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 10
Control No. 1303-0190
No. of Stories 2 Units 12
Lic. Capacity 23 No. of Res. 16
Class RHCF
DATE: 10/1/24

BRBHS-1
1/18

NOTICE OF LICENSURE VIOLATION AND ORDERS TO CORRECT DEFICIENCIES

Owner's Name, Address, Zip, County	Property Address
Homestasis Homecare LLC	300 3rd Ave Asbury Park, NJ
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

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

Received By

Printed Name of Person Served

Date 10/1/24 Time Served 1:35pm

Bureau Representative

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

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1303-0190

WAC 5:27A

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	License to own and operate expires 4/30/25			
	Fire Certificate expired 7/25/24			
3a.1	RHCF shall obtain a current, valid fire certificate.	12/1/24	Yes 1/27/25	
12.3b	RHCF shall request of the local fire department that at least one joint drill be conducted annually.	12/1/24	Yes 1/27/25	
Note:	Facility shall mail a letter to the local fire department using certified mail, and maintain a copy of the letter and certified letter receipt on site.			
13.1(d)1	RHCF shall maintain a current accurate census on site at all times.	12/1/24	Yes 1/27/25	

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EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
4.12(a)	The administrator or administrator's designee shall conduct an interview with the resident and, if available, the resident's family, guardian or interested agency, prior to or at the time of the resident's admission. The orientation shall include at least orientation to the facility's policies, business hours, fee schedule, services provided, resident's rights and criteria for admission and discharge. Documentation of the resident interview shall be included in the resident's records.	12/1/24	Yes 1/27/25	
Note:	Intake packets were missing in resident's MG, RM + GM's files.			
9.2;	Each resident shall have an annual physical examination by a physician, advance practice nurse or physician assistant, which shall be documented in the resident's record. The physician, APN or PA shall certify annually that the resident does not have needs	12/1/24	NO 1/27/25	

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EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	which exceed the care provided by the RtICF.			
Note:	Physicals must be completed annually, and documentation verifying the completion of physicals must be maintained in each resident's file.			
9.2(m)	Upon completion of the annual physical, or more often, as determined by the physician, APN or PA, a physician, APN or PA shall certify that the resident does not have medical or personal care needs which exceed the level of services provided in the RtICF, is free ~~of~~ (M) from communicable disease (that is, does not have a reportable, communicable disease which is not controlled through prophylaxis or medication) and does not require skilled nursing care.	12/1/24	Yes 1/27/25	
Note:	CM's case file was not available for review.			

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EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
6.2(a)1	RtlCF shall maintain lease or admission agreements that clearly indicate the dates of the agreement, services to be provided to each resident and the rates to be charged to each resident.	12/1/24	Yes 1/27/25	
Note:	Residents (SD, JF, MG, GM, AT + JF) were missing or did not include signatures or amts for rent.			
9.2(d)	RtlCF shall provide a copy of the MDS to be completed by the RN for each resident at intake and annually. Mtls + GM's MDS were not available for review or were missing.	12/1/24	Yes 1/27/25	
4.16c	Advance Directives must be completed for each resident and clearly indicate if the resident refuses or agrees for the completion of an Advance Directive. Documentation shall include the resident or the guardian's signature, and the date of completion.	12/1/24	Yes 1/27/25	
Note:	GM's case was not available for review			

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1303-0190

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
9.2(f)	Nursing monitoring notes shall be written on an ongoing basis and shall reflect the resident's current health status.	12/1/24	Yes 1/27/25	
Note:	Notes were missing or not available for review for JFBM & MH. Residents (SD, AR & HS) notes did not indicate dates, reasons or location of resident when hospitalized.			
6.2(a)2	RHCF shall maintain a written record of all financial arrangements with the resident and his/her/their family, guardian or designated community agency, with copies furnished to the resident and, upon request to the person or agency with whom the arrangements were made.	12/1/24	Yes 1/27/25	
Note:	Financial records were not available for review.			
6.3(b)	RHCF shall maintain a PNA letter for each resident that receives SSI or GENERAL Public Assistance monthly personal	12/1/24	Yes 1/27/25	

