



State of New Jersey  
DEPARTMENT OF HEALTH

PO BOX 360  
TRENTON, N.J. 08625-0360

[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
Governor

TAHESHA L. WAY  
Lt. Governor

KAITLAN BASTON, MD, MSc, DFASAM  
Acting Commissioner

In Re Licensure Violation:	:	
	:	CURTAILMENT OF
	:	ADMISSIONS
Limecrest Subacute and Rehabilitation Center	:	ORDER AND
	:	DIRECTED PLAN OF
(NJ Facility ID# NJ61902)	:	CORRECTION
	:	
	:	

TO: Sonia Velmonte, Administrator  
Limecrest Subacute and Rehabilitation Center  
1 O'Brien Lane  
PO Box 1279  
Lafayette, NJ 07848-1279

Dear Ms. Velmonte:

This letter confirms the verbal order given to you by the Department of Health (hereinafter, "the Department") on November 21, 2023, ordering Limecrest Subacute and Rehabilitation and Center (hereinafter, "Limecrest" or "facility") to curtail all admissions, with the exception of readmissions, and imposing a Directed Plan of Correction (DPOC) requiring Limecrest to retain the full-time services of a Consultant Administrator, Consultant Director of Nursing, and a Certified Infection Control Practitioner (ICP) consultant.

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 Limecrest and found significant deficiencies in infection control and deficiencies in medication administration 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 the Limecrest beginning on November 17, 2023. Based on observations, interviews, and review of pertinent Facility documentation, it was determined that the Facility violated N.J.A.C. 8:39-9.2, N.J.A.C. 8:39-19.4, and N.J.A.C. 8:39-29.2. and N.J.S.A. 26:2H-12.87. N.J.A.C. 8:39-9.2 requires a facility to be directed by a licensed nursing home administrator who shall be administratively responsible for all aspects of the facility. N.J.A.C. 8:39-19.4 requires a facility to develop and implement written policies and procedures for infection prevention and control which are consistent with the most up-to-date Centers for Disease Control and Prevention publications. N.J.A.C. 8:39-29.2(d) requires medications to be accurately administered and documented by properly authorized individuals, as per prescribed orders and stop order policies. N.J.S.A. 26:2H-12.87 requires all long-term care facilities to have an Outbreak Response Plan and to submit the plan to the Department for verification. The plan must contain written policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the plan.

The Licensed Nursing Home Administrator failed to ensure policies and procedures were implemented in response to a positive COVID-19 case in the facility.

During a Focused Infection Control (FIC) survey, the survey team substantiated that the facility failed to take immediate action to prevent the spread of COVID-19 (a deadly virus) by failing to conduct complete documented contact tracing to identify specific staff who may have been exposed to COVID-19 positive residents.

The facility also failed to comply with and implement the requirements of its Outbreak Response Plan. The facility failed to implement policies and procedures to monitor infection control practices and failed to conduct and document immediate and comprehensive COVID-19 testing for staff who were exposed to COVID-19 positive residents.

The facility also failed to implement the facility policy on Medication Shortages/Unavailable Medications. A physician order for a resident to receive Paxlovid (an antiviral medication to treat COVID-19) was not administered for five days. Limecrest failed to notify the physician that the Paxlovid was not available, which caused a delay in COVID-19 treatment with an alternate medication for three days. The condition of the resident who did not receive this medication declined, and the resident passed away on October 28, 2023 at the facility.

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 Limecrest, excluding 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 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](mailto:Fogarty@doh.nj.gov), and [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov) by 12:00 noon on November 24, 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, November 28, 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 December 1, 2023, and continuing each Friday thereafter. The progress reports shall be submitted to [Carol.Fogarty@doh.nj.gov](mailto:Carol.Fogarty@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](mailto:Carol.Fogarty@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;
3. Status of corrective measures implementation;
4. Monitoring of containment; and
5. Covid outbreak status.

b. Limecrest 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 November 24, 2023. The resume should be sent to, [Carol.Fogarty@doh.nj.gov](mailto:Carol.Fogarty@doh.nj.gov) and [Lisa.King@doh.nj.gov](mailto: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, November 28, 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. Limecrest shall retain the full-time services of a Certified Infection Control Practitioner (ICP) consultant, in addition to or in place of the ICP currently retained by the facility, to begin providing services to the facility no later than November 28, 2023. The facility shall provide the Department with the name and resume of the consultant by November 24, 2023. You may contact the Association of Professionals in Infection Control and Epidemiology ([apic.org](http://apic.org)) to obtain the names of ICPs in your area. The facility shall provide the Department with the name and resume of the consultant. The resume should be sent to [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov) and [Carol.Fogarty@doh.nj.gov](mailto:Carol.Fogarty@doh.nj.gov). The ICP consultant 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 contract with this consultant shall include provisions for immediate corrective action ensuring resident safety is not jeopardized and applicable state licensing standards are met. The facility should send weekly reports beginning on December 1, 2023, and continuing every Friday thereafter, by 1:00 p.m., to the Communicable Disease Services (CDS) Healthcare Associated Infections Coordinator, Jason Mehr, MPH, CIC, at [Jason.Mehr@doh.nj.gov](mailto:Jason.Mehr@doh.nj.gov) with a copy to [Carol.Fogarty@doh.nj.gov](mailto:Carol.Fogarty@doh.nj.gov). These weekly reports shall include timely updates regarding the outbreak investigation, identified cases (as defined by CDS) and the progress of infection prevention. In addition, the facility is directed to maintain timely communication with the Department as may be required by CDS staff, including both the facility's infection prevention team and the consultants.

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:**

Limecrest 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). Limecrest may request a hearing to challenge any or all of the following: the factual survey findings and/or the curtailment. Limecrest

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:

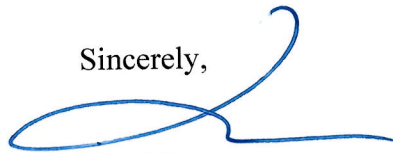
Attention: OAL Hearing Requests  
Office of Legal and Regulatory Compliance, New Jersey Department of Health  
P.O. Box 360  
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Limecrest is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Limecrest 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.

Since the surveyors have determined that an immediate and serious risk of harm is 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,



Lisa King  
Regulatory Officer, Office of Program Compliance  
Division of Certificate of Need and Licensing

DATE: November 22, 2023  
FACSIMILE  
E-MAIL (svelmonte@limecrestrehab.com)  
REGULAR AND CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
Control # X23043