



State of New Jersey  
DEPARTMENT OF HEALTH  
PO BOX 358  
TRENTON, N.J. 08625-0358

MIKIE SHERRILL  
Governor

DR. DALE G. CALDWELL  
Lt. Governor

[www.nj.gov/health](http://www.nj.gov/health)

DR. RAYNARD E. WASHINGTON  
Acting Commissioner

In Re Licensure Violation:	:	CURTAILMENT OF
	:	ADMISSIONS AND
	:	READMISSIONS ORDER
	:	DIRECTED PLAN OF
HOMESTEAD REHABILITATION &	:	CORRECTION (DPOC)
HEALTH CARE CENTER	:	
(NJ Facility ID# NJ61905)	:	
	:	
	:	
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	:	
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TO: Ulysses Akridge, Administrator ([Administrator@homesteadrhcc.com](mailto:Administrator@homesteadrhcc.com))  
Homestead Rehabilitation & Health Care Center  
129 Morris Turnpike  
Newton, NJ 07860

Dear Mr. Akridge:

As the facility was directed orally and via email on May 9, 2026, effective as of May 9, 2026, the Department of Health (hereinafter, "the Department") is ordering the curtailment of all admissions and readmissions of residents at Homestead Rehabilitation & Health Care Center (hereinafter " Homestead "), and a Directed Plan of Correction (hereinafter "DPOC"), requiring Homestead to immediately implement a fire watch conducted every 30 minutes, including inspection and documentation of all resident rooms, and to immediately retain a consultant Administrator and consultant Director of Nursing to provide on-site coverage at the facility 40 hours per week, with coverage of all shifts and weekends.

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 (Curtailement of Admissions), N.J.A.C. 8:39-9.2 (Appointment of Administrator).

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 Standards for Licensure of Long-Term Care Facilities set forth at N.J.A.C. 8:39-1.1 et seq.

#### **LICENSURE VIOLATIONS:**

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) were on-site conducting a Complaint Survey at Homestead Rehabilitation & Health Care Center on May 8, 2026. The report of this survey will provide additional detail regarding the following licensure violations:

The facility failed to comply with, including but not limited to, N.J.A.C. 8:39-31.2(e) and applicable fire safety requirements under NFPA 25, which require nursing facilities to maintain an operable fire sprinkler system and ensure adequate fire protection measures are in place to protect residents, staff, and visitors. During the survey, the survey team determined that the facility's fire sprinkler system had been inoperable since March 24, 2026, and the facility failed to take appropriate corrective action or notify the appropriate authorities.

A review of the quarterly fire inspection report dated March 24, 2026, revealed that the sprinkler system was deemed non-operational and unable to detect and/or suppress a fire condition. Interviews conducted during the survey revealed the following:

- The Local Fire Marshal confirmed the facility should have immediately notified the local fire department and acted to remedy the situation once the system became inoperable.
- The Local Fire Chief confirmed the jockey pump was nonfunctional, the main pump was shut down due to cracks, and the sprinkler system lacked sufficient pressure to provide fire suppression.
- The Maintenance Director stated the facility failed a prior full pressure test approximately three to five months earlier and that ownership and the Administrator had been informed multiple times of the need to replace the pump system.
- The Maintenance Director confirmed the system had been deemed inoperable approximately three months earlier and tagged out of service by the fire vendor.
- The Licensed Nursing Home Administrator (LNHA) stated he was not made aware of the severity of the issue until May 6, 2026.

- The facility failed to notify the local fire department, Office of Emergency Management, or the New Jersey Department of Health in a timely manner regarding the inoperable sprinkler system.

The surveyor also determined the facility failed to implement an adequate fire watch in accordance with facility policy and fire safety requirements. The Fire Marshal confirmed that fire watches should have been conducted every thirty minutes with designated staff entering every resident room. However, observation on May 8, 2026, revealed the fire watch lasted approximately twelve minutes and did not include entry into every resident room. Staff interviews confirmed fire watches were being conducted every two hours rather than every thirty minutes, and there were no designated staff members assigned to perform the required monitoring.

In addition to the deficiencies above, the facility was found to be non-compliant with federal requirements under K353 and F835 related to maintaining an operable sprinkler system, implementing appropriate fire safety procedures, maintaining the facility in a safe and operable condition, and ensuring facility leadership implemented required policies and procedures. The survey also identified the facility's failure to maintain required sprinkler system testing, failure to timely repair known deficiencies, failure to notify appropriate agencies, and failure to follow its emergency preparedness plan.

These failures placed all 58 residents, staff, and visitors at risk for serious injury, harm, impairment, or death in the event of a fire and constituted an Immediate Jeopardy situation related to the facility's failure to maintain operational fire detection and suppression systems and implement appropriate emergency fire watch procedures. These conditions also failed to ensure residents' rights under N.J.A.C. 8:39-4.1(a)(11), which requires residents be afforded the right to live in safe, decent, and clean conditions. Immediate Jeopardy templates were issued to the facility on May 9, 2026.

These are representative findings that reflect ongoing violations, particularly the facility's failure to maintain essential fire protection systems and implement adequate emergency safety measures for residents. These failures demonstrate noncompliance with both state and federal regulations and further compromise the health, safety, and well-being of the facility's residents. These findings do not necessarily include all deficiencies identified during the survey, which will be detailed in the full survey report.

