



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:

WOODLAND BEHAVIORAL
 AND NURSING CENTER
 (NJ Facility ID# NJ61901)

:
:
:
:
:
:
:
:
:

CURTAILMENT OF
 ADMISSIONS ORDER,
 DIRECTED PLAN OF
 CORRECTION

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

Dear Mr. Spiegel:

This letter confirms the telephone call of January 11, 2022 between you and the Department of Health, Office of Program Compliance (Department), wherein you were ordered to curtail all admissions at Woodland Behavioral and Nursing Center (hereinafter "Woodland Behavioral" or "facility"), excluding readmissions.

The Department is also now ordering 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. Additionally, Woodland Behavioral must 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 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 (Curtailement 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.

You will receive a complete inspection report detailing all deficiencies.

CURTAILMENT:

The Department hereby orders the curtailment of all admissions to Woodland Behavioral, except 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:

The facility must retain the full-time, on-site services of an Administrator Consultant who is a Licensed Nursing Home 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 and Donna.Koller@doh.nj.gov by close of business on January 19, 2022. 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, January 21, 2022. 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 January 28, 2022 and continuing each Friday thereafter. The progress reports shall be submitted to Donna.Koller@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 Donna.Koller@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.

Additionally, the facility must submit a plan detailing its measures to hire and retain staff to meet the staffing requirements of N.J.S.A. 30:13-18 and N.J.A.C. 8:39-5.1(a). Beginning on January 28, 2022 and continuing each Friday thereafter, the facility shall submit weekly progress reports regarding its implementation of the staffing plan to meet the requirements of N.J.S.A. 30:13-18 and N.J.A.C. 8:39-5.1(a). These progress reports shall be submitted along with the weekly reports required above to Donna.Koller@doh.nj.gov.

In addition, the facility is directed to maintain timely communication with the Department, as may be required.

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.

FORMAL HEARING:

Woodland Behavioral is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). Woodland Behavioral may request a hearing to challenge the factual survey findings and the curtailment. Woodland Behavioral 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 Woodland Behavioral is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Woodland Behavioral 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 emergent situation and 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.

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 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: January 14, 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