State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358
www.nj.gov/health

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

KAITLAN BASTON, MD, MSC, DFASAM
Commissioner

In Re Licensure Violation: STERLING MANOR (NJ Facility ID# NJ60312)	:	CURTAILMENT OF ADMISSIONS ORDER AND DIRECTED PLAN OF CORRECTION

TO: Andrew Fritz, Administrator
Sterling Manor
794 N. Forklanding Road
Maple Shade, New Jersey 08052
AFritz@sterlingmanorNC.com

As more fully detailed below, on October 28, 2024, the New Jersey Department of Health (the Department) issued to Sterling Manor a verbal order curtailing new admissions and readmissions to the facility and a Directed Plan of Correction requiring the retention of an Administrator Consultant and Director of Nursing Consultant. The curtailment of readmissions has been verbally lifted. The curtailment of new admissions and Directed Plan of Correction remain in effect.

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) unit were on-site at Sterling Manor on July 31, 2024, for a recertification, complaint investigation, life safety code and state licensure survey. During this survey, the surveyors identified 19 health violations, nine life safety code violations and three state violations. These violations included, among others:

- The facility failed to ensure that non-certified nurse aides were enrolled in a nurse aide training school and received the required education and competencies prior to providing independent resident care and ensure any non-certified nursing aide was certified within 120 days of employment.

- The facility failed to ensure their facility-wide assessment included the admissions of registered sex offenders and identified care and services required for residents with a history of substance abuse and/or who overdose while at the facility.

- The facility failed to ensure newly hired employees received a physical examination prior to working at the facility.

- The facility failed to ensure newly hired staff received a two-step tuberculin test upon hire.

- The facility failed to ensure means of egress shall be continuously maintained free of obstructions or impediments.

- The facility failed to ensure all staff were trained to readily unlock clinical needs door-locking arrangements.

- The facility failed to maintain level walking surfaces at exit discharge.

- The facility failed to ensure smoke detection sensitivity tests were completed every other year.

- The facility failed to complete fire sprinkler replacement per their time limited waiver by December 2023 and to ensure escutcheons were not missing from fire sprinkler heads.

- The facility failed to ensure corridor doors closed and latched into their frames.

- The facility failed to ensure smoke barrier doors closed into their door frames.

- The facility failed to ensure residents' bathroom exhaust fans were maintained in operational condition.

- The facility failed to ensure a reliable fuel supply for natural gas for their natural gas-powered generator.

During an on-site revisit on September 18, 2024, surveyors found that the facility remained out of compliance with 17 health violations, one state violation and one life safety code violation that were originally cited on the July 31, 2024, survey. The survey team also identified two additional health violations. The continuing and additional violations included:

- The facility failed to ensure all residents who were dependent on staff for activities of daily living, including nail care, received nail care.

- The facility failed to ensure that all residents who smoked tobacco were assessed for safety and educated on facility smoking policy.

- The facility failed to ensure oxygen orders were properly transcribed, followed, and care planned for.

- The facility failed to ensure activities of daily living (care) was provided in a dignified manner.

- The facility failed to implement their abuse policy by ensuring all newly hired employees were screened prior to hiring with reference checks, criminal background checks, and license checks.

- The facility failed to investigate an unexpected death of a resident in the facility.

- The facility failed to complete comprehensive Minimum Data Set assessments as required.
- The facility failed to ensure quarterly Minimum Data Set assessments were completed as required.
- The facility failed to transmit comprehensive and quarterly Minimum Data Set assessments within fourteen days.
- The facility failed to develop and implement individualized comprehensive care plans for a resident with a history of resident-to-resident altercations and for a resident with a history of sexual offenses.
- The facility failed to revise an individualized comprehensive care plan for a resident with a history of resident-to-resident abuse and a resident with a history of falls.
- The facility failed to ensure residents were administered medications on time in accordance with physician's orders.
- The facility administrator failed to ensure that all facility policies were implemented, and the facility completed their plan of correction by the completion date.
- The facility failed to implement and maintain an effective Quality Assurance and Performance program by ensuring the implementation of the facility's plan of correction was completed and medication was administered timely.
- The facility failed to maintain minimum staffing ratios.
- The facility failed to ensure escutcheons were replaced as alleged and failed to replace the fire sprinkler system in accordance with their time-limited waiver. The work is still not completed and there is no acceptable plan of correction, and the facility has not re-submitted one.

Finally, during a complaint survey on October 15, 2024, Department surveyors cited a federal violation at a scope and severity of "G" for actual harm to a resident who had an overdose at the facility. The facility was cited for this same deficiency previously during a complaint survey conducted on January 25, 2024, at a scope and severity level of an "L," which constituted widespread immediate jeopardy, with five residents identified. The facility was also cited for violation of the minimum staffing ratios.

As a result of these violations, all residents in the facility are at an immediate and serious risk of harm.

CURTAILMENT OF ADMISSIONS

As you were notified by e-mail on October 28, 2024, effective upon the facility's notification, the Department ordered the curtailment of new admissions and readmissions to Sterling Manor. The facility census at the time of the order was 84, with two residents out of the facility for hospital stays. This enforcement action was taken in accordance with the provisions set forth at N.J.A.C. 8:43E-2.4 (Plan of Correction), 3.1 (Enforcement Remedies Available) and 3.6 (Curtailment of Admissions) in response to serious violations observed by Department staff in Sterling Manor during its on-site inspections as detailed above. The Department hereby orders the continuation of the curtailment of new admissions to Sterling Manor. The verbal curtailment of readmissions has been lifted effective October 30, 2024.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of $250 per day for each resident admitted to the facility in violation of this curtailment order.

DIRECTED PLAN OF CORRECTION

The Commissioner of the Department of Health hereby directs the following plan of correction.

a. The facility must retain the full-time, on-site 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 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 Registered Nurse to begin providing services to the facility as a consultant Director of Nursing.

The two 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 Kara.Morris@doh.nj.gov, Carol.Hamill@doh.nj.gov, Lisa.King@doh.nj.gov, Jean.Markey@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov by close of business on November 7, 2024. The approved consultants shall be retained and begin work no later than the close of business on November 12, 2024. 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 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.

The facility should send weekly progress reports every Friday by 1:00 p.m. to Kara.Morris@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.

The Curtailment of Admissions 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

Sterling Manor 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). Sterling Manor may request a hearing to challenge any or all of the following: the factual survey findings and/or the curtailment. Sterling Manor must advise this 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 Sterling Manor is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Sterling Manor 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 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.

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 Curtailment of Admissions Order or Directed Plan of Correction, please contact Lisa King, Office of Program Compliance, at Lisa.King@doh.nj.gov.

Sincerely,

Lisa King, Program Manager
Office of Program Compliance
Division of Certificate of Need and Licensing

DATED: October 31, 2024
E-MAIL
Control #X24114

C. Order Distribution List