#### **CURTAILMENT:**

Effective as of May 9, 2026, the Department orders the curtailment of all new admissions and readmissions of residents at Homestead. The current census of the facility is 58 residents. This action is based on the facility's failure to maintain an operable fire sprinkler system and implement adequate fire watch procedures, which created an immediate and serious threat of harm to residents related to fire detection and suppression capabilities.

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

**DIRECTED PLAN OF CORRECTION:**

The Department of Health directs the following plan of correction pursuant to N.J.A.C. § 8:43E-2.4 in order to address conditions that jeopardized resident health and safety, including the residents' right to live in safe, decent, and clean conditions pursuant to N.J.A.C. 8:39-4.1(a)(11).

- a. The facility shall immediately implement a fire watch to be conducted by designated staff every thirty (30) minutes. The fire watch shall include inspection of every resident room, stairwell, and common area, and each round shall be documented contemporaneously. The facility shall ensure designated staff are trained on fire watch procedures and emergency response protocols in accordance with applicable fire safety and emergency preparedness requirements.
- b. The facility shall immediately ensure adequate fire protection coverage is maintained until the sprinkler system is fully repaired, operational, tested, and approved by the appropriate authorities. The facility shall coordinate with the local fire department, fire safety officials, and any contracted vendors to ensure continuous fire suppression capabilities are maintained at the facility.
- c. The facility must retain the services of an Administrator Consultant who is a New Jersey Licensed Nursing Home Administrator. The Administrator Consultant shall:
  1. Assess the facility's compliance with all applicable state licensing standards, fire safety requirements, and emergency preparedness requirements, and identify areas of non-compliance;
  2. Oversee the development, implementation, and evaluation of corrective action plans related to the facility's fire protection systems, emergency response procedures, and resident safety measures;
  3. Develop and implement compliance management systems to ensure timely reporting, monitoring, testing, inspection, and maintenance of all required fire safety systems;
  4. Collaborate with facility leadership to ensure operating procedures, emergency preparedness plans, and fire watch procedures are implemented in accordance with applicable state and federal requirements;
  5. Ensure staff training is conducted regarding fire watch procedures, emergency preparedness, and resident safety protocols; and,

6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

d. The facility must retain the services of a Consultant Director of Nursing who is a Registered Nurse (RN). The Consultant Director of Nursing shall be responsible for ensuring that immediate corrective action is taken to ensure resident safety is not jeopardized, required fire watch procedures are implemented appropriately, adequate staffing and supervision are maintained, and applicable state licensing standards are met.

The two (2) consultants shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by sending them to [Kimberly.Hansen@doh.nj.gov](mailto:Kimberly.Hansen@doh.nj.gov), [Carol.Fogarty@doh.nj.gov](mailto:Carol.Fogarty@doh.nj.gov), [Carol.Hamill@doh.nj.gov](mailto:Carol.Hamill@doh.nj.gov), [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov), [Jannelie.Claudio@doh.nj.gov](mailto:Jannelie.Claudio@doh.nj.gov), and [Gene.Rosenblum@doh.nj.gov](mailto:Gene.Rosenblum@doh.nj.gov) by 12 p.m. on May 12, 2026. The approved consultants shall be retained and begin work no later than the close of business on May 14, 2026. The consultants shall have no previous or current ties to the facility's principals, management, and/or employers or other related individuals of any kind, including, but not limited to, employment, business, or personal ties. The administrator and DON consultants shall be present in the facility for no less than 40 hours per week until further notice from the Department, with documented coverage of all shifts and weekends when the facility is open.

Beginning on Friday, May 15, 2026, the facility should send weekly progress reports every Friday by 1:00 p.m. to [Kimberly.Hansen@doh.nj.gov](mailto:Kimberly.Hansen@doh.nj.gov), [Carol.Fogarty@doh.nj.gov](mailto:Carol.Fogarty@doh.nj.gov), and [Carol.Hamill@doh.nj.gov](mailto:Carol.Hamill@doh.nj.gov). These weekly reports shall include timely status updates regarding:

1. Identified areas of non-compliance;
2. Corrective measures to address identified areas of non-compliance; and,
3. Status of corrective measures implementation.
4. Nurse Staffing Reports

In addition, the facility is directed to maintain timely communication with the Department, as may be required. Department staff will monitor facility compliance with this order to confirm compliance with this order and Directed Plan of Correction and to determine whether corrective measures are implemented by the facility in a timely fashion.

Please be advised that this curtailment and DPOC shall remain in place until Homestead is otherwise notified by the Department.

#### **FORMAL HEARING:**

Homestead is entitled to contest this order by requesting a formal hearing at the Office of Administrative Law (OAL). Homestead 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 Homestead is owned by a corporation, representation by counsel is required. In the event of an OAL hearing, Homestead is further required to submit a written response to each and every charge and each requirement set forth in this notice, as specified herein, 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.

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.

The Department staff will monitor compliance with this notice to determine whether corrective measures are implemented in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, will result in the imposition of further enforcement remedies, including but not limited to, civil monetary penalties. 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 and  
Licensing  
New Jersey Department of Health

LK:JC  
DATE: May 12, 2026  
REGULAR AND CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
Control #X26174