dear Mr.Lindes:

This letter confirms the telephone calls on June 2, 2023, and June 5, 2023, between Mr. Hampilos and Ms. Bradford and the Department of Health (hereinafter, "the Department"). The Department issued a verbal order for a curtailment of all admissions and a Directed Plan of Correction (hereinafter "DPOC"), requiring Little Brook Nursing and Convalescent Home (hereinafter "the Little Brook") to retain the full-time services of a Consultant Administrator and Consultant Director of Nursing, and retain a staffing agency to help the facility meet staffing requirements. In addition, the Department ordered: the administrator to send daily staffing reports to the Department; the pharmacy consultant to conduct medication passes and report directly to the DON and the Medical Director; the DON to immediately act upon the pharmacy consultant's recommendations; the Medical Director to be on-site daily and to conduct staff performance appraisals; and the facility to meet staffing requirements based on the law and the facility's self-assessment.

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) and 3.1 (Enforcement Remedies Available), after Staff from the Department's Health Facility Survey and Field Operations (HFS&FO or Survey) were on-site at

Little Brook and found significant deficiencies posing an immediate and serious threat of harm to residents.

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.

### **LICENSURE VIOLATIONS:**

Staff from Survey were on-site at Little Brook on May 24, 2023, through June 6, 2023, except for weekends and holidays. Based on observations, interviews, and review of pertinent Facility documentation, it was determined that the Facility violated N.J.A.C. 8:39-29.2(d), N.J.A.C. 8:39-29.3(a)(6), N.J.A.C. 8:39-25.2, and N.J.A.C. 8:39-4.1(a)(11). and N.J.S.A. 30:13-18. This is evidenced by the facilities failure to act on the pharmacy consultant's report that identified missing documentation for medications and the failure to ensure residents were free of significant medication errors due to lack of licensed nursing staff.

#### **1. Medication Errors**

The survey team determined that the facility failed to comply with the requirements of N.J.A.C. 8:39-29.2(d) when it failed to ensure that residents were free of significant medication errors resulting from lack of licensed nursing staff. In addition, the facility failed to comply with the requirements of N.J.A.C. 8:39-29.3(a)(6) when the facility did not act on and follow up with the pharmacy consultant's report from the date of 5/5/2023, that identified that documentation was missing for the administration of critical medications.

The survey team reported numerous instances of missing or incorrect medication administrations. Resident # 25 received double dosing for 3 days of Eliquis, an anticoagulant medication, which may result in increased bleeding. Resident # 19's order for Januvia 100mg was supposed to be discontinued on 4/28/23 and Januvia 50mg was supposed to be started in its place, but the nurse signed for administering both Januvia 100mg and Januvia 50mg for the month of May 2023. This has the potential to cause hypoglycemia in the resident. Resident # 19 did not receive their sliding scale insulin with coverage for 65 doses out of 120 doses due for the month of May 2023. This could lead to the potential for hypoglycemia in the resident, and there was no consistent blood sugar monitoring in place. Resident # 20's electronic health record did not show documentation of receiving Xarelto for 13 of 30 doses for the month of May of 2023. This could lead to increased risk of blood clotting. Resident # 20's electronic health record did not show documentation of receiving Lantus 15 unit at bedtime as ordered 15 of 30 days in the month of May 2023. Resident # 20's sliding scale insulin with coverage was not documented as administered for 49 of 120 doses due for the month of May 2023. This could lead to the potential for hypoglycemia in the resident, and there was no consistent blood sugar monitoring in place. A resident's electronic health record did not show documentation of receiving Eliquis 18 of 36 doses for the month of May 2023. This

could lead to increased risk of blood clotting. Resident # 18 has an allergy to penicillin and the nurse attempted to administer Keflex without verifying the medication order with the primary doctor at the facility. This could potentially lead to significant allergic reactions.

Critical medications are not being documented as administered per the physician orders, which could lead to serious negative clinical outcomes as identified for each individual medication. The critical medications need to be documented as administered and blood sugar monitoring needs performed to ensure the residents remain stable.

## 2. Staffing Deficiencies

Little Brook has failed to comply with state requirements and regulations of N.J.S.A. 30:13-18, N.J.A.C. 8:39-25.2 as evidenced by their deficient staffing practices. The facility has not been hiring and retaining enough nursing staff, and they have failed to maintain adequate staffing ratios. Little Brook has been deficient on multiple shifts in Certified Nurse Aide (CNA) staffing and total staff for residents, and this staffing deficiency persisted for 17 weeks, even while the facility admitted new residents. The facility's failure to meet staffing requirements as assessed in the Facility Assessment and to identify and meet state minimum staffing requirements, while continuing to admit new residents, places all residents at risk for serious harm, impairment, or death.

