



State of New Jersey  
DEPARTMENT OF HEALTH

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

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

PHILIP D. MURPHY  
Governor

TAHESHA L. WAY  
Lt. Governor

JEFFREY A. BROWN  
Acting Commissioner

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IN RE: LICENSURE VIOLATION	:	AMENDED CURTAILMENT OF
	:	ADMISSIONS ORDER AND
MONTCLAIR MANOR	:	DIRECTED PLAN OF
	:	CORRECTION
(NJ Facility ID# NJD35008)	:	

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TO: Michael Kalngan  
Montclair Manor  
403 Claremont Ave  
Montclair, NJ 07042

Dear Mr. Kalngan:

This order amends and replaces the order issued on December 12, 2025. Please be advised that the Directed Plan of Correction is modified to require that a Director of Nursing consultant be on-site no fewer than 20 hours a week, rather than 40 hours a week as was required in the December 12, 2025 order.

As more fully detailed below, on December 5, 2025, the New Jersey Department of Health (the Department) ordered a curtailment of all admissions of residents to Montclair Manor (Montclair). Additionally, the Department ordered a Directed Plan of Correction (DPOC) requiring retention of both an Administrator Consultant and Registered Nurse Consultant. The Department is taking these enforcement actions due to the 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) 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 (the "Department") is authorized to inspect all

health care facilities and to enforce the Standards for Licensure of Dementia Care Homes set forth at N.J.A.C. 8:37-1.1. et seq.

#### **LICENSURE VIOLATIONS:**

Staff from the Department's Health Facility, Survey and Field Operations unit were on-site at Montclair on December 1, 2025, through December 4, 2025, for a standard survey and complaint investigation. During the investigations, the surveyors identified numerous state violations of the New Jersey Administrative Code, including, but not limited to, the following:

- The facility failed to ensure that individuals who had ownership interest in the facility did not provide health care services to facility residents. N.J.A.C. 8:37-5.1(a)(An individual who has an ownership interest in the licensed dementia care home shall not provide health care services in that facility.) During a joint interview with RN #2 and RN #1 on December 2, 2025, at 9:25 AM, RN #2 stated that she helped with medication administration, indicating that the current owners took over ownership of the facility about 17 years ago. RN #1 stated that she and the Executive Director (ED), as well as RN #2 and the Building Maintenance employee were the facility owners. During a medication administration observation on December 2, 2025, at 11:53 AM, the CMA notified RN #1 that the range on the sliding scale for Resident #6 only addressed a blood glucose reading up to 400, but the resident's blood glucose was 412. RN #1 called the physician and received a verbal order for the resident to receive 14 units of insulin lispro. Resident #3 and Resident #5's Mini Mental Status Exam, dated May 25, 2025, revealed it was completed by RN #2.
- The facility failed to ensure Resident #3 was transported to a local hospital by emergency transportation services, as per the facility's policy and procedures. N.J.A.C. 8:37-5.7(b) (In any emergency requiring the transportation of a resident to a hospital, it shall be the duty of the licensee to promptly notify the nearest first aid or emergency squad.) During an interview on December 2, 2025, at 3:32 PM, the Building Maintenance employee stated that he worked at the facility as the maintenance person, as a driver, and was a co-owner of the facility. He stated that he took Resident #3 to the local hospital in early September 2025, because Resident #3 had been feeling sick for a couple of days. The employee did not remain with the resident at the hospital. RN #1 acknowledged the facility's policy was to use emergency transportation services for emergency transportation of residents.
- The facility failed to provide 30-day written notices to residents or their responsible parties of charges in excess of what is provided in the resident admission agreements. N.J.A.C. 8:37-2.7(c)(1)("Concerning financial arrangements, the licensee shall [i]mpose no additional charges, expenses, or other financial liabilities in excess of what is provided in the resident admission agreement, unless at least 30 days written notification is provided to the resident and any responsible person of the charges and there is written documentation evidencing the resident's agreement to pay such charges.") A facility "Resident/Provider Service Agreement for Supervised Residential Housing" indicated, "[i]n return for payment of current Monthly Service Fee, the Resident shall receive the following services: supervision, 24 hour staff, housekeeping services, personal care services, certain activities and planned events, medication management and monitoring, daily meals and special diets, storage of personal belongings, laundry services, resident illness care, and management of outside healthcare services." Fees for transportation to outside healthcare services are not included in the

monthly fee and are to be paid for by the Resident or Responsible Party. During an interview on December 4, 2025, at 2:00 PM, RN #2 stated the facility provides transportation to outside healthcare services with facility staff accompanying the resident for Resident #5 and Resident # 6. RN #2 stated the Building Maintenance employee transports Resident #5 and Resident # 9 to outside medical appointments for a flat fee of \$50. RN #2 stated the facility does not keep a ledger or any other records for these services and confirmed the facility does not provide 30-day written notices related to the fees charged for transportation services.

