State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
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www.nj.gov/health

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

DR. RAYNARD E. WASHINGTON
Acting Commissioner

In Re Licensure Violation:	:	CURTAILMENT OF ALL ADMISSIONS AND READMISSIONS ORDER, DIRECTED PLAN OF CORRECTION, AND SUSPENSION OF CMA PROGRAM
COUNTRY HOME OPERATIONS LLC	:	
(NJ Facility ID# NJD35009)	:	

TO: Jennifer Allen (jallen@chmemorycare.com)
Country Home Operations, LLC
1095 Tabor Road
Morris Plains, NJ 07950

Dear Ms. Allen:

This order memorializes the verbal order issued on March 12, 2026, and effective on that date. The Department of Health (hereinafter, "the Department") orders the curtailment of all admissions and readmissions of residents to Country Home Operations, LLC (hereinafter "Country Home").

The Department is also issuing a Directed Plan of Correction (DPOC) requiring the facility to immediately retain an Administrator Consultant and employ a Registered Nurse licensed in the State of New Jersey to provide required services, including supervision of the Certified Medication Aide (CMA) program. The facility shall provide documentation demonstrating ongoing Registered Nurse oversight in accordance with regulatory requirements. The DPOC further requires the suspension of the Certified Medication Aide

(CMA) program until the facility demonstrates compliance with regulatory requirements for Registered Nurse supervision and medication delegation. Additionally, the facility must provide documentation verifying compliance with life safety requirements, including fire watch procedures, emergency preparedness policies, and verification that the facility received appropriate approval for repopulation following repairs to the fire alarm system and restoration of gas service.

These enforcement actions are being taken in accordance with the provisions set forth at N.J.A.C. 8:43E-2.4 (Plan of Correction), N.J.A.C. 8:43E-3.1 (Enforcement Remedies Available), N.J.A.C. 8:43E-3.6 (Curtailment of Admissions), N.J.A.C. 8:37 (Standards for Licensure of Dementia Care Homes), and N.J.A.C. 8:43 (General Licensure Procedures and Standards Applicable to All Licensed Facilities).

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 operated in a manner that protects the health, safety, and welfare of residents. 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 enforce the applicable standards for licensure, including those governing dementia care homes, to ensure compliance with State regulations and to protect residents from unsafe conditions.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) conducted a survey at the facility on February 12, 2026. The report of this survey provides additional details regarding the following licensure violations.

The facility failed to comply with: N.J.A.C. 8:37-5.3(c), which requires that the facility employ sufficient staff with appropriate ability and training based on assessment of the acuity of resident needs; N.J.A.C. 8:37-6.2(a)(1), which requires that medication be administered by a health care professional acting within the scope of his or her license and that Certified Medication Aide programs comply with the requirements at N.J.A.C. 8:36-11.5; and N.J.A.C. 8:37-1.1(b), which requires that the facility be operated in a manner that protects the health, safety, and welfare of residents.

The survey identified that the facility failed to ensure sufficient staffing with appropriate qualifications and oversight to meet resident care needs. Specifically, the facility did not ensure that resident health care services, including required assessments, were conducted, directed and overseen by a Registered Nurse licensed to practice in the State of New Jersey.

On February 12, 2026, the surveyor interviewed the facility Administrator, who stated that she was functioning as both the Administrator and Director of Nursing. The Administrator confirmed that she held a Licensed Practical Nurse (LPN) license and reported that although she had passed the Registered Nurse licensing examination, she had not

obtained a New Jersey Registered Nurse license and was practicing as an LPN. The Administrator was unable to provide documentation of an active New Jersey Registered Nurse license, and verification through the New Jersey Division of Consumer Affairs confirmed that she was licensed only as an LPN.

The Administrator stated that a Registered Nurse residing outside the State of New Jersey provided oversight of nursing services for the facility. During a telephone interview, the Registered Nurse confirmed that she resided in Ohio and was licensed in that state. Although she stated that she provided oversight of nursing services, she acknowledged that she had never been physically present at the facility. A review of the New Jersey Division of Consumer Affairs licensing database confirmed that she did not hold an active New Jersey Registered Nurse license.

