



State of New Jersey
DEPARTMENT OF HEALTH

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

www.nj.gov/health

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

DR. RAYNARD E. WASHINGTON
Acting Commissioner

In Re Licensure Violation:

Complete Care at Arbors Haven

(NJ Facility ID# NJ90119)

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AMENDED
NOTICE OF ASSESSMENT
OF PENALTIES
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TO: Randal Holak, Administrator
Complete Care at Arbors Haven
1700 Route 37 West
Toms River, New Jersey 08757
rholak@ccthehavens.com

Please note that this Notice is being issued solely to correct the move-in date of the resident referenced in the survey findings. The correct move-in date is January 2022, not January 22, 2024, as previously noted. This correction does not change the total assessed penalty amount, which remains unchanged, and does not extend or provide additional time to request an Informal Dispute Resolution (IDR) or a formal hearing at the Office of Administrative Law (OAL) beyond the original deadlines from when this Notice was issued on January 12, 2026. All rights and deadlines for contesting this Notice remain in full effect as previously communicated.

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 Standards for Licensure of Assisted Living Facilities set forth at N.J.A.C. 8:36-1.1 et seq.

LICENSURE VIOLATIONS & MONETARY PENALTIES

Staff from the Department's Health Facility Survey and Field Operations visited Complete Care at Arbors Haven (hereinafter "Complete Cared") on July 19, 2024, for the purpose of conducting a complaint survey.

The report of this visit, which is incorporated herein by reference, revealed that the facility committed multiple violations of regulations, including N.J.A.C. 8:36-3.4(a)(1), N.J.A.C. 8:36-7.4(c)(1), N.J.A.C. 8:36-7.5(e), N.J.A.C. 8:36-11.4(b), and N.J.A.C. 8:36-11.5(a), (c), (e), and (f), which collectively require the development, implementation, and enforcement of policies and procedures; the timely completion of resident assessments and annual physical examinations; and the administration of medications in accordance with prescriber orders, professional standards of nursing practice, and State regulatory requirements.

Specifically, N.J.A.C. 8:36-3.4(a)(1) requires the facility to ensure that each resident receives services necessary to attain or maintain their highest practicable physical, mental, and psychosocial well-being. N.J.A.C. 8:36-7.4(c)(1) mandates that facility policies and practices provide a safe environment and prevent harm to residents. N.J.A.C. 8:36-7.5(e) requires residents to have an annual physical examination and physician certification confirming that their care needs do not exceed the facility's capacity. N.J.A.C. 8:36-11.4(b) requires medications to be administered by qualified personnel in accordance with prescriber orders, facility policy, and applicable laws. N.J.A.C. 8:36-11.5(a) mandates that registered professional nurses supervise delegated medication tasks. N.J.A.C. 8:36-11.5(c) requires residents to be properly identified before medication administration. N.J.A.C. 8:36-11.5(e) requires reporting of medication errors to prescribers and pharmacists, and N.J.A.C. 8:36-11.5(f) mandates accurate administration and documentation of medications by authorized personnel.

On June 7, 2024, Resident #2 received the wrong morning medications, intended for Resident #1, administered by a Certified Medication Aide (CMA) who was on her fourth day of orientation. The CMA admitted that she did not verify the resident's identity, was unfamiliar with the blister packs and MARs, and felt pressured to perform without guidance. The Licensed Practical Nurse (LPN) trainer was present but did not prevent the error, and the supervising Registered Nurse (RN) had not assessed the CMA's competency prior to independent medication administration. As a result, Resident #2 experienced shortness of breath and required oxygen and transport to the hospital by emergency medical services. These actions violated N.J.A.C. 8:36-11.4(b), 11.5(a), and 11.5(c) because medications were administered by insufficiently trained personnel, resident identification was not verified, and RN supervision was inadequate.

The facility also failed to notify the pharmacists of the medication error, in violation of N.J.A.C. 8:36-11.5(e). The Director of Nursing (DON) acknowledged that the pharmacist was not contacted despite facility policy requiring immediate notification. Additionally, residents' medications were not consistently administered or documented in accordance with prescriber orders, violating N.J.A.C. 8:36-11.5(f). For instance, Resident #1 missed multiple doses of acetaminophen, aspirin, atorvastatin, and other medications without documentation that the physician or family were notified. Resident #2 also missed doses of amiodarone, Eliquis, and other prescribed medications, with no recorded follow-up or rationale for missed administration.

Further, Resident #2 did not have a current annual physical examination or physician certification confirming that the facility could meet their care needs, in violation of N.J.A.C. 8:36-7.5(e). The most recent H&P was dated 1/24/23, with no updated assessment despite a move-in date of January 2022.

