

N.J.A.C. 8:36-3.4(a)(1) requires the administrator or designee to be responsible for ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights. N.J.A.C. 8:36-7.3(a) requires the resident general service plan be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. Lastly, N.J.A.C. 8:36-15.6(b) requires all assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.

The facts substantiating the violations of these rules are set forth below.

On October 30, 2024 at 4:11 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) form, a document used by healthcare facilities to report incidents to NJDOH. The report included a "date of event: October 16, 2024". The report revealed that on October 17, 2024 Resident #2 was found with cuts to both wrists. The facility also reported that two notes that were written by Resident #2 were found in the resident's apartment. The FRE indicated that the resident was sent out via 911 for crisis intervention.

On November 12, 2024 at 10:00 a.m., the surveyor reviewed the medical record (MR) of Resident #2 who moved into the facility in November 2021 with diagnoses which included dementia and insomnia.

According to a Progress Note in the Electronic Medical Record written by a Registered Nurse on October 17, 2024 at 10:45 a.m., Resident #2 was noted to have lacerations to wrist (bilateral) yet could not recall how the lacerations got there. Continued review of the MR revealed a handwritten note signed by Resident #2 was found during a "room sweep" and indicated "Dear [Spouse and Child] I am sorry that I was such a horrible [spouse and parent]. Hope both of your lives will be better now" with Resident #2's signature at the end of the note.

During continued review of Resident #2's MR the surveyor observed a psychiatric consult dated October 25, 2024. The psychiatric consult indicated " ... RISK LEVEL: Moderate to High Recommend pt [patient] have safety attendant 24/7 [24 hours a day 7 days a week] at this time; [child] will procure this. Discusses risk level with nursing staff-recommend closer observation q15min [every 15 minutes] checks, remove objects that may cause harm ..."

On November 12, 2024, at 11:45 a.m. the surveyor observed Resident #2 again watching television in the TV room without a 1:1 present. The surveyor also noted a razor in Resident #2's bathroom when surveyor visited resident's room.

The surveyor reviewed Resident #2's Service Plan dated October 23, 2024, provided by the Health Service Director and there was no documented evidence that the resident's Service Plan had been revised with interventions to address the resident's depression and mood disorder after the resident was seen by a psychiatric consult on March 27, 2024, October 16, 2024 and October 25, 2024.

The surveyor was not provided with nor observed any documentation ensuring Resident #2 had safety checks completed every 15 minutes (q15min) as recommended by the psychiatric consult that addressed the resident's changed psychosocial status from October 25, 2024 to October 28, 2024.

In summary, the survey determined that the facility administrator failed to ensure that the policy and procedure was implemented for assessment in change of condition for a resident who had a history of anxiety and depression N.J.A.C. 8:36-3.4(a)(1). The facility likewise failed to revise the General Service Plan to address Resident #2's history of depression and suicidal ideation N.J.A.C. 8:36-7.3(a). Finally, the facility failed to provide documented evidence that behaviors were closely monitored for Resident #2 who had diagnoses which included depression, dementia, and insomnia, and who attempted suicide on October 17, 2024, N.J.A.C. 8:36-15.6(b).

MONETARY PENALTIES:

N.J.A.C. 8:43E-3.4(a)10 provides that the Department may assess a monetary penalty of \$2,500 per violation resulting to an actual harm to a patient or resident, or in an immediate or serious risk of harm. The \$2,500 may be assessed for each day noncompliance is found. The Department is assessing a \$2,500 per day penalty for the facility's failure to comply with requirements to the proper monitoring of suicide risk residents when safety checks every 15 minutes (q15min) as recommended by the psychiatric consult that addressed the resident's changed psychosocial status was not observed from October 25, 2024 to October 28, 2024, N.J.A.C. 8:36-15.6(b) or $\$2,500 \times 4 = \$10,000$. This violation of the proper administration of monitoring of suicide risk residents can result to a serious risk of harm to the resident as the resident may try again to commit suicide if alone and without the 15-minute safety checks.

