

State of New Jerzey DEPARTMENT OF HEALTH PO BOX 358 TRENTON, N.J. 08625-0358

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KAITLAN BASTON, MD, MSC, DFASAM Commissioner

In Re Licensure Violation:

MEDFORD CARE CENTER

(NJ Facility ID# NJ60313)

DIRECTED PLAN OF CORRECTION

TO: Richard Pineles, Administrator Medford Care Center 185 Tuckerton Road Medford, New Jersey 08055 RPineles@Medfordcare.com

As more fully detailed below, the New Jersey Department of Health (the Department) is issuing to Medford Care Center (Medford) a Directed Plan of Correction requiring the facility to retain a permanent Director of Nursing and to retain a consultant Director of Nursing until the Director of Nursing position is filled by the facility. In addition, the Department directs the facility to provide information that is needed to verify the facility's financial ability to continue providing care to residents.

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The Health Care Facilities Planning Act (<u>N.J.S.A.</u> 26:2H-1 <u>et seq</u>.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and <u>N.J.A.C.</u> 8:43E-1.1 <u>et seq</u>. (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 <u>N.J.A.C.</u> 8:39-1.1 <u>et seq</u>.

## FINANCIAL STABILITY

The Department has been actively monitoring the financial health of Medford, and, on July 26, 2024, the Department requested information regarding Medford's financial status. By letter dated July 31, 2024, the facility responded and identified five issues challenging the facility's financial stability, including a lower resident census, staffing agency costs, increases in staffing pay in an effort to eliminate the use of staffing agencies, significant increases in the cost of supplies and a low Medicaid reimbursement rate.

On July 30, 2024, a complaint investigation survey at the facility identified deficiencies in both staffing (the facility did not meet required staffing ratios on 14 of 14 day shifts reviewed) and essential equipment (the facility failed to maintain acceptable standards of essential kitchen equipment in a safe and operable condition). Specifically, the facility's stove was inoperable purportedly due to a fire that occurred in May and had still not been replaced at the time of the survey. The surveyors also learned that the paychecks of multiple employees had been dishonored and that, although the checks had since cleared, the employees

PHILIP D. MURPHY Governor

TAHESHA L. WAY Lt. Governor Medford Care Center Directed Plan of Correction December 9, 2024 Page 2

were waiting for reimbursement from the facility for the bank fees. In addition, the surveyors learned that the facility had closed itself for admissions and had no residents on the subacute unit because there was no physical therapist employed full time at the facility.

On October 2, 2024, the local health department contacted the Department's Division of Local Public Health expressing financial concerns about the facility due to a threatened utility shutoff. On September 19, 2024, Public Service Electric & Gas (PSE&G) issued a shut-off notice notifying the facility that it owed \$144,982 due on October 4, 2024, and that utilities to the facility would be shut off if the facility did not pay the balance by October 17, 2024. In addition, PSE&G issued an "Important Notice to Caregivers" notifying them that electric and/or gas service to the building may be shut off for an undetermined period of time. In addition, Medford received a separate shut-off notice of \$3,848 for a separate business address.

On October 3, 2024, the Department's Office of Health Care Financing contacted the facility to request additional financial information, including information regarding the failure of the facility to pay its debts when due.

On October 4, 2024, due to concerns about the ongoing financial stability of the facility, the Department ordered Medford to submit to the Department within 24 hours its emergency operations plan required to be maintained pursuant to <u>N.J.A.C.</u> 8:39-31.6.

On October 9, 2024, the facility averted the threatened utility shut off by entering into a payment plan with PSE&G.

On October 29, 2024, the Department issued a Notice of Assessment imposing on the facility an \$86,000 civil monetary penalty for the repeated failure to meet state law staffing requirements.

On November 14, 2024, township officials reported to Department staff that the facility is delinquent on its real estate taxes.

On November 15, 2024, the Department issued a Curtailment of Admissions and Readmissions Order and Directed Plan of Correction.

On November 15, 2024, the Department issued a Notice of Intent to Summarily Suspend the facility's license to operate as a long-term care facility.

On November 22, 2024, the Department issued a Revised Notice of Intent to Summarily Suspend the facility's license to operate as a long-term care facility.

The facility's consultant administrator has reported, and Department staff have confirmed, that the facility's Director of Nursing has resigned and that the facility has not fully met payroll obligations, resulting in certified nurse aides not reporting to work and the activation of an emergency plan to staff the facility. The facility administrator declined the consultant administrator's request to release funds for a temporary agency to schedule emergency staff. The consultant administrator was required to incentivize staff to pick up shifts by providing dinner and \$100 gift cards. The facility administrator has purportedly secured financing for the remaining unpaid staff to be paid, but it remains unclear whether the facility will be able to meet payroll on a timely basis going forward.

