



State of New Jersey
DEPARTMENT OF HEALTH

PHILIP D. MURPHY
Governor

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TRENTON, N.J. 08625-0358

TAHESHA L. WAY
Lt. Governor

www.nj.gov/health

JEFFREY A. BROWN
Acting Commissioner

In Re Licensure Violation:	:	
Bayonne Visiting Nurse Association	:	CURTAILMENT OF ALL
	:	ADMISSIONS AND
	:	READMISSIONS ORDER
(NJ Facility ID# NJ317006)	:	

TO: Ms. Vanetta Mitchell
Administrator
Bayonne Visiting Nurse Association
140 Lefante Way, Ste. 144 & 146
Bayonne, New Jersey 07002

Dear Ms. Mitchell,

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 Licensing Standards for Home Health Agencies set forth at N.J.A.C. 8:42 et. seq.

As your facility was notified through email and verbally on December 15, 2025, effective upon the facility's notification, the Department of Health (hereinafter, "the Department") ordered the curtailment of services to Bayonne Visiting Nurse Association (hereinafter "Bayonne Visiting "). This enforcement action was taken in accordance with the provisions set forth at N.J.A.C. 8:43E-3.1 (Enforcement Remedies available) and N.J.A.C. 8:43E-3.6 (Curtailment of Admissions) in response to serious deficiencies observed by Department staff at Bayonne Visiting during its complaint investigation survey conducted from December 9, 2025, to December 12, 2025.

LICENSURE VIOLATIONS:

From December 9, 2025, to December 12, 2025, the Department conducted a complaint investigation survey. During this survey, multiple issues were identified in the facility (see below).

1. Compliance with Rules and Laws.

N.J.A.C. 8.42-3.1(a)- “The agency shall provide preventive, rehabilitative, and therapeutic services to patients.

1. This shall include nursing, homemaker-home health aide, and physical therapy services.
2. Nursing services shall be available 24 hours a day, seven days a week.”

The facility failed to provide a core service of homemaker-home health aide (HHA) to patients. The facility’s only HHA has been on leave since March 31, 2025. The facility does not have another HHA on staff and does not have a contract with anyone to provide HHA services to patients. The facility currently has a census of 196 patients. On December 9, 2025, Johannah Mahusay, who identified herself as the Alternate Administrator, stated that the recruitment/admission staff have been told to let potential clients know that they cannot provide HHA services.

A Social Worker (SW) interviewed on December 12, 2025 at 1:28 PM, stated that they refer patients that need HHA to JACS a (community-based program) or MLTSS (Managed Long Term Services and Supports - service through Medicaid), but the facility does not monitor the aide services provided, or community resources provided and they do not have a contract with either of these. The SW stated that he/she documents in the visit note for each patient indicating the referrals for HHA services. The SW could not recall any patients that he/she had referred to JACS or MLTSS for surveyors to review. Multiple requests were made to interview the administrator on December 09, 2025, December 10, 2025, and December 11, 2025, and facility staff redirected surveyors to speak with other staff members.

On December 12, 2025, at 11:30 AM, surveyors requested to speak to the administrator and were told by the Agency Director that the Administrator was out on medical leave that day and unavailable for interview. On December 12, 2025, at 01:28 PM, an interview was conducted with the Alternate Administrator, who stated he/she was not sure if the facility kept track of data on patients referred to other agencies for HHA services.

On December 10, 2025, an observation of a home visit in a patient’s home was conducted with the facility’s nurse, midway through the visit, with the nurse present, the son expressed he was having difficulty caring for the patient. In a private conversation with the patient’s son, the son stated that he could use help and was overwhelmed caring for his mother. The patient’s son was not aware that an HHA was even a potential option and was not offered that service. When the surveyor privately interviewed the facility nurse, she said she would let the social worker know. When the patient’s medical record was later reviewed, there was no evidence that a social worker had ever seen the patient or spoken with the family.

