

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 the Department's HFS&FO were on-site for a survey at Spring Hills on January 9, 2024. The report of this survey, which is incorporated herein by reference, revealed the following licensure violations:

The facility failed to comply with, N.J.A.C. 8:39-27.1(a), N.J.A.C. 8:39-29.2(d), and N.J.A.C. 8:39-29.3(a)(5)(6). N.J.A.C. 8:39-27.1(a) requires a facility to provide all necessary care and services to residents. N.J.A.C. 8:39-29.2(d) requires a facility to accurately administer and document all medications. N.J.A.C. 8:39-29.3(a)(5)(6) requires a facility to document the reasons for withholding medication and to report all medication errors. The facility failed to provide and maintain pharmaceutical services to acquire, receive, dispense, administer, and reconcile medications for ten different residents. Specifically, the facility nursing staff failed to provide residents with Tacrolimus (a medication used to decrease the activity of the immune system to prevent it from attacking transplanted organs), Clonazepam (anxiety medication), IV Cefazolin (antibiotic), and two additional medications that were not administered timely. This systemic failure to ensure that residents receive pharmaceutical services resulted in an immediate jeopardy to the health and safety of residents that began on June 4, 2022, and was identified by surveyors on January 6, 2024.

The facility also failed to comply with N.J.A.C. 8:39-4.1(a)(5), 8:39-5.1(a), and 8:39-27.1(a), because the facility administration failed to ensure residents remained free from neglect and abuse when two residents sustained actual harm from being deprived of treatment. Specifically, a resident suffered an unwitnessed fall and the facility neglected to monitor the resident for changes in level of consciousness. The resident was sent to the hospital, and it was recorded that the resident suffered from traumatic brain injury. Another resident was diagnosed with congestive heart failure (CHF) and exhibited signs and symptoms of an exacerbation of CHF. The facility neglected to obtain a cardiologist appointment as requested by the resident, neglected to monitor daily weights, neglected to notify the physician when the resident had shortness of breath, and neglected to intervene when providers did not provide the care and services necessary for the resident having an exacerbation of CHF. The resident was admitted to the hospital and had 45 pounds (lbs.) of fluid drained from his body. In addition, the family of a third resident reported that ostomy paste adhesive was found directly in the center of the resident's stoma which obstructed the waste from emptying into his ileostomy bag. After the administrator was informed of the potential abuse the administrator still failed to identify

the events as an allegation of abuse, report the events as an allegation of abuse to the state survey agency, and failed to complete thorough investigations.

The facility also failed to comply with N.J.A.C. 8:39-9.2(a), N.J.A.C. 8:39-9.3(a), N.J.A.C. 8:39-27.1(a), N.J.A.C. 8:39-29.2(d), and N.J.A.C. 8:39-29.3(a)(5)(6). The facility failed to be administered in a manner that enabled effective use of its resources to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

These are representative findings and do not necessarily include all survey findings, which will be detailed in the survey report.

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 Administrator Consultant must be approved by the Department. The facility shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Carol.Fogarty@doh.nj.gov, Arlene.McNinch@doh.nj.gov, Anne.Yannes@doh.nj.gov, Kiisha.Johnson@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, and Lisa.King@doh.nj.gov by 12:00 noon on February 5, 2024. 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, on February 8, 2024. 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 February 9, 2024, and continuing each Friday thereafter. The progress reports shall be submitted to Carol.Fogarty@doh.nj.gov, Arlene.McNinch@doh.nj.gov, Anne.Yannes@doh.nj.gov, and 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;
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 Carol.Fogarty@doh.nj.gov, Arlene.McNinch@doh.nj.gov, Anne.Yannes@doh.nj.gov, and 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.

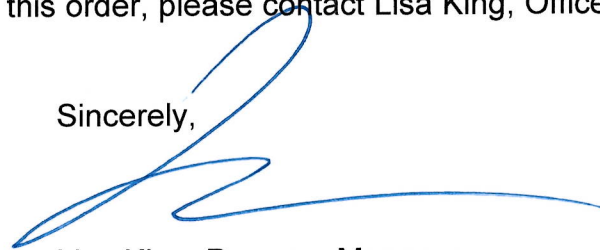
b. Spring Hills shall retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN). The Consultant DON must be approved by the Department. The facility shall provide the Department with the name and resume by 12:00 noon on February 5, 2024. The resume should be sent to Carol.Fogarty@doh.nj.gov, Arlene.McNinch@doh.nj.gov, Anne.Yannes@doh.nj.gov, Kiisha.Johnson@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, and Lisa.King@doh.nj.gov. 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 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, February 8, 2024. They shall be responsible for ensuring that immediate connective action is taken to ensure resident safety is not jeopardized and applicable state licensing standards are met.

Please be advised that this DPOC shall remain in place until Spring Hills is otherwise notified by the Department.

Department staff will monitor compliance with this notice to determine whether corrective measures are implemented in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, will result in the imposition of further enforcement remedies, including but not limited to, civil monetary penalties, and may include summary suspension and/or license revocation.

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) 376-7890.

Sincerely,



Lisa King, Program Manager
Office of Program Compliance
Division of Certificate of Need and
Licensing
New Jersey Department of Health

LK:JC

DATE: January 30, 2024
REGULAR AND CERTIFIED MAIL
E-Mail
RETURN RECEIPT REQUESTED
Control #AX24013

- c. Pamela Lebak
Gene Rosenblum
Carol Fogarty
Anne Yannes
Arlene McNinch