Department surveyors continue to identify water temperatures not consistently within the regulatory requirements despite recent repairs to the facility's boiler. <u>See N.J.A.C.</u> 8:39-31.7(h) (Mandatory Safety Requirements).

All residents in the facility remain at an immediate and serious risk of harm.

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## DIRECTED PLAN OF CORRECTION

The Commissioner of the Department of Health hereby directs the following plan of correction:

- a. The facility must retain the permanent full-time services of a Director of Nursing who is a registered professional nurse licensed in the State of New Jersey and who has at least two years of supervisory experience in providing care to long-term care residents, to supervise all nursing personnel as required by N.J.A.C. 8:39-25.1(a).
- b. Pending retention of a permanent full-time Director of Nursing, the facility must retain the full-time, on-site services of a Registered Nurse to begin providing services to the facility as a consultant Director of Nursing. The consultant shall be approved in advance by the Department. The facility shall provide the name and resume of the proposed consultant by sending them to Kara.Morris@doh.nj.gov, Carol.Hamill@doh.nj.gov, Lisa.King@doh.nj.gov, Jean.Markey@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov by close of business on December 10, 2024. The approved consultant shall be retained and begin work no later than the close of business on December 11, 2024. 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 shall be present in the facility for no less than 40 hours per week until further notice from the Department, with documented coverage of all shifts and weekends.
- c. The facility shall provide to the Department by close of business on December 10, 2024, proof of its ability to meet payroll on a timely and ongoing basis, specifically for payroll due to be paid on December 19, 2024, and January 2, 2025, which may include a current and projected balance sheet, current and projected statement of cash flow, current and projected income statement, bank statements, bank reconciliation and a statement of sources of potential funding.
- d. The facility shall provide to the Department by close of business on December 10, 2024, proof of its ability to meet all its operating expenses on a timely and ongoing basis, specifically through January 2, 2025, including, but not limited to, medication, supplies, food, and contracted services, to ensure continuity of care and delivery of services to residents, which may include a current and projected balance sheet, current and projected statement of cash flow, current and projected income statement, accounts payable aging, bank statements, bank reconciliation and a statement of sources of potential funding.
- e. The facility shall complete the attached Resident Demographic form and submit it to the Department no later than close of business on December 10, 2024.
- f. The facility shall immediately post this Directed Plan of Correction, the November 15, 2024, Notice of Intent to Summarily Suspend, the November 15, 2024, Curtailment of Admissions and Readmissions Order and Directed Plan of Correction and the November 22, 2024, Revised Notice of Intent to Summarily Suspend in a conspicuous place in the facility that is readily viewable by residents and their families.

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

Department staff will monitor facility compliance with this Directed Plan of Correction. 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 and other enforcement action.

The Directed Plan of Correction shall remain in place until the facility is otherwise notified in writing by a representative of this Department.

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

Sincerely,

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

GR:JLM:nj DATED: December 9, 2024 E-MAIL Control #X24143

C. Order Distribution List

| Facility data as of 12.09.2024                                | Medford<br>Care Center |
|---------------------------------------------------------------|------------------------|
|                                                               | 12.09.2024             |
| Census (as of 12.09.2024)                                     |                        |
| # res. under 50 yrs. of age                                   |                        |
| # res. who don't have a family<br>or next of kin              |                        |
| # res. with Guardians                                         |                        |
| # res. who were homeless prior to admission                   |                        |
| # res. with a dx of substance<br>use disorder/substance abuse |                        |
| # res. on suboxone or<br>methadone                            |                        |
| # res. with IDD                                               |                        |
| # res. who smoke cigarettes                                   |                        |
| # res. who are physically aggression                          |                        |
| # res with behavioral Health<br>needs                         |                        |
| # res. on oxygen                                              |                        |
| # res. with tracheostomy tubes                                |                        |
| # res. with feeding tubes                                     |                        |
| # res. receiving wound care                                   |                        |
| # res. receiving IV Therapy                                   |                        |
| # res. who are bed-bound                                      |                        |
| # res. who utilize a w/c                                      |                        |
| # res. who ambulate with<br>assistive devices                 |                        |
| # res. who ambulate<br>independently                          |                        |
| # res. who receive<br>Hemodialysis                            |                        |
| # res. with a TBI                                             |                        |
| Census breakdown by                                           |                        |
| Payer:                                                        |                        |
| Medicare                                                      |                        |
| Medicaid                                                      |                        |
| Private                                                       |                        |
| Hospice Medicaid                                              |                        |
| Medicaid Pending                                              |                        |
| Managed Medicaid                                              |                        |