A review of personnel records indicated that the Administrator had been hired on October 9, 2024, as Director of Nursing with an LPN license, and that the out-of-state Registered Nurse had been hired on January 20, 2023, as the Regional Director of Clinical Operations. During interview, the facility Owner confirmed that this individual assumed responsibility for oversight following the resignation of the previous New Jersey-based Registered Nurse in October 2024. During further interview, the Administrator acknowledged that resident assessments were not being completed because, as an LPN, she was not authorized to perform the required nursing assessments.

The survey further identified that the facility failed to ensure that medication administration practices were conducted in accordance with scope of licensure requirements of N.J.A.C. 8:36-11.5. During interview, a Certified Medication Aide (CMA) stated that she administered medications to residents and identified the Administrator/LPN as the individual responsible for medication delegation and oversight. A review of the CMA's personnel file confirmed certification; however, there was no documented evidence of medication review, delegation training, or competency evaluation by a Registered Nurse. During interview, the Administrator confirmed that the facility did not have a Registered Nurse providing oversight of the medication administration program and acknowledged that an LPN was permitted to provide this oversight.

In addition, the facility failed to operate in a manner that protected the health, safety, and welfare of residents following a building systems emergency. On February 12, 2026, the surveyor observed a vendor repairing the fire alarm panel. During interview, the Administrator reported that on February 9, 2026, a sprinkler pipe burst, resulting in the evacuation of 29 residents, and that a gas leak was identified during the response. The Administrator stated that the gas leak was repaired on February 10, 2026, and that a vendor was contacted to address the non-functional fire alarm system.

Review of the sprinkler vendor service report documented an urgent service call on February 10, 2026, indicating that the fire alarm panel had an internal short and required immediate replacement, with a recommendation that the facility remain on fire watch until repairs were completed. Despite these conditions, the Administrator reported that residents were returned to the facility on February 11, 2026.

During interview, the Acting Fire Prevention Official (AFPO) stated that the facility had been informed that the building could not be repopulated until a reinspection was completed and formal approval was provided. The AFPO further stated that because the fire alarm system remained in a trouble condition, a documented fire watch was required. The AFPO confirmed that neither he nor the Construction Official authorized re-occupancy and that they were not aware the system remained non-functional.

The Administrator acknowledged that although staff were conducting fire watch rounds, these were not documented, and that required notifications to the local authority having jurisdiction and the New Jersey Department of Health were not made when the fire alarm system was offline.

These findings demonstrate that the facility failed to ensure sufficient qualified staffing and appropriate clinical oversight to meet resident care needs, failed to ensure that medication administration practices were conducted in accordance with requirements, and failed to maintain a safe environment for residents following a significant building emergency. These systemic failures resulted in violations of N.J.A.C. 8:37-5.3(c), N.J.A.C. 8:37-6.2(a)(1), and N.J.A.C. 8:37-1.1(b), and compromised the health, safety, and welfare of residents. These findings do not necessarily include all deficiencies identified during the survey, which will be detailed in the full survey report.

CURTAILMENT:

The Department hereby orders the curtailment of all admissions and readmissions of residents at Country Home, which currently has a resident census of 26 in the facility. One resident is currently out of the facility.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty for each resident who is admitted or readmitted for services in violation of this curtailment order.

DIRECTED PLAN OF CORRECTION:

The Department of Health issues the following Directed Plan of Correction (DPOC) for Country Home. This directive is issued pursuant to N.J.A.C. 8:43E-2.4 based upon findings identified during the Department's survey conducted on February 12, 2026, which determined that the facility failed to comply with N.J.A.C. 8:37-5.3(c), N.J.A.C. 8:37-6.2(a)(1), and N.J.A.C. 8:37-1.1(b). These findings identified deficiencies related to the facility's failure to ensure sufficient professional staffing with appropriate ability and training to meet resident care needs; failure to ensure that medication administration by Certified Medication Aides (CMAs) was conducted in accordance with scope of licensure and required supervision; and failure to maintain a safe environment for residents following a building emergency.