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EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	allowance of at least the amount specified by the Division of Family Development of the NJ State Dept. of Human Services pursuant to NJSA 44:4-37(b) and NJAC 10:123-3. The ledger shall include the date of each payment received, amount of payment, amount of payment, amount and date funds were disbursed to the resident, reason for disbursement, and signature of resident and/or their guardian for each disbursement of funds.			
Note:	Not available for review during evaluation.			
4.5(b)	RHCF shall provide the nurse's current license verifying the dates the license is valid.	12/1/24	Yes 1/27/25	
Note:	Current license expired 5/31/24.			
10.2(a)	RHCF shall provide a current contract and license for the consulting pharmacist and provider	12/1/24	Yes 1/27/25	

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EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	pharmacist.			
			Yes	
10.2(b)	The consulting pharmacist	12/1/24	1/27/25	
	shall be present in the			
	facility at least quarterly and			
	shall provide written reports			
	to the administration and			
	to the health maintenance and			
	monitoring nurse.			
Note:	Pharmacist 1/4 reports were			
	not available for review			
	during evaluation.			
12.2(a)	RHCF shall obtain a contract	12/1/24	Yes	
	with another RHCF or facility		1/27/25	
	that is able to provide a			
	higher level of care in the			
	event of an emergency. The			
	updated policy and procedure			
	shall be filed with DCA and			
	copies of the emergency plans			
	shall also be forwarded to			
	both municipal and county			
	emergency management officials			
	for their review.			
Note:	RHCF shall obtain a contract			
	with another RHCF or higher			

Stacy Vrsick-Dle

RJ

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1303-0190

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	level of care facility to evacuate in the event of an emergency. Documentation of agreement shall be maintained on site.			
10.1(a)2	The ~~RHCF~~ RHCF shall maintain a daily record of the type and amount of medication taken by the resident and the time at which such medication was observed being taken by the resident.	12/1/24	Yes 1/27/25	
Note:	Medication observation logs must be completed daily.			
4.7	RHCF shall obtain a current contract with a transportation agency or develop a written policy regarding the transportation of residents in an emergency.	12/1/24	Yes 1/27/25	
15.1(b)	RHCF shall increase pest control services until the ~~roach~~ bugs are eradicated.	12/1/24	Yes 1/27/25	

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1303-0190

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
Note:	Bed bugs were observed in Room #5. Pest control for the bed bugs shall be maintained on site and documented.			
	End of Report.			
	Report reviewed with:			
	Roslyn Jones			

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HOUSE STANDARDS
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POSTED

PAGE 1 OF 4
Control No. 1303 - 0190
No. of Stories 3 Units 12
Lic. Capacity 23 No. of Res. 21
Class RHCF
DATE: 5/10/24

BRBHS 1
1/18

NOTICE OF LICENSURE VIOLATION AND ORDERS TO CORRECT DEFICIENCIES

Owner's Name, Address, Zip, County	Property Address
HOMESTASIS HOMECARE LLC	300 3RD AVENUE ASBURY PARK
Owner's Phone Number	Property Phone Number
Administrator	

TYPE OF EVALUATION

SOCIAL	☐	ADDENDUM	☐
PHYSICAL	☒	CYCLICAL	☒

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Commissioner

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

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1303 - 0190
300 3RD AVENUE ASBURY PARK

[ ] NJAC 5:27
[X] NJAC 5:27A

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	FIRE CERTIFICATE EXP 4-15-24		9/6/24	
5:27A 3A.1	- POST OR MAKE AVAILABLE A	7/10/24	YES	
	VALID FIRE CERTIFICATE			
	OWNER/OP LICENSE EX 4-30-24			
5:27A 2.4(f)	- OBTAIN AND POST A VALID	7/10/24	YES	
	LICENSE TO OWN AND OPERATE			
	FIRST FLOOR			
5:27A 15.7(a)	KITCHEN - SAND AND PAINT ALL	7/10/24	YES	
	REPAIRED AREAS OF KITCHEN			
5:27A 15.3(a)4	- REPLACE COVER PLATE ON OUTLET	7/10/24	YES	
	ATTACHED TO CABINET IMMEDIATELY			
	UPON ENTERING KITCHEN			
	LAUNDRY ROOM			
5:27A 15.7(a)	- PAINT REPAIRED CEILING AREA	7/10/24	YES	
	AROUND PIPES			
	STAFF ROOM - NO VIOLATION			
	LIVING ROOM - NO VIOLATION			
	DINING ROOM - NO VIOLATION			
5:27A 3A.7(d)	COMMON HALL - MAINTAIN A	7/10/24	YES	
	WORKING AND TESTABLE "EXIT"			
	LIGHT ABOVE MAIN ENTRY DOOR			
	SECOND FLOOR			
5:27A 3A.7(a)	ROOM 1 - REPAIR OR PROVIDE	7/10/24	YES	
	BEDSIDE LAMP/SCONCE			
5:27A 7.3(a)1	ROOM 2 - REPLACE CURRENT	7/10/24	YES	
	BED FRAME AND MATTRESS COVER			