2. Written Agreement.

N.J.A.C. 8:42-3.7 (a)(1)(2)(3) – “(a) The agency shall have a written agreement, or its equivalent, for services provided by contract or subcontract. The written agreement or its equivalent shall:

1. Be dated and signed by a representative of the agency and by the person or entity providing the service;
2. Specify each party’s responsibilities, functions, and objectives, the time during which services are to be provided, the financial arrangements and charges, and the duration of the written agreement or its equivalent;
3. Specify that the agency retains administrative responsibility for services rendered, including subcontracted services; ...”.

The facility failed to have a written agreement for the provision of Social Work Services.

The facility is using a Social Worker from another separately licensed facility and does not have a written contract with this entity.

On December 12, 2025, at 10:32 AM, the Alternate Administrator presented a document to surveyors titled "Shared Employee Form" for the two social workers the facility is currently using. The Shared Employee Forms were only signed by the social worker and their supervisor at the other facility and did not represent a written agreement between the two facilities.

3. Governing Authority - Responsibilities

N.J.A.C. 8:42-4.1(a) - "The governing authority shall assume legal responsibility for the management, operation, and financial viability of the agency. The governing authority shall be responsible for, but not limited to, the following:

1. Services provided and the quality of care rendered to patients;
2. Adoption and documented review of written bylaws or their equivalent at least every three years;
3. Development and documented review of all policies and procedures;
4. Establishment and implementation of a system to identify and resolve patient and staff grievances and/or recommendations, including those relating to patient rights. This system shall include a feedback mechanism through management to the governing authority, indicating what action was taken;
5. Determination of the frequency of meetings, which shall be at least annually, of the governing authority, holding such meetings, and documenting them through minutes, including a record of attendance;
6. Delineation of the powers and duties of the officers and committees, or their equivalent, of the governing authority;
7. Establishment of the qualifications of members and officers of the governing authority, the procedures for electing, appointing, or employing officers, and the terms of service for members, officers, and committee chairpersons or their equivalents; and
8. Development and implementation of a written conflict of interest policy, which shall include guidelines for the disclosure of existing or potential conflicts of interest and procedures for recusal when a conflict exists."

The facility failed to have a Governing Authority.

Multiple requests were made on December 9, 2025, December 10, 2025, and December 11, 2025, to obtain facility documents on Governing Body Meeting Minutes and By Laws. On December 9, 2025, Johannah Mahusay (who identified herself as the Alternate Administrator) stated that they did not have a Governing Body and did not know what a Governing Body was. On December 12, 2025, at 10:01 AM, the facility provided surveyors with Governing Body documents dated December 11, 2025, and confirmed that they were unable to provide governing body documents and by laws prior to December 11, 2025. Agency Director stated, "now we understand that this is necessary."

4. Administrator

N.J.A.C. 8:42-5.1 – “(a) The governing authority shall appoint an administrator who is administratively responsible and available for all aspects of agency operations.

1. If the agency has only one office, the director of nursing may function as the administrator, provided the director of nursing meets the qualifications of an administrator.

(b) An alternate or alternates shall be designated, in writing, to act in the absence of the administrator.”

The facility failed to have administrators appointed by the governing authority. The facility was unable to provide documentation of governing body meeting minutes or by laws prior to December 11, 2025.

During an interview conducted with the Alternate Administrator on December 12, 2025, at 01:28 PM, he/she stated that the facility did not have evidence of governing body documents prior to December 11, 2025. The Alternate Administrator stated that the organizational chart should show his/her name as Alternate Administrator. Surveyors were unable to locate the Alternate Administrator on the organizational chart provided by the facility. The Alternate Administrator stated that he/she was appointed by the Regional Vice President of Operations. The Alternate Administrator stated that the facility was unable to provide documentation from governing body meeting minutes regarding the appointment of the administrator or alternate administrator. On December 12, 2025, at 02:40 PM, the Agency Director provided surveyors with a document titled “Administrative Appointments” stating that the administrator and alternate administrator were appointed by the governing body on June 24, 2025. However, this was after the staff had already confirmed that the facility did not have a governing body. The Administrative Appointments form lacked a signature from the Administrator.

5. Infection Prevention and Control Program

N.J.A.C. 8:42-12.1(a)(b) – “(a) The administrator shall ensure the development and implementation of an infection prevention and control program to reduce the risk of the acquisition and transmission of health care associated infections.

