



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

JEFFREY A. BROWN
Acting Commissioner

In Re Licensure Violation:	:	CURTAILMENT OF
	:	READMISSIONS ORDER AND
	:	DIRECTED PLAN OF
TRENTON GARDENS REHABILITATION	:	CORRECTION
AND NURSING CENTER	:	
(NJ Facility ID# NJ61113)	:	
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TO: Bentsion Friedman (Bfriedman@trentongardensrehab.com)
Trenton Gardens Rehabilitation and Nursing Center
512 Union Street
Trenton, NJ 08611

Dear Mr. Friedman:

Effective as of August 15, 2025, the Department of Health (hereinafter, "the Department") is ordering the curtailment of all readmissions of residents who have overdosed at Trenton Gardens Rehabilitation and Nursing Center (hereinafter "Trenton Gardens"), and a Directed Plan of Correction (hereinafter "DPOC"), requiring Trenton Gardens to immediately retain a consultant Administrator, a consultant Director of Nursing, and a physician consultant who is board certified in addiction medication.

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 (Curtailment of Admissions), N.J.A.C. 8:36-3.1 (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 Trenton Gardens Rehabilitation and Nursing Center on July 29, 2025. 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. 8:39-11.2(d), which requires that nursing facilities develop and implement care plans based on residents' assessed needs and ensure those plans are reviewed and revised when necessary to maintain the safety and well-being of residents. During the survey, the surveyor determined that the facility failed to monitor and supervise Resident #3, who had a documented history of opioid dependence and multiple incidents of overdose while residing in the facility.

Resident #3 was admitted with a diagnosis of opioid dependence. A review of progress notes revealed that the resident experienced the following overdose-related incidents:

- November 1, 2024 – Found unresponsive in a wheelchair; Narcan administered.
- November 28, 2024 – Found unresponsive in the bathroom; Narcan administered.
- January 18, 2025 – Found unresponsive near the bathroom; Narcan administered.
- January 28, 2025 – Found incoherent on the floor; pupils dilated; Narcan administered.
- March 7, 2025 – Returned from pass; hospital confirmed opioid overdose diagnosis.
- March 30, 2025 – Found “slumped” in chair with blank stare; hospitalized for opiate overdose.
- July 11, 2025 – Found unresponsive in facility lobby; Narcan administered.

Despite seven documented overdose events between November 1, 2024, and July 11, 2025, the facility failed to revise or update Resident #3's care plan until July 14, 2025, in violation of N.J.A.C. 8:39-27.1(a). Staff interviews confirmed that no additional interventions had been implemented prior to the July incident. The resident continued to be allowed off premises without adequate monitoring, despite the known risks.

The surveyor also determined the facility failed to ensure interventions were in place to prevent the use or introduction of illicit drugs within the facility. Despite having policies

that allowed for resident searches and room checks, these procedures were not consistently followed or enforced. This failure placed the resident and others in the facility at risk for serious harm and constituted an Immediate Jeopardy situation under C.F.R. §483.25(d)(1)(2).

In addition to the deficiencies above, the facility was found to be non-compliant with N.J.A.C. 8:39-5.1(a) and N.J.A.C. 8:39-25.2(b), which require compliance with mandatory nurse staffing ratios and minimum care hours.

These are representative findings that reflect ongoing violations, particularly in the facility's failure to implement appropriate care planning, monitoring, and substance use interventions for high-risk 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:

The Department hereby orders the curtailment of all readmissions of residents who have overdosed at Trenton Gardens.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty for each resident who is readmitted 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.

- 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 issue and implementation of timely corrective measures.
- b. The facility must retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN). The consultant 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 consultant DON shall be on-site for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. They 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.
- c. The facility must also retain a part-time Physician Consultant who is board-certified in addiction medication, to be present at the facility a minimum of 20 hours per week.

The three (3) 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, Veronica.Parent@doh.nj.gov, Carol.Fogarty@doh.nj.gov, Lisa.King@doh.nj.gov, Jannelie.Claudio@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov by 12 p.m. on August 22, 2025.

The approved consultants shall be retained and begin work no later than the close of business on August 25, 2025. 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, and the physician consultant shall be present in the facility for no less than 20 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, August 29, 2025, the facility should send weekly progress reports every Friday by 1:00 p.m. to Kara.Morris@doh.nj.gov, Veronica.Parent@doh.nj.gov, and Carol.Fogarty@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. 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 Trenton Gardens is otherwise notified by the Department.

FORMAL HEARING:

Trenton Gardens is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). Trenton Gardens may request a hearing to challenge either the factual survey findings or the curtailment, or both. Trenton Gardens 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

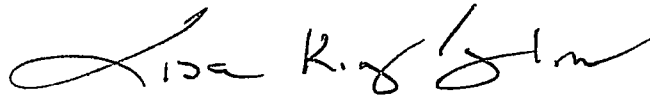
Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Trenton Gardens is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Trenton Gardens is further required to submit a written response to each 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 or the DPOC 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, Office of Program Compliance at (609) 376-7890.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa King". The signature is fluid and cursive, with a large initial "L" and a stylized "K".

Lisa King, Program Manager
Office of Program Compliance
Division of Certificate of Need and
Licensing
New Jersey Department of Health

LK:JC

DATE: August 20, 2025
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control #X25194