- The facility failed to maintain a ledger that showed when personal funds were disbursed, to whom they were disbursed, and the purpose of each disbursement. N.J.A.C. 8:37-2.7(e)(1) ("Every licensee to whom a resident's personal funds are entrusted shall maintain a ledger setting forth the date on which each payment was received, the amount of each such payment, the date of each disbursement, the amount of each such disbursement, the person to whom each such disbursement was made, and the purpose of each disbursement. The resident or the resident's responsible party shall sign the ledger to acknowledge receipt of personal funds or of goods or services purchased with such personal funds.") During a tour of the kitchen on December 2, 2025, at 1:43 PM, Cook #3 stated that sometimes two or three of the residents who received allowances from Veterans Affairs (VA) gave her money and asked her to buy them food. She stated only one resident, Resident #6, gave her money for the chicken this time.

During an interview on December 2, 2025, at 3:55 PM, RN #1 stated a fiduciary that paid Resident #6's rent gave them \$50 a week, and that a family member of Resident #7 gave them \$20 a week, at times asking Cook #3 to order things like burgers.

During an interview on December 2, 2025, at 4:46 PM, when asked who paid for the chicken, Cook #3 stated that Resident #6 and Resident #7 had paid for it.

During an interview on December 3, 2025, at 11:31 AM, Resident #7's Power of Attorney (POA) stated the POA provided Resident #7 with \$100 per month that was supposedly used to buy the resident hamburgers.

During an interview on December 3, 2025, at 11:35 AM, Resident #6's fiduciary stated they provided a \$400 per month allowance to the facility to pay rent, to provide resident allowance, and to place the rest in savings. The fiduciary stated there had been four times that the facility claimed they never received the money even though it had cleared on his bank's end.

During an interview on December 3, 2025, at 12:29 PM, Resident #5 stated they gave Cook #3 money from their conservator to get them soft drinks, and sometimes they would get a milkshake.

In all the instances stated above, no tracking or logging of money was maintained in a ledger by the facility, nothing was signed by any resident or fiduciary, and no receipts were provided to residents.

- The facility failed to comply with N.J.A.C. 8:37-2.9, and N.J.A.C. 8:36-6.3, by failing to ensure that the resident, or if the resident was not competent, their financial power of attorney, signed a ledger to acknowledge the receipt of funds, goods, or services purchased with such funds at the time of disbursement. N.J.A.C. 8:36-6.3 (The administrator or his or her representative shall develop a policy and procedure for handling the monthly personal needs allowance for each resident who receives Supplemental Security Income (SSI) or other forms of public assistance. Every administrator to whom resident's personal funds are entrusted shall maintain written records, such as a ledger, including the date each payment was received, the amount of payment, the date of each disbursement, the amount of each disbursement, the reason for each disbursement and to whom each disbursement was made. The personal needs allowance shall not be commingled with any other facility operating account and shall be deposited into an interest-bearing account. Each resident shall receive his or her personal needs allowance within 72 hours of the receipt of the check by the administrator. The resident or, if the resident is not competent, the resident's representative with financial power of attorney, shall sign to acknowledge receipt of funds, goods or services purchased with such funds at the time of disbursement.)
- The facility failed to ensure residents' admission agreements addressed fees for transportation services outside of emergency transportation services for 4 of 5 residents reviewed. N.J.A.C. 8:37-2.7(b) (The licensee shall disclose in the resident admission agreement, at a minimum, the services it will provide to the resident, the amount of any required security deposit, transportation it will provide for healthcare appointments, and the fee for the transportation, if any, the public programs or benefits that it accepts or delivers, the policies and discharge criteria that affect a resident's ability to remain in the facility, the fees for services provided and charges for supplies routinely provided by the licensee, and the costs of supplies which are specially ordered.)

During an interview on December 2, 2025, at 3:32 PM, the Building Maintenance employee stated the residents he transported paid him for the transportation services, and that there was not a set rate, nor was the information tracked to his knowledge. During an interview on December 2, 2025, at 3:55 PM, RN #1 stated the Building Maintenance employee transported some residents to and from medical appointments for a fee and, "[t]hey usually just pay him gas money." RN #1 stated she would look for a ledger with fee details, but as of December 3, 2025, 5:02 PM, the surveyors had not received additional information related to fees for resident transportation.