(b) The administrator shall designate a person who shall have education, training, completed course work, or experience in infection control or epidemiology, and who shall be responsible for the direction, provision, and quality of infection prevention and control services.

1. The designated person shall be responsible for, but not limited to developing and maintaining in collaboration with the committee established pursuant to N.J.A.C. 8:42-12.2(a):

- i. Written objectives;
- ii. A policy and procedure manual;
- iii. A system for data collection; and
- iv. A quality assurance program for the infection prevention and control service.”

The facility failed to have an infection prevention and control program. Furthermore, the facility failed to have a designated infection control person.

Multiple requests were made on December 09, 2025, December 10, 2025, and December 11, 2025, to obtain the facility infection prevention meeting minutes and infection control members. On December 11, 2025, the facility confirmed that they were unable to provide these documents. During the entrance conference on December 9, 2025, when questioned about the designated infection control professional for the facility, the Agency Director stated “it is us. Just me. There is no designated person.” During review of

the Agency Director's personnel file on December 12, 2025, the job description did not contain any duties regarding the infection control program or training of staff in infection control practices. The facility referred surveyors to the policy titled "Infection Control Plan" which states the agency Executive Director/Clinical Director coordinates infection control activities at the agency. The policy contained only titles and not the name of the person designated as Infection Control Professional.

6. Infection Control Policies and Procedures

N.J.A.C. 8:42-12.2(b) – "The designated committee, along with the person designated by the administrator pursuant to N.J.A.C. 8:42-12.1(b), shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control, including, but not limited to, policies and procedures regarding the following:

1. Infection control and isolation, including Universal Precautions, in accordance with the Centers for Disease Control and Occupational Safety and Health Administration publication, "Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens," OSHA Instruction C PL 02-02-069, November 27, 2001, incorporated herein by reference, as amended and supplemented, which can be found on the OSHA website at <http://www.osha.gov/enforcement/directives/cpl-02-02-069-0>;
2. A system for investigating, reporting, and evaluating the occurrence of all infections or diseases that are reportable under *N.J.A.C. 8:57*, as well as conditions that may be related to activities and procedures of the agency.
 - i. Records shall be maintained for all patients or personnel having these infections, diseases, or conditions;
3. Aseptic technique, employee health, and staff training, the prevention of infection, and general improvement of patient care as it relates to infection control and prevention;
4. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;
5. Surveillance techniques to minimize sources and transmission of infection;
6. Sterilization, disinfection, and cleaning practices and techniques including, but not limited to, the following:
 - i. Care of utensils, instruments, solutions, dressings, articles, and surfaces;
 - ii. Selection, storage, use, and disposition of single use and nondisposable patient care items;
 - iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and
 - iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms; and
7. Collection, handling, storage, decontamination, disinfection, sterilization, and disposal of regulated medical waste and all other solid or liquid waste.

NOTE: Centers for Disease Control publications can be obtained from:

National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, VA 22161

or

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

The facility failed to implement an infection prevention and control program.

During home visits, deficiencies were identified with hand hygiene, cleaning of equipment, and/or bag technique in 5 of 7 home visits with staff.

CURTAILMENT:

The Department hereby orders the curtailment of all new admissions and readmissions to Bayonne Visiting Nurse Center effective end of business day, December 15, 2025, upon email and verbal notification to the facility.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of \$250.00 per patient, per day for each patient at the facility in violation of this curtailment order.

FORMAL HEARING:

Bayonne Visiting is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). The facility may request a hearing to challenge either the factual survey findings or the curtailment, or both. The facility must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the curtailment.

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 curtailment, the facility is further required to submit a written response to every charge as specified in this notice, which shall accompany its written request for a hearing.

Due to the emergent situation and the immediate and serious risk of harm posed to the residents, the Department will not hold the curtailment in abeyance during any appeal of the curtailment.

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 order, please contact Lisa King, Office of Program Compliance, at (609) 376-7751.

Sincerely,



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

GR:RSM/nj
DATE: December 16, 2025
E-MAIL (vanetta.mitchell@lhcgroupp.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # AX25037