The Department directs the facility to implement the following corrective actions:

A. The facility must retain the full-time, on-site services of an Administrator Consultant who holds a current New Jersey Nursing Home Administrator license. The Administrator Consultant shall assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance; oversee the development, implementation, and evaluation of corrective action plans; develop and implement compliance management systems; collaborate with facility leadership to ensure that operational procedures, systems, and standards align with applicable regulatory requirements; ensure that staff receive the necessary training to meet licensing standards; and take any additional actions necessary to identify compliance issues and implement timely corrective measures.

The consultant must be approved in advance by the Department. The facility must submit the names and résumés of all proposed consultants to the Department by 12:00 p.m. on March 23, 2026. The approved consultant is required to begin providing services no later than the close of business on March 24, 2026. The consultant must be independent of the facility, with no prior or current business, employment, or personal relationships with the facility's leadership or staff. The administrator consultant must be present at the facility no fewer than 40 hours per week, with coverage of all shifts and weekends, which must be documented and available for Department review.

The facility shall submit the name and résumé of the proposed Administrator Consultant to the Department for review and approval. The résumé and supporting documentation must be submitted to the following Department representatives: Jannelie.Claudio@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov, Donna.Rochon@doh.nj.gov, Andrea.McCrayReid@doh.nj.gov, Opunne.Odulana@doh.nj.gov, Kimberly.Hansen@doh.nj.gov, Marly.Lovius@doh.nj.gov, Denise.ODonnell@doh.nj.gov, Frank.Perez@doh.nj.gov, and Jacqueline.Jones1@doh.nj.gov.

B. The facility shall employ a Registered Nurse (RN) licensed in the State of New Jersey to assess residents and provide direction, supervision, and oversight of resident health care services in accordance with N.J.A.C. 8:37-5.3(c). The facility shall submit documentation to the Department verifying the RN's employment, including a copy of the RN's active New Jersey license, start date, and work schedule. The facility shall also submit timesheets or payroll documentation verifying the RN's on-site presence at the facility. The RN shall be responsible for providing clinical oversight of resident care services and ensuring compliance with all applicable nursing and clinical care requirements.

The designated RN shall conduct a comprehensive review of all resident clinical records to ensure that required nursing assessments are completed in accordance with scope of practice requirements and that resident care plans accurately reflect each resident's current status and identified needs. Any missing, incomplete, or outdated assessments shall be completed or updated by the RN, and corresponding revisions to resident care

plans shall be implemented as necessary to ensure the provision of safe and appropriate care.

The RN shall conduct a review of the facility's medication administration practices to ensure compliance with N.J.A.C. 8:37-6.2(a) and applicable medication delegation requirements referenced at N.J.A.C. 8:36-11.5. This review shall include, but not be limited to, evaluation of medication administration procedures, documentation practices, storage and security of medications, medication error identification and reporting, and policies governing medication management.

C. The Certified Medication Aide (CMA) medication administration program shall remain suspended pending Department approval. Prior to the Department lifting the suspension, the facility shall demonstrate compliance with all applicable regulatory requirements for medication administration and appropriate professional oversight. This shall include submission of documentation verifying CMA training, competency evaluations, employment records, and medication administration practices. The facility shall also demonstrate that appropriate licensed professional supervision and delegation processes for the CMA program are established, and that a plan for ongoing oversight is in place in accordance with applicable regulations, prior to resumption of the program.

D. The facility shall provide documentation demonstrating that all life safety issues identified during the February 2026 building emergency have been corrected. This documentation shall include, but not be limited to, verification of repair or replacement of the fire alarm system, records of fire watch procedures implemented while the system was not fully operational, documentation confirming approval from the local authority having jurisdiction for repopulation of the building, and documentation verifying that the gas leak identified on February 9, 2026, was properly repaired and cleared by an appropriate authority or qualified professional.

