STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF ROOMING AND BOARDING
HOUSE STANDARDS
(609) 633-6251

POSTED

PAGE 1 OF 2
Control No. 0714-0847
No. of Stories 3 Units 12
Lic. Capacity 15 No. of Res. 9
Class RHCF
DATE: 10 | 18 | 2024

BRBHS-1
1/18

NOTICE OF LICENSURE VIOLATION AND ORDERS TO CORRECT DEFICIENCIES

Owner's Name, Address, Zip, County	Property Address
BRANCH BROOK PARK MANOR	212-214 CLIFTON AVENUE
	NEWARK
Owner's Phone Number	Property Phone Number
Administrator	

TYPE OF EVALUATION

SOCIAL	☐	ADDENDUM	☐
PHYSICAL	☒	CYCLICAL	☒

-PLEASE READ CAREFULLY-

This evaluation performed by the Bureau of Rooming and Boarding House Standards is being conducted pursuant to the Health Care Facilities Planning Act (N.J.S.A. 26:2H-1.1 et seq.).

You are ORDERED to correct the conditions described in the attached notice of violations by the compliance date indicated for each violation. Failure to comply with these orders will result in penalties and/or a court action in accordance with section 14 of the Act. Please review the violations with the Bureau representative.

You may contest these orders at an administrative hearing. The request for a hearing must be made within 15 days after receipt of these orders. Each issue intended to be raised at the hearing must be set forth in detail in the letter. Any issue not so raised shall be deemed waived. The hearing shall be held pursuant to The Administrative Procedure Act, (C.52:14B-1 et seq.). Refer to the property address and date of compliance (if applicable) and address the hearing request to:

> **Division of Codes and Standards, Hearing Coordinator, P.O. Box 804, Trenton, New Jersey 08625** with a copy to the **Chief, Bureau of Rooming and Boarding House Standards**, at the same address. A corporation may be represented only by a licensed attorney.
>
> **You will be notified of the time and place of the hearing.**

If you find an extension of time necessary to abate any violation, a letter must be submitted two (2) weeks prior to the date of compliance which states in detail: (1) The violations abated to date; (2) The reason why each unabated violation cannot be corrected prior to the date of penalty; and (3) The date by which all violations can be abated.

By requesting an extension, one expressly waives the right to a hearing and admits that the Notice and Orders are correct and free from procedural and substantive defects.

Commissioner

Agnes Smith
Received By

By *Bernard A. Raywood, Chief*
Bureau of Rooming and Boarding House Standards

Printed Name of Person Served

NEIL BOGHEAN
Bureau Representative

Date Time Served

White – Owner's Copy Yellow – File Copy Pink and Goldenrod – Evaluator Copies

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0714-0847
212-214 CLIFTON AVENUE NEWARK

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	FIRE CERTIFICATE EXP 4/15/25		2/28/25	
2.4(f)	LICENSE TO OWN/OPERATE EXP 9/30/24			
5.2 7A (NB)	- POST A VALID LICENSE TO	12/18/24	YES	
	OWN AND OPERATE			
	FIRST FLOOR			
	KITCHEN			
	DINING AREA			
	OFFICE - 101	NO		
	COM BATH W/SHOWER	VIOLATION		
	PRIVATE ROOM			
	GUEST BATH			
	BASEMENT			
	SECOND FLOOR			
	Room 201			
	Room 202			
	Room 203			
	Room 204	NO		
	Room 205	VIOLATION		
	Room 206			
	THIRD FLOOR			
	Room 301	NO		
	Room 302			
	Room 303	VIOLATION		
	Room 304 - STAFF			
5.7A 5.3(a)4	2ND FLOOR HALL - PAINT CEILING TILE DAMAGE	12/18/24	YES	

2/28/25 MEN BOSHEAN

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NOTICE OF LICENSURE VIOLATION AND ORDERS TO CORRECT DEFICIENCIES

Owner's Name, Address, Zip, County	Property Address
Branch Brook Park Manor	212 - 214 Clifton Ave
	Newark, NJ
Owner's Phone Number	Property Phone Number
Administrator	

TYPE OF EVALUATION

SOCIAL	☑	ADDENDUM	☐
PHYSICAL	☐	CYCLICAL	☑

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X Agnes Smith
Received By

Printed Name of Person Served

12/17/24
Date Time Served

Commissioner

By *Bernard A. Raywood, Chief* Acting Robert Kenny
Bureau of Rooming and Boarding House Standards

Bureau Representative

White – Owner's Copy Yellow – File Copy Pink and Goldenrod – Evaluator Copies

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0714-0847

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	License to Own and Operate expired: 8/30/24			
	Fire Certificate of Satisfactory compliance expires: 4/15/25			
	Nurse License expires: 5/31/25			
*	3 residents, owner lives in facility. Only one additional staff.			
	-No one attends program -NO PNA -Owner is a licensed nurse. DOES NOT log time as she is the primary caregiver.			
5:27A-2.4(h)	DCA License shall be renewed annually on original Licensure date. •Previous expired on 8/30/24	2/17/25		

WHITE ~ Owner Copy YELLOW ~ Evaluator PINK ~ Office

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0714-0847

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
5:27A-16.2(c)	The facility shall provide document evidence of annual vaccination against the flu.	2/17/25		
	END of Social Report. 12/17/24			

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