These failures demonstrate noncompliance with state regulations governing dementia care facilities 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:**

The Department hereby memorializes the order, effective December 5, 2025, curtailing all admissions to the facility. N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty for each resident who is admitted in violation of this curtailment order.

**DIRECTED PLAN OF CORRECTION:**

The Department of Health hereby directs the following plan of correction:

1. The facility must retain the full-time, on-site services of an Administrator Consultant, who shall be a New Jersey Licensed Nursing Home Administrator, to assist the facility to manage and oversee the facility's operation and to ensure the facility's Policies and Procedures are followed. The Administrator Consultant shall:
  - a. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
  - b. Oversee the development, implementation and evaluation of corrective action plans;
  - c. Develop and implement compliance management systems at the facility;
  - d. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;
  - e. Ensure staff training and testing for competency needed to comply with applicable licensing standards, including, but not necessarily limited to, medication administration by certified medication aides; and,
  - f. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.
2. The facility must also retain the on-site services of a Director of Nursing (DON) consultant who is a Registered Nurse to oversee the care of the residents, including assessments of their conditions, ensuring Health Service Plans are created with interventions in place with goals for care and are evaluated for treatment and updated quarterly, ensuring General Service Plans are updated as needed and semi-annually, ensuring the Outbreak Response Policy is followed and the correct policies and procedures are implemented when a COVID outbreak occurs to ensure that all residents are kept informed and safe and to prevent the spread of infection.

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 Administrative consultant shall be present in the facility for no less than 40 hours per week, and DON for no less than 20 hours per week, until further notice from the Department, with documented coverage of all shifts and weekends.

The 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 [Jacqueline.Jones1@doh.nj.gov](mailto:Jacqueline.Jones1@doh.nj.gov), [Opunne.Odulana@doh.nj.gov](mailto:Opunne.Odulana@doh.nj.gov), [andrea.mccrayreid@doh.nj.gov](mailto:andrea.mccrayreid@doh.nj.gov), [denise.odonnell@doh.nj.gov](mailto:denise.odonnell@doh.nj.gov), [Kara.Morris@doh.nj.gov](mailto:Kara.Morris@doh.nj.gov), [Jeremiah.ike@doh.nj.gov](mailto:Jeremiah.ike@doh.nj.gov), [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov), and [Gene.Rosenblum@doh.nj.gov](mailto:Gene.Rosenblum@doh.nj.gov) by 12 p.m. on December 15, 2025. The approved consultants shall be retained and begin work no later than the close of business on December 19, 2025.

Beginning on Friday, December 26, 2025, the facility should send weekly progress reports every Friday by 1:00 p.m. to [Jacqueline.Jones1@doh.nj.gov](mailto:Jacqueline.Jones1@doh.nj.gov), [Opunne.Odulana@doh.nj.gov](mailto:Opunne.Odulana@doh.nj.gov), [andrea.mccrayreid@doh.nj.gov](mailto:andrea.mccrayreid@doh.nj.gov), [denise.odonnell@doh.nj.gov](mailto:denise.odonnell@doh.nj.gov), [Kara.Morris@doh.nj.gov](mailto:Kara.Morris@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 and 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.

This Amended Curtailment of Admissions Order and Directed Plan of Correction shall remain in place until the facility is otherwise notified in writing by a representative of this Department.

#### **FORMAL HEARING**

The facility is entitled to contest the curtailment, pursuant to N.J.S.A. 26:2H-14, by requesting a formal hearing at the Office of Administrative Law (OAL). The facility may request a hearing to challenge any or all of the following: the factual survey findings and/or the curtailment. The facility must advise this Department within 30 days of the date of the order issued on December 12, 2025 if it requests an OAL hearing regarding the curtailment.

Please forward your OAL hearing request to:

Attention: OAL and 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 by themselves in OAL proceedings. the event Therefore, if the facility is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding curtailment, the facility 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 the order issued on December 12, 2025 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.

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.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions concerning the Amended Curtailment of Admissions Order or Directed Plan of Correction, please contact Nadine Jackman, Office of Program Compliance, at [Nadine.Jackman@doh.nj.gov](mailto:Nadine.Jackman@doh.nj.gov).

Sincerely,



Gene Rosenblum, Director  
Office of Program Compliance

Division of Certificate of Need and Licensing  
GR:JI:nj  
DATE: December 17, 2025  
EMAIL: [Montclair.manor@yahoo.com](mailto:Montclair.manor@yahoo.com)  
REGULAR AND CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
Control # AX25035