



State of New Jersey  
DEPARTMENT OF HEALTH

PHILIP D. MURPHY  
Governor

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

TAHESHA L. WAY  
Lt. Governor

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

KAITLAN BASTON, MD, MSc, DFASAM  
Commissioner

---

In Re Licensure Violation:	:	RESCISSION
	:	OF FEBRUARY 7, 2025
CareOne at Middletown (King James Care Center)	:	NOTICE OF ASSESSMENT OF
	:	PENALTIES
	:	
(NJ Facility ID# NJ 61315)	:	
	:	
	:	
	:	
	:	
	:	
	:	

---

TO: Anthony Sessa, Administrator  
CareOne at Middletown(King James Care Center)  
1040 State Route 36  
Atlantic Highlands, NJ 07716  
[Akahane@care-one.com](mailto:Akahane@care-one.com)

Dear Mr. Sessa:

The Notice of Assessment of Penalties issued on February 7, 2025 was issued in error by the New Jersey Department of Health ("Department") and is hereby rescinded.

The correct Notice of Assessment of Penalties was issued on February 10, 2025. This notice is attached. The February 10, 2025 Notice will serve as the official assessment of penalties due to staffing deficiencies found during the January 10, 2025 survey. Therefore, in accordance with N.J.A.C. 8:43E-3.4(a)8, the penalty assessed for each day on which noncompliance was found is \$1,000 per day. The total penalty assessed for the staffing violations on the January 10, 2025, survey (or the days the facility was not in compliance) is \$32,000 (32 days x \$1,000).

CareOne at Middletown (King James Care Center)  
Notice of Assessment of Penalties  
February 20, 2025  
Page 2

Please refer to the February 10, 2025 Notice of Assessment of Penalties for additional details concerning the deficiencies, the right to a hearing and Informal Dispute Resolution.

Sincerely,



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

LK:ARD:nj  
DATE: February 20, 2025  
E-MAIL (Akahane@care-one.com)  
REGULAR AND CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
Control # X25019



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:**

Based on surveys conducted by Department staff on January 10, 2025, December 24, 2024, and March 9, 2023, the Facility failed to comply with N.J.S.A. 30:13-18 (P.L. 2020. C. 112). N.J.S.A. 30:13-18 establishes minimum staffing requirements for nursing homes. N.J.S.A. 30:13-18 requires nursing homes to maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide (CNA) to every eight residents for the day shift; (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each staff member shall be signed in to work as a CNA and shall perform CNA duties; and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform certified nurse aide duties.

The Department has determined that the staffing violations substantiated on January 10, 2025, December 24, 2024, and March 9, 2023, were F-level or higher deficiencies. The Facility's failure to comply with N.J.S.A. 30:13-18 at these surveys were F-level deficiencies because the violations were widespread and resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. 42 C.F.R. 488.404 (b) sets forth criteria for determining the seriousness of federal deficiencies. An F-level deficiency is a deficiency that results in no actual harm with a potential for more than minimal harm that is not immediate jeopardy, and the deficiency is widespread. 42 C.F.R. 488.404 (b) (1) (ii) and (2) (iii) and Nursing Home Compare Technical Users' Guide (cms.gov), p. 3.

The facility's violations of N.J.S.A. 30:13-18 were widespread because the January 10, 2025 survey substantiated that the Facility failed to comply with the nurse staffing requirements on twenty-three different days (23 of 35-day shifts). The December 24, 2024 survey substantiated that the Facility failed to comply with the nurse staffing requirements on nine different days (9 of 21-day shifts). The March 9, 2023 survey substantiated that the Facility failed to comply with the nurse staffing requirements on fourteen different days (14 of 14-day shifts). At these surveys, the Survey staff reviewed the Nurse Staffing Reports completed by the facility for various weeks, which revealed staff-to-resident ratios that did not meet the minimum requirements. In addition to being widespread, these staffing violations also had the potential for more than minimal harm

to residents throughout the facility. Therefore, these violations of State law meet the federal criteria for F-level violations at 42 C.F.R. 488.404 (b) (1) (ii) and (2) (iii).

The facts supporting these deficiencies are set forth in surveys dated on January 10, 2025, December 24, 2024, and March 9, 2023, which are incorporated herein by reference.

#### **MONETARY PENALTIES:**

N.J.A.C. 8:43E-3.4(a)8 allows the Department to impose a monetary penalty of \$1,000 per violation for each day noncompliance is found for multiple deficiencies related to patient care or physical plant standards throughout a facility, and/or where such violations represent a direct risk that a patient's physical or mental health will be compromised, or where an actual violation of a resident's or patient's rights is found.

Subsequent to the staffing deficiencies found at the March 9, 2023 survey, the January 10, 2025, and December 24, 2024 surveys substantiated that the facility failed to meet the requirements of N.J.S.A. 30:13-41 on thirty-two different days.

In accordance with N.J.A.C. 8:43E-3.4(a)8, the penalty assessed for each day on which noncompliance was found is \$1,000 per day. The total penalty assessed for the violations on the surveys on January 10, 2025 and December 24, 2024, (or the days the facility was not in compliance) is **\$32,000 (32 days x \$1,000)**.

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 X25028.**

#### **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 an in-person conference at the Department, 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.**

**If IDR was offered and requested by your facility for the corresponding federal deficiency that was cited at the same survey and your facility requests another IDR for the corresponding State deficiency cited at the same survey and arising from the same set of facts, the Department will either consolidate the IDRs or treat the first IDR decision as binding. The Department does not offer a second IDR for the same set of disputed facts that were challenged in a prior IDR offered by the Department.**

#### **FORMAL HEARING:**

The facility is entitled to contest 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 findings and/or the assessed penalties. The facility 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 the facility is owned by a corporation, representation by counsel is required. In the event of an OAL

hearing regarding the penalty, the facility 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.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions regarding this Notice of Assessment, please contact Nadine Jackman, Office of Program Compliance, at [Nadine.Jackman@doh.nj.gov](mailto:Nadine.Jackman@doh.nj.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Lisa King".

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

LK:RSM:nj  
DATE: February 10, 2025  
EMAIL: [akahane@care-one.com](mailto:akahane@care-one.com)  
REGULAR AND CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
Control # X25028