



State of New Jersey
DEPARTMENT OF HEALTH

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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 NEW
: ADMISSIONS AND LIMITED
Manahawkin Health : CURTAILMENT OF READMISSIONS
& Rehabilitation Center : ORDER AND
DIRECTED PLAN OF CORRECTION
:
(NJ Facility ID# NJ61520) :

TO: Dr. Kanene Oleka, Administrator
Manahawkin Health & Rehabilitation Center
1211 Route 72 West
Manahawkin, NJ 08050

Dear Dr. Oleka:

On March 13, 2026, the Department of Health (hereinafter, "the Department") ordered the curtailment of all admissions, and limited readmissions of residents (restricted admission of residents with smoking addictions and residents with intravenous access devices) to Manahawkin Health & Rehabilitation Center (hereinafter "Manahawkin" or the "facility"). The Department further notified the facility that it would be imposing a Directed Plan of Correction (hereinafter "DPOC"), requiring the facility to retain a Consultant Administrator and a Consultant Director of Nursing. The Department is taking these enforcement actions due to violations identified by Department surveyors that constitute an immediate and serious risk of harm to facility residents. 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), and N.J.A.C 8:43E-3.6 (Curtailment of Admissions).

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 Manahawkin from March 5, 2026, through March 9, 2026. The surveyors identified multiple violations of the New Jersey Administrative Code, including, but not limited to, the following:

1. The facility failed to ensure a safe discharge for a resident (Resident #18), when the resident was discharged from the facility with their Peripherally Inserted Central Catheter (PICC) line in place, in violation of N.J.A.C. 8:39-5.4(c) (*"All discharges shall be in accordance with N.J.A.C. 8:39-4.1 and 39."*) The resident was discharged with a PICC line without informing the resident's physician. Furthermore, no follow-up checkup of the resident was made by the facility after resident's discharge from the facility. This deficiency by the facility posed the likelihood of serious harm, injury, impairment or death to this resident and a risk to all residents of unsafe discharge from this facility.
2. The facility failed, for two residents (Resident #9 and Resident #8), to investigate and develop interventions to prevent smoking-related accidents and failed to ensure that residents did not have smoking materials in their possession and did not smoke in the facility, in violation of N.J.A.C. 8:39-27.1(a) (*"The facility shall provide and ensure that each resident receives all care and services needed to enable the resident to attain and maintain the highest practicable level of physical (including pain management), emotional and social well-being, in accordance with individual assessments and care plans."*) Resident #9, who had smoked inside the facility against facility policy on four previous occasions since August 2, 2025, had smoking materials in their possession or smoked in the facility and in the presence of oxygen on January 28, 2026. The resident, who had amputated legs on both sides, used a wheelchair for mobility, was dependent on staff to get out of bed, and was observed with burn holes in their clothing, had documented smoking incidents inside the facility on August 2, 2025, August 7, 2025, October 29, 2025, December 18, 2025, and on January 28, 2026, and smoked in their room, even when oxygen was being used by their roommate (Resident #16) because of asthma. The resident was also allowed to retain their smoking materials and received no additional supervision. Resident #8 was observed smoking an electronic cigarette indoors on September 15, 2025, and no removal of the smoking materials, investigation, or interventions were implemented. This deficiency posed a danger to the health of these two residents and other residents of the facility receiving second-hand smoke. Further, Resident No. 9 actions of smoking in an oxygen filled room posed a danger of fire and/or explosion in the facility that can endanger other residents in the facility.
3. The facility failed to provide prescribed methadone to 4 residents who missed their doses, in violation of N.J.A.C. 8:39-29.6 (b) (2) (*"Mandatory resident pharmacy services...b) If a resident obtains medications from a pharmacy that is not the facility provider pharmacy, the following conditions shall be met:2. The facility shall establish a plan for obtaining the resident's drugs on an emergency basis."*) The facility policy for acquiring methadone from the methadone clinic(s) required assigned facility staff to go offsite and retrieve the medication from the clinic. If the assigned staff (Unit Manager) was not present, an assigned secondary

staff member (Director of Nursing) acquires the medication. If neither assigned staff were present, there was no backup procedure for acquiring the methadone medication. This led to residents missing their prescribed methadone medications as ordered. This deficiency posed a danger to 4 residents (Residents # 9, 10, 15 and 18) who missed their medications (16 times) and a risk to all residents of the facility for failure to provide prescribed medications to residents.

In accordance with N.J.A.C. 8:36-4.1 (a)11, each resident has the right *“To live in safe, decent, and clean conditions in a nursing home that does not admit more residents than it can safely accommodate while providing adequate nursing care.”*

These failures demonstrate noncompliance with state regulations governing nursing homes, and compromise the health, safety, and well-being of the facility's residents. These findings do not necessarily include all violations identified during the survey, which will be detailed in the full survey report.

CURTAILMENT OF NEW ADMISSIONS AND LIMITED READMISSIONS:

The Department hereby memorializes the verbal order given, effective end of business day of March 13, 2026, curtailing all new admissions to the facility. This order also curtails readmissions of residents with smoking addictions and residents with intravenous access devices.

N.J.A.C. 8:43E-3.4(a)(2) provides for a \$250 per day penalty for each resident who is admitted or readmitted in violation of this curtailment order. Your facility has a census of 107 residents as of March 13, 2026.

DIRECTED PLAN OF CORRECTION (DPOC):

The Department of Health directs the following plan of correction pursuant to N.J.A.C. 8:43E-2.4.

- a. The facility must retain the full-time, on-site services of an Administrator Consultant who is a New Jersey Licensed Nursing Home Administrator (LNHA). The Administrator Consultant shall:
1. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
 2. Oversee the development, implementation and evaluation of corrective action plans;
 3. Develop and implement compliance management systems at the facility;
 4. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;
 5. Ensure staff training needed to comply with applicable licensing standards; and,
 6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

b. The facility must retain the full-time on-site services of a Consultant Director of Nursing who is a registered professional nurse licensed in the State of New Jersey.

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 Carol.Fogarty@doh.nj.gov, Kimberly.Strong@doh.nj.gov, Arlene.McNinch@doh.nj.gov, Carol.Hamill@doh.nj.gov, Lisa.King@nj.doh.gov, Gene.Rosenblum@doh.nj.gov, and Rommel.Manuel@doh.nj.gov, by 12 p.m. on March 18, 2026.

The approved consultants shall be retained and begin work no later than the close of business on March 19, 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, with documented coverage of all shifts and weekends when the facility is open.

Beginning on Friday, March 20, 2026, the facility should send weekly progress reports every Friday by 1:00 p.m. to Carol.Fogarty@doh.nj.gov, Kimberly.Strong@doh.nj.gov, Arlene.McNinch@doh.nj.gov, and 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.

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. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of penalties.

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

FORMAL HEARING:

The facility is entitled to contest this order n by requesting a formal hearing at the Office of Administrative Law (OAL). The facility may request a hearing to challenge the factual survey findings and the order.. The facility 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 the facility is owned by a corporation, representation by counsel is required. In the event of an OAL hearing, the facility

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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 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@doh.nj.gov.

Sincerely,



Gene Rosenblum

Director

Office of Program Compliance

Division of Certificate of Need and Licensing

LK:RSM:nj
DATE: March 17, 2026
E-MAIL administrator@manahawkin-health.com
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control #X26115