Staffing reports were run for the two weeks prior to the standard survey, 5/7/23-5/20/23. The results show the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 11 of 14 evening shifts, deficient in CNAs to total staff on 1 of 14 evening shifts, and deficient in total staff for residents on 2 of 14 overnight shifts. Additionally, staffing was run for periods when complaints were received regarding staffing concerns. The results were as follows: For the 10 weeks of staffing from 08/28/2022 to 11/05/2022, the facility was deficient in CNA staffing for residents on 70 of 70 day shifts, deficient in total staff for residents on 35 of 70 evening shifts, deficient in CNAs to total staff on 2 of 70 evening shifts, and deficient in total staff for residents on 18 of 70 overnight shifts. For the 5 weeks of staffing from 01/01/2023 to 02/04/2023, the facility was deficient in CNA staffing for residents on 34 of 35 day shifts, deficient in total staff for residents on 8 of 35 evening shifts, deficient in CNAs to total staff on 6 of 35 evening shifts, and deficient in total staff for residents on 6 of 35 overnight shifts.

The Facility Assessment noted the following staffing numbers to ensure sufficient numbers of qualified staff: licensed nursing providing direct care-6 (actual staffing was 3 licensed nurses); Nurse aides-6 (actual staffing is 6, however, not full-time nurse aides). A review of time sheet records from 5/1/23 through 5/31/23 revealed LPN #1 worked 3 shifts a day every day during the month of May. From 5/19/23 through 5/31/23 only two unit nurses (LPNs) were employed at the facility. Interview with LPN #1 revealed that she frequently works all shifts if no other nurse is available. LPN #1 stated that if there is no nurse available, the LNHA will call her to come in.

The staffing deficiencies at Little Brook have led to significant medication errors, putting residents at risk of harm, impairment, or death. The facility's failure to comply with state requirements and regulations has resulted in a systemic failure to provide adequate care for their residents.

### 3. Administration Deficiencies

The facility's Licensed Nursing Home Administrator (LNHA) failed to ensure that residents received the care needed to enhance their quality of life as required by N.J.A.C. 8:39-4.1(a)(11). The Administrator failed to take the immediate action needed to ensure that residents were provided the necessary care by adequate staffing. In particular, the administrator failed to ensure the following:

- a.) that the staffing levels set forth in the Facility Assessment were consistently met to address the population census and needs of their residents;
- b.) that the facility was meeting minimum State staffing requirements for 17 weeks of 17 weeks reviewed, during which time the facility continued to admit residents;
- c) medications were safely administered to residents;
- d) consultant pharmacist monthly medication review reports were acting upon by the DON and Physician in a timely manner,
- e.) ensure adequate supervision and competent staff when LPN #1 would sleep during excessive continuous hours at work leaving no nurse to supervise the CNA, and no nurse to supervise the 29 residents while the LPN slept.

The LNHA stated the facility does not use agency staff. She further stated that she is attempting to recruit new hires, however, the candidates either do not show up or do not return after 1st day. Interviews with nursing staff on 6/1/23 revealed – 3 CNAs stated they frequently work as the only CNA on duty. 1 of 3 CNAs stated they had spoken to the LNHA about the shortage, however no changes occurred. The LNHA has not actively engaged with the facility's medical director regarding the ongoing concerns expressed during the survey.

The facility also failed to ensure 29 residents were adequately supervised when LPN #1 worked 24 hours straight, six times in May 2023 with one CNA on their assignment during designated shifts. According to staff interviews, while LPN #1 would nap during her shift from working so many consecutive hours, the one CNA would monitor the residents without being supervised by another nurse. There was no other nurse coverage supervising residents while the LPN #1 slept in the day room. The CNA(s) had no performance appraisals done and no competencies to evaluate knowledge and skill set to ensure the safe delivery of care while LPN #1 slept. Facility administration was aware of this practice and did not implement procedures to correct the issue.

For the period of 11/2022 through 5/2023 there were 12 admissions of new residents and 1 readmission of residents. On 6/5/23 at 11:30 am, the LNHA stated that the Medical Director was not consulted regarding staffing concerns. She stated that she has not curtailed new admissions or readmissions during times when staffing levels fell significantly below the margins set forth in the Facility Assessment. Overtime for staffing was the only tool used to meet staffing demands. While the LNHA stated it is unacceptable for staff to work 3 shifts in a row, the payroll records indicate this occurred on a regular basis. The failure to meet the staffing benchmark in the Facility

Assessment and identify and meet State minimum staffing requirements, while continuing to admit new residents, places all residents at risk for serious harm, impairment, or death.