9/6/24

NEIL BOGHEAN

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1303-0190
300 3RD AVENUE ASBURY PARK

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	SECOND FLOOR (CONTINUED)		9/6/24	
	ROOM 3 - NO VIOLATION			
	ROOM 4 - NO VIOLATION			
5:27A 7.3(a)5ii	ROOM 5 - PROVIDE DRESSERS	7/10/24	YES	
	IN EQUAL PROPORTION TO BEDS			
5:27A 7.3(a)4	- PROVIDE BEDSIDE LAMPS/SCONCES	7/10/24	YES	
	IN EQUAL PROPORTION TO BEDS (WORKING)			
5:27A 15.7(a)	- REPAIR CEILING DAMAGE BY	7/10/24	YES	
	WINDOWS			
	ROOM 6 - NO VIOLATION			
	COM BATH - NO VIOLATION			
5:27A 15.7(a)	COM HALL - PAINT OR RESURFACE	7/10/24	YES	
	STEPS (BACKPLATES)			
	THIRD FLOOR			
5:27A 15.7(a)	HALLWAY [redacted] - REPAINT OR RESURFACE	7/10/24	YES	
	WOODEN DOOR FROM STAIRCASE			
	TO 3RD FLOOR			
5:27A 15.3(a)4	- REPAIR CEILING LIGHT FIXTURE	7/10/24	YES	
	IN FRONT OF FIRE EXIT DOOR			
5:27A 15.7(a)	- CLEAR DEBRIS OR STORED	7/10/24	YES	
	ITEMS IN HALLWAY			
5:27A 15.7(a)	- PAINT AREAS OF REPAIRED	7/10/24	YES	
	WALL			
5:27A 15.3(a)4	ROOM 7 - REPAIR OUTLET	7/10/24	YES	
	HANGING OUT OF WALL			
5:27A 15.7(a)	- PAINT WALL REPAIRS	7/10/24	No	

9/6/24

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1303-0190
300 3RD AVENUE ASBURY PARK

| | NJAC 5:27
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EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
	THIRD FLOOR CONTINUED		9/6/24	
5:27A 15.7(a)	Room 8 - FINISH WALL REPAIR	7/10/24	NO	
5:27A 7.3(a)5.ii	Room 9 - PROVIDE DRESSERS IN	7/10/24	YES	
	EQUAL PROPORTION TO BEDS			
5:27A 7.3(a)5.iii	- PROVIDE NIGHTSTANDS IN EQUAL	7/10/24	YES	
	PROPORTION TO BEDS			
5:27A 7.3(a)3	- PROVIDE CHAIRS IN EQUAL	7/10/24	YES	
	PROPORTION TO BEDS			
5:27A 15.7(a)	Room 10 - REPAIR CEILING	7/10/24	YES 9/6/24	
	DAMAGE ABOVE DOOR			
	Room 11 - NO VIOLATION			
	Room 12 - NO VIOLATION			
5:27A 15.3&4	COM BATH - PAINT RADIATOR COVER	7/10/24	NO	
5:27A 15.3(b)9	- PROVIDE ELECTRICAL	7/10/24	YES	
	CERTIFICATION, FROM A			
	LICENSED ELECTRICAL			
	CONTRACTOR THAT ALL			
	CIRCUITS ARE IN SAFE			
	CONDITION AND NOT OVERLOADED			
	CONTACT INFORMATION FOR			
	EVALUATOR TO FOLLOW UP			
	MUST BE INCLUDED			
5:27A 15.7(a)	- PROVIDE PERMIT INFORMATION	7/10/24	YES	
	FOR NEWLY INSTALLED OUTLETS			
	THROUGHOUT ROOMS			

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