



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358

www.nj.gov/health

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

KAITLAN BASTON, MD, MSC, DFASAM
Commissioner

In Re Licensure Violation:

Clara Maass Medical Center

(NJ Facility ID# NJ10701)

NOTICE OF ASSESSMENT
OF PENALTIES

TO: Mary Ellen Clyne
Clara Maass Medical Center
One Clara Maass Drive
Belleville, New Jersey 07109
Mary.Clyne@rwjbh.org

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 (the "Department") is authorized to inspect all health care facilities and to enforce the Manual of Hospital Licensing Standards set forth at N.J.A.C. 8:43G-1.1 et seq.

LICENSURE VIOLATIONS and Monetary Penalties

Staff from the Department's Health Facility, Survey and Field Operations were on-site at Clara Maass Medical Center (hereinafter "Clara Maass") for a complaint survey on January 5, 2024.

The facility was in violation of N.J.A.C. 8:43G-5.2(a), which requires hospitals to have written policies, procedures, and bylaws that are reviewed at least once every three years, revised more frequently as needed, and implemented. The facility failed to follow their policy and procedures to ensure that a mechanism was in place to identify the presence of weapon(s) for all civilians entering the facility.

On January 4, 2024, a surveyor reviewed a patient's medical record which revealed the patient visited the Emergency Department (ED) via Emergency Medical Services (EMS) with a complaint of alcohol intoxication on January 1, 2024. The patient was placed in an ED hallway bed. The patient screened negative on the Columbia Suicide Severity Rating Scale (C-SSRS). A Violence Assessment Tool (VAT) screening was completed by a Registered Nurse (RN) on January 1, 2024, that stated, "Substance intoxication/withdrawal: not applicable." A review of the facility's documentation dated January 2, 2024, regarding an incident revealed that the patient became agitated and attempted to get up from the bed. The patient stated multiple times "I want my gun" and was reaching for their bag. The patient was medicated,

and security was immediately notified and responded to the patient's bedside. Security and a RN searched the patient's belongings and located a firearm. The firearm was secured, and the police were notified. The police report indicated that the firearm's magazine was loaded however, no round was in the chamber. An interview with the Assistant Vice President (EVP) of the Emergency Department confirmed that a patient's belongings are only searched if the patient is a Behavioral Health (BH) patient. Based on observation, interview, and record review, the survey team determined that the VAT assessment was not filled out correctly regarding the patient's presenting complaint. The facility failed to have a VAT policy in place that instructed staff on how to complete the assessment properly. Instead, the staff was educated on completing the VAT assessment through EPIC (an electronic health record system) training. It was the expectation that the VAT assessment be completed correctly on all patients. The patient's assessment was not completed accurately; therefore, they were not identified as an increased risk for violence or as a BH patient and were not searched. Consequently, this allowed the patient to enter the facility with a concealed loaded weapon in their possession which could have the potential to be used to cause harm to self or others.

In accordance with N.J.A.C. 8:43E-3:4(a)(10), and because these violations resulted in actual harm to a patient or resident, or in an immediate and serious risk of harm, a penalty of \$2,500 per violation is assessed for each day noncompliance is found. Thus, from January 1, 2024, the date the patient was admitted to the hospital without their personal belongings being checked for weapons to March 1, 2024, the day an acceptable Plan of Correction (POC) was implemented. A penalty of \$2,500 is assessed for sixty-one (61) days. Therefore a penalty assessed for this violation is \$152,500.

The total penalty imposed for these violations is \$152,500.

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. PLEASE NOTE: On all future correspondence related to this Notice, please refer to Control AX24041.

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:

Clara Maass 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 facility may request a hearing to challenge any or all of the following: the factual survey findings and/or the assessed penalties. Clara Maass must advise this Department within 30 days of the date of this letter if it requests an OAL hearing.

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

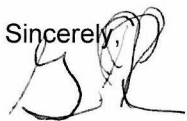
Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Clara Maass is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Clara Maass is further required to submit a written response to each, and every charge as specified in this notice, which shall accompany its written request for a hearing.

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.

Finally, be advised that Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by Clara Maass 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 penalties.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this notice, please contact Lisa King, Office of Program Compliance at Lisa.King@doh.nj.gov.

Sincerely,



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

GR:LK:jc:nj

DATE: March 21, 2025

E-MAIL: Mary.Clyne@rwjbh.org

REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Control# AX24041