The survey team determined that the facility's non-compliance with these requirements had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.

You will receive a complete inspection report detailing all deficiencies and factual findings.

**CURTAILMENT:**

The Department hereby orders the continuation of curtailment of all admissions to Little Brook, including readmissions.

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.

**DIRECTED PLAN OF CORRECTION:**

a. The facility must retain the full-time, on-site services of an Administrator Consultant in accordance with N.J.A.C. 8:34-1.1 et seq., who shall be responsible for consultation services concerning the day-to-day operations of the facility . The facility shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Sophie.Xyloportas@doh.nj.gov, Carolyn.Hall@doh.nj.gov, Laura.Sagaard@doh.nj.gov, Gene.Rosenblum@doh.nj.gov and Lisa.King@doh.nj.gov by 12:00 noon on June 8, 2023. The Administrator Consultant shall be present in the facility for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The approved Administrator Consultant shall be retained no later than the close of business, June 12, 2023. The contract with the consultant shall include provisions for immediate corrective action with applicable state licensing standards. The 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 Administrator Consultant and facility shall submit weekly progress reports, beginning on June 16, 2023 and continuing each Friday thereafter. The progress reports shall be submitted to Sophie.Xyloportas@doh.nj.gov, Carolyn.Hall@doh.nj.gov, and Laura.Sagaard@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;
3. Develop and implement compliance management systems at the facility;
4. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;
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 Sophie.Xyloportas@doh.nj.gov, Carolyn.Hall@doh.nj.gov, and Laura.Sagaard@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.

b. Little Brook shall retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN). The Consultant DON must be approved by the Department. The facility shall provide the Department with the name and resume by 12:00 noon June 8, 2023. The resume should be sent to Sophie.Xyloportas@doh.nj.gov, Carolyn.Hall@doh.nj.gov, Laura.Sagaard@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, and Lisa.King@doh.nj.gov. The consultant DON 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 approved Consultant Director of Nursing shall be retained no later than the close of business, June 12, 2023. They shall be responsible for ensuring that immediate corrective action is taken to ensure resident safety is not jeopardized and applicable state licensing standards are met.

c. Little Brook shall immediately review and act on the pharmacy consultant's recommendations. The Director of Nursing (DON) and the Medical Director, shall be responsible for immediately reviewing the pharmacy consultant's recommendations and enacting changes to further the health and wellbeing of the residents.

d. The Pharmacy Consultant shall be responsible for performing medication passes for all shifts immediately. In addition, the Pharmacy Consultant will make recommendations to the DON and the Medical Director.

e. The Medical Director shall be on-site at Little Brook at least one (1) hour per day. The Medical Director shall oversee staffing proficiency, and implementation of the removal plans for Survey-identified immediate jeopardy deficiencies and shall evaluate the competency of staff. The Medical Director shall complete and produce performance appraisals for all staff responsible for medical care to residents. The performance appraisals shall be included in the weekly reports to the Department.

f. Little Brook shall adhere to the provisions in its facility assessment and State staffing laws. In accordance with its facility assessment, Little Brook will maintain six (6) licensed nurses per shift, as well as four (4) Certified Nurse Aides (CNA) per day shift, three (3) direct care staff members for each evening shift, and three (3) direct care staff members for each night shift.

g. The administrator shall submit a daily report consisting of the staffing for all shifts for the previous day. The report shall include the names of the staff and their title, the shift and hours worked, indicate if a licensed staffer is assigned to perform the duties of a CNA on that shift, and the total number of staff per shift. The report shall be emailed by 1:00 pm each day to Sophie.Xyloportas@doh.nj.gov, Carolyn.Hall@doh.nj.gov, and Laura.Sagaard@doh.nj.gov.

The 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 additional enforcement actions, including penalties.

Please be advised that you may be subject to other enforcement remedies in addition to this order.

**FORMAL HEARING:**

Little Brook 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). Little Brook may request a hearing to challenge any or all of the following: the factual survey findings and/or the curtailment. Little Brook 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 Little Brook is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Little Brook 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.

Due to the immediate and serious risk of harm posed to the residents, please be advised that the Department will not hold the curtailment or the DPOC in abeyance during any appeal of the curtailment.

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,  


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

DATE: June 6, 2023

FACSIMILE

E-MAIL (cbradford@littlebrooknursinghome.com , johnhampilos@gmail.com)

REGULAR AND CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Control # X23021