N.J.A.C. 8:43E-3.4(a)7 provides that the Department may assess a monetary penalty of \$500 per violation for a deficiency related to patient care throughout a facility, and/or such violation represent a direct risk that a patient's physical or mental health will be compromised, or where an actual violation of a resident's rights is found. The \$500 may be assessed for each day noncompliance is found. The Department is assessing a \$500 per day penalty for the facility's failure to revise the General Service Plan to address Resident #2's history of depression and suicidal ideation N.J.A.C. 8:36-7.3(a) from October 23, 2024 to November 12, 2024 or $\$500 \times 21 = \$10,500$. Failure to revise the Service Plan can result to compromising the patient's physical and mental health if improper treatment is made based on inaccurate Service Plan entries.

Likewise, based on N.J.A.C. 8:43E-3.4(a)7, the Department is assessing a \$500 for each day the facility failed to provide documented evidence that behaviors were closely monitored for Resident #2 from October 25, 2024 to October 28, 2024 or $\$500 \times 4 = \$2,000$. Failure to provide documented evidence that behaviors were closely monitored can result to a compromising the patient's physical and mental health if improper care is made based on inaccurate documentation of the health condition of the resident.

The total penalty for these violations is \$22,500 under N.J.A.C. 8:36-3.4(a)(1), N.J.A.C. 8:36-7.3(a) and N.J.A.C. 8:36-15.6(b).

The total amount of this penalty is required to be paid within 30 days of receipt of this letter by certified check or money order made payable to the "Treasurer of the State of New Jersey" and forwarded to Office of Program Compliance, New Jersey Department of Health, P.O. Box 358, Trenton, New Jersey 08625-0358, Attention: Lisa King. **On all future correspondence related to this Notice, please refer to Control AX24036.**

INFORMAL DISPUTE RESOLUTION (IDR):

N.J.A.C. 8:43E-2.3 provides facilities the option to challenge factual survey findings by requesting Informal Dispute Resolution with Department representatives. Facilities wishing to challenge only the assessment of penalties are not entitled to IDR review, but such facilities may request a formal hearing at the Office of Administrative Law as set forth herein below. Please note that the facility's rights to IDR and administrative hearings are not mutually exclusive and both may be invoked simultaneously. IDR requests **must be made in writing within ten (10) business days from receipt of this letter** and must state whether the facility opts for a telephone conference, or review of facility documentation only. The request must include an original and ten (10) copies of the following:

1. The written survey findings;
2. A list of each specific deficiency the facility is contesting;
3. A specific explanation of why each contested deficiency should be removed; and
4. Any relevant supporting documentation.

Any supporting documentation or other papers submitted later than 10 business days prior to the scheduled IDR may not be considered at the discretion of the IDR panel.

Send the above-referenced information to:

Nadine Jackman
Office of Program Compliance
New Jersey Department of Health
P.O. Box 358
Trenton, New Jersey 08625-0358

The IDR review will be conducted by professional Department staff who do not participate in the survey process. **Requesting IDR does not delay the imposition of any enforcement remedies.**

FORMAL HEARING:

The Heritage Assisted Living is entitled to challenge the assessment of penalties pursuant to N.J.S.A. 26:2H-13, by requesting a formal hearing at the Office of Administrative Law (OAL). The Heritage Assisted Living may request a hearing to challenge any or all of the following: the factual survey findings and/or the assessed penalties. The Heritage Assisted Living must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the findings and/or penalty.

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

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.

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

Finally, be advised that Department staff will monitor compliance to determine whether corrective measures are implemented by the Heritage Assisted Living to comply with N.J.A.C. 8:36-17.7. 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 penalties. 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,



Lisa King, Program Manager
Director, Office of Program Compliance
Division of Certificate of Need and Licensing

LK:RSM:nj

DATE: January 3, 2025

E-MAIL: greentreeexd@bvsl.net

REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Control# AX24036