E. Beginning March 27, 2026, and continuing every Friday by 1:00 p.m. thereafter, the facility shall submit detailed weekly progress reports to the following Department contacts: Donna.Rochon@doh.nj.gov, Andrea.McCrayReid@doh.nj.gov, Opunne.Odulana@doh.nj.gov, Kimberly.Hansen@doh.nj.gov, Marly.Lovius@doh.nj.gov, Denise.ODonnell@doh.nj.gov, Frank.Perez@doh.nj.gov, and Jacqueline.Jones1@doh.nj.gov

The reports shall include:

- The date each corrective action was taken and the individual responsible for implementing the action.

- Documentation verifying the employment, licensure, and work schedule of the Registered Nurse providing clinical oversight.

• A summary of the RN's resident assessments and reviews of clinical records, including confirmation that all required assessments have been completed.

• Documentation describing the RN's review of medication administration practices, including identification of any medication errors and corrective actions taken.

• Documentation related to the review and corrective actions taken regarding the CMA program, including verification that the program remains suspended until RN oversight requirements are satisfied.

• Documentation of emergency preparedness policies and training.

• Documentation confirming completion of fire alarm repairs, fire watch procedures, and approval from the local fire authority permitting occupancy of the building.

• A summary of actions taken by the Administrator Consultant to assess facility operations, identify compliance issues, and implement corrective measures.

• A description of the facility's Quality Assurance (QA) process, including how deficiencies are identified, tracked, and corrected, and how facility leadership is ensuring sustained compliance with regulatory requirements.

The facility is also directed to maintain timely communication with the Department as necessary regarding the implementation of this Directed Plan of Correction. Reports submitted to the Department must be complete, accurate, and sufficiently detailed to demonstrate that corrective actions are being implemented and maintained. Reports that lack sufficient detail or documentation will be considered incomplete.

The Department will continue to monitor the facility's compliance with this Directive and may conduct additional inspections or request additional documentation as necessary to verify that corrective measures are being implemented effectively. Failure to comply with this Directed Plan of Correction, or with any other applicable state requirements, may result in the imposition of penalties as permitted under applicable statutes and regulations.

Please be advised that the curtailment of admissions and this Directed Plan of Correction shall remain in effect until the Department provides written notice stating otherwise.

FORMAL HEARING:

Country Home is entitled to contest this order by requesting a formal hearing at the Office of Administrative Law (OAL). Country Home may request a hearing to challenge either the factual survey findings or the order, or both. Country Home must advise this

plans shall be implemented as necessary to ensure the provision of safe and appropriate care.

The RN shall conduct a review of the facility's medication administration practices to ensure compliance with N.J.A.C. 8:37-6.2(a) and applicable medication delegation requirements referenced at N.J.A.C. 8:36-11.5. This review shall include, but not be limited to, evaluation of medication administration procedures, documentation practices, storage and security of medications, medication error identification and reporting, and policies governing medication management.

C. The Certified Medication Aide (CMA) medication administration program shall remain suspended pending Department approval. Prior to the Department lifting the suspension, the facility shall demonstrate compliance with all applicable regulatory requirements for medication administration and appropriate professional oversight. This shall include submission of documentation verifying CMA training, competency evaluations, employment records, and medication administration practices. The facility shall also demonstrate that appropriate licensed professional supervision and delegation processes for the CMA program are established, and that a plan for ongoing oversight is in place in accordance with applicable regulations, prior to resumption of the program.

D. The facility shall provide documentation demonstrating that all life safety issues identified during the February 2026 building emergency have been corrected. This documentation shall include, but not be limited to, verification of repair or replacement of the fire alarm system, records of fire watch procedures implemented while the system was not fully operational, documentation confirming approval from the local authority having jurisdiction for repopulation of the building, and documentation verifying that the gas leak identified on February 9, 2026, was properly repaired and cleared by an appropriate authority or qualified professional.

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The reports shall include:

- The date each corrective action was taken and the individual responsible for implementing the action.

- Documentation verifying the employment, licensure, and work schedule of the Registered Nurse providing clinical oversight.

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 Country Home is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Country Home 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.

Due to the emergent situation and the immediate and serious risk of harm posed to the residents, please be advised that the Department will not hold the curtailment or the DPOC 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) 376-7890.

Sincerely,

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

LK:JC
DATE: March 19, 2026
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control #X26111