



State of New Jersey
DEPARTMENT OF HEALTH

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KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

In Re Licensure Violation: :
: :
Somerset Woods Rehabilitation and Nursing Center : DIRECTED PLAN OF
(NJ Facility ID# NJ 18109) : CORRECTION
: :
: :

TO: Judah Kutner, Administrator
Somerset Woods Rehabilitation and Nursing Center
780 Old New Brunswick Road
Somerset, NJ 08873

Dear Mr. Kutner:

This letter confirms the verbal order given to you by the Department of Health (hereinafter, "the Department") on January 31, 2025, ordering a Directed Plan of Correction (DPOC) on Somerset Woods Rehabilitation and Nursing Center ("Somerset" or "Facility") requiring Somerset to retain the full-time services of a Consultant Administrator and a Consultant Director of Nursing.

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 3.1 (Enforcement Remedies Available), after Staff from the Department's Health Facility Survey and Field Operations (HFS&FO or Survey) were on-site at Somerset and found significant deficiencies. Here, the deficiencies found were the Facility's failure to implement their abuse policy and protect their residents after an allegation of rape was made, failure to report an allegation of rape to the Department, failure to investigate an allegation of rape, and failure of the Facility Administrator to ensure that the staff as well as himself implemented the Facility's abuse policies and procedure to ensure that an allegation of neglect and intimidation was thoroughly investigated and reported.

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 Survey were on-site at Somerset from January 28, 2025 through January 30, 2025. Based on observations, interviews, and review of pertinent Facility documentation, it was determined that Facility violated the following regulations: N.J.A.C. 8:39-4.1(a)(5), N.J.A.C. 8:39-33.2(c)(12), N.J.A.C. 8:39-9.4(f), and N.J.A.C. 8:39-2.5. Survey staff determined that Facility violated the regulations by failing to investigate and report an alleged rape of a cognitively intact resident. The Facility also failed to thoroughly investigate and report a further complaint of neglect and intimidation.

On September 30, 2023, Resident #155 reported to RN #1, "I was raped by some people; some people spoke to me but in real sense they did not, I want to talk to the Dr; when is the doctor coming." The RN #1 failed to report the allegation of rape to her supervisor to start an investigation because she believed that the resident was confused. Because of this alleged event, there was a change in the mental status of Resident #155, which was observed by the resident's family, which was present at the resident's bedside.

On September 30, 2023, Resident #155 was transferred to the hospital. Once there, she reiterated her rape allegation to a social worker.

On October 1, 2023, the social worker called the Facility to relay the resident's allegation of abuse to Somerset Woods' Director of Nursing (DON).

On January 24, 2025, a staff member from Survey interviewed the Director of Nursing, who confirmed that she had spoken to the social worker from the hospital. The social worker had told the DON that the resident would be evaluated for sexual assault. In the interview with the Survey staff member, the DON stated that she was "not sure it was reportable" as the patient did not return to the Facility. Also, the DON stated that she did not have any reports or investigations for Resident #155. Thus, the Facility failed to investigate and report the allegation of physical and sexual abuse. Instead, the resident, herself, had to call the police about the allegation. Only after the resident's call did the police arrive at the Facility.

On January 24, 2025, the Surveyor requested the Accident/Incidents/Grievances/Reportable events for Resident# 155. The Director of Nursing (DON) was unable to produce any reports for the allegation of rape because the Facility believed that this was not a reportable event.

On January 24, 2025, the survey staff member also confirmed that the Facility's Administrator, who was aware of the rape allegation asserted by Resident #155, failed to thoroughly investigate and report it, in accordance with the Facility's abuse policies and procedures, to determine whether abuse occurred.

On January 24, 2025, the survey staff member determined that both the Facility's Administrator and his staff failed to ensure that the Facility investigated and reported an allegation of intimidation and neglect for a second resident, Resident #73.

The survey team determined that the failure of the Administrator and the Director of Nursing to comply with these requirements had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.

DIRECTED PLAN OF CORRECTION:

The Facility must retain the full-time, on-site services of an Administrator Consultant in accordance with N.J.A.C. 8:34-1.1 et seq., who shall be responsible for consultation services concerning the day-to-day operations of the Facility. The Facility shall also retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN).

The Consultants must be approved by the Department. The Facility shall provide the names and resumes of the proposed Administrator Consultant and Director of Nursing Consultant by submitting the names and resumes to carol.fogarty@doh.nj.gov, kara.morris@doh.nj.gov, christina.farkas@doh.nj.gov, Gene.Rosenblum@doh.nj.gov and Lisa.King@doh.nj.gov by 12:00 noon on February 7, 2025. The Administrator Consultant and Director of Nursing Consultant shall be present in the Facility for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The approved Administrator Consultant and Director of Nursing Consultant shall be retained no later than the close of business, February 10, 2024. The contracts with the consultants shall include provisions for immediate corrective action with applicable state licensing standards. 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 Director of Nursing Consultant shall be responsible for ensuring that immediate corrective action is taken to ensure resident safety is not jeopardized and applicable state licensing standards are met.

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.

The Administrator Consultant and the Facility shall submit weekly progress reports, beginning at 1:00 p.m. on February 14, 2025, and continuing each Friday thereafter by 1:00 pm. The progress

reports shall be submitted to christina.farkas@doh.nj.gov, carol.fogarty@doh.nj.gov, and 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.

The DPOC shall remain in place until the Facility is otherwise notified in writing by a representative of this Department.

Department staff will monitor Facility compliance with this order 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 additional enforcement actions, including penalties.

Please be advised that you may be subject to other enforcement remedies in addition to this order.

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

DATE: February 4, 2025
E-MAIL (JKutner@somersetwoodsny.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X25031