The facility's policies and practices failed to ensure safe care and compliance with resident rights, in violation of N.J.A.C. 8:36-3.4(a)(1) and 8:36-7.4(c)(1). The CMA was allowed to administer medications independently without verified competency, residents were not consistently identified before medication administration, and supervision procedures were inconsistently applied. Staff

interviews revealed a lack of standardized CMA training, observation, and evaluation, creating systemic risk of harm.

The facility also failed to accurately document medication administration and refusals, in violation of N.J.A.C. 8:36-11.5(f). Resident #1 had multiple refusals and missed doses of medications with no documentation of physician notification or follow-up interventions. Resident #2 had missing documentation for multiple medications, and no records indicated physician awareness or assessment of potential harm. These omissions demonstrate failures in communication, monitoring, and adherence to facility policy.

The facility's repeated failures in medication administration, supervision, resident identification, error reporting, documentation, and compliance with physician orders, constituting systemic violations of N.J.A.C. 8:36-3.4(a)(1), 8:36-7.4(c)(1), 8:36-7.5(e), 8:36-11.4(b), and 8:36-11.5(a), (c), (e), and (f). These deficiencies resulted in actual harm to Resident #2, emergency medical intervention, and continued risk to other residents. The facility's systemic failures represent immediate threats to resident health and safety.

In accordance with N.J.A.C. 8:43E-3.4(a)(10), a penalty of \$2,500 is assessed due to violations of N.J.A.C. 8:36-11.4(b), 8:36-11.5(a), 8:36-11.5(c), 8:36-11.5(e), 8:36-11.5(f), 8:36-3.4(a)(1), and 8:36-7.4(c)(1), which resulted in actual harm to Resident #2 and created an immediate and serious risk to residents' health and safety. The penalty is assessed from June 7, 2024, the date the medication error occurred and Resident #2 experienced shortness of breath requiring emergency medical intervention, through July 19, 2024, the date the facility implemented corrective measures, including removal and re-education of involved staff, medication administration in-services, implementation of a medication training and competency program overseen by the DON/RN, policy revisions, competency assessments, and enhanced supervisory oversight. During this period, the facility failed to ensure that staff hired met required qualifications, including proper licensing and credential verification; failed to maintain adequate RN supervision; failed to ensure proper resident identification prior to medication administration; failed to notify the prescriber and pharmacist of the medication error; failed to accurately administer and document medications in accordance with physician orders; and failed to develop, implement, and enforce effective policies and procedures to ensure safe medication administration, verified staff competency, and consistent supervision of delegated medication tasks, including verification of the CMA's competency prior to administering medications.. The penalty is assessed for 42 days at \$2,500 per day, resulting in a total penalty of \$105,000.

In accordance with N.J.A.C. 8:43E-3.4(a)(7), a penalty of \$500 is assessed due to the violation of N.J.A.C. 8:36-7.5(e), which created a risk to residents' health and safety. The penalty is assessed for the period beginning June 7, 2024, the date the facility was found to be out of compliance with the requirement to maintain a current annual physical examination and physician certification for Resident #2, through September 18, 2024, the date the facility implemented corrective measures, including completion of the required physical examination and physician certification. During this period, the facility failed to ensure that Resident #2 had a current annual physical examination and physician certification confirming that the resident's care needs did not exceed the facility's licensed capacity. As this deficiency constituted an isolated violation and did not represent a pattern or widespread practice throughout the facility, the penalty is assessed as one violation in the amount of \$500.

The total penalty imposed for these violations is \$105,500.

The total amount of this penalty must be paid within 30 days of receipt of the initial notice on January 12, 2026, 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 # X25022.**

INFORMAL DISPUTE RESOLUTION (IDR)

Please note that the correction to the move-in date does not extend or otherwise modify the timeframe to request Informal Dispute Resolution (IDR). All rights and deadlines related to IDR remain unchanged from the original notice date of January 12, 2026. Facilities were required to submit a written request for IDR within ten (10) business days of the initial notice, January 12, 2026.

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

Please note that this correction to the move-in date does not extend or provide additional time to request a hearing at the OAL beyond the original deadlines from when this Notice was issued on January 12, 2026. All rights and deadlines for contesting this Notice remain in full effect as

previously communicated. Requests for a hearing at the OAL were required to be submitted within 30 days of the original notice, i.e., by February 11, 2026.

Complete Care at Arbors Haven 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 of the following: the factual survey findings and/or the assessed penalties. Complete Care at Arbors Haven 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 Complete Care at Arbors Haven is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the penalties, Complete Care at Arbors Haven 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. Should you have any questions concerning this notice, please contact Nadine Jackman, Office of Program Compliance at 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

GR:LK:JC

DATE: February 9, 2026

E-MAIL: rhola@ccthehavens.com

REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Control# **X25022**