



State of New Jersey
DEPARTMENT OF HEALTH

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www.nj.gov/health

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

JEFFREY A. BROWN
Acting Commissioner

In Re Licensure Violation: : CURTAILMENT OF ALL
: ADMISSIONS
: AND READMISSIONS ORDER
: AND AMENDED DIRECTED :
PLAN OF CORRECTION

TRENTON GARDENS REHABILITATION :
AND NURSING CENTER :
(NJ Facility ID# NJ61113) :
:

TO: Shlomo Jankelovits (JJankelovits@trentongardensrehab.com)
Trenton Gardens Rehabilitation and Nursing Center
512 Union Street
Trenton, NJ 08611

Dear Mr. Jankelovits:

Effective as of October 10, 2025, the Department of Health (hereinafter, "the Department") is revising the Curtailment of Readmissions Order and Directed Plan of Correction that was issued on August 20, 2025. As of October 10, 2025, The Department is ordering the curtailment of all admissions and readmissions of residents at Trenton Gardens Rehabilitation and Nursing Center (hereinafter "Trenton Gardens"), and an amended Directed Plan of Correction (hereinafter "DPOC"). The amended DPOC requires Trenton Gardens to continue working with the Consultant Administrator, Consultant Director of Nursing, and the Physician Consultant board certified in addiction medicine to ensure expert oversight and support the full implementation and ongoing monitoring of all corrective actions.

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 as needed to protect the health, safety, and well-being of residents. During the survey, it was 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 had been admitted with a diagnosis of opioid dependence and experienced the following documented overdose events:

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

Despite this pattern of serious incidents, 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), which requires facilities to modify care plans in response to changes in a resident's condition. Staff interviews confirmed that no additional interventions had been implemented between March and July 2025, and the resident continued to be allowed off-premises without sufficient supervision, despite clear, ongoing risk.

Furthermore, on September 30, 2025, a surveyor observed Resident #3 unsupervised in a hallway while in possession of a partially burned cigarette, despite being under a 1:1 monitoring order due to overdose risk. The assigned 1:1 staff was not within arm's reach, as required. This failure to adhere to the resident's care plan and facility policy placed the

resident at immediate risk of serious harm or death from possible exposure to cigarettes laced with illicit substances, constituting immediate jeopardy.

In addition, the facility failed to implement its smoking policy and to prevent unsafe and unauthorized smoking behaviors. On September 16, 2025, Resident #2—who had previously had smoking privileges revoked—was observed by a Nursing Supervisor smoking a cigarette in a resident room where oxygen was actively in use. A subsequent search revealed the resident was in possession of a pack of cigarettes and a bottle of vodka. This incident posed an immediate risk of fire or explosion, placing multiple residents in danger. Despite repeated violations of the smoking policy by the resident, no effective monitoring or enforcement actions were implemented.

These failures demonstrate noncompliance with facility policies and state regulations, as well as systemic breakdowns in supervision, care planning, and risk mitigation. The facility's inability to prevent access to illicit substances and enforce smoking restrictions endangered the safety of all residents and constituted an immediate threat to health and safety.

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 admissions and readmissions of residents at Trenton Gardens Rehabilitation and Nursing Center, which currently has a resident census of 166.

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.

AMENDED DIRECTED PLAN OF CORRECTION:

The Department of Health issues the following amended Directed Plan of Correction (DPOC) for Trenton Gardens Rehabilitation and Nursing Center. This directive replaces and supersedes the prior version dated August 15, 2025, and incorporates additional findings and required revisions identified during continued Department oversight. The Department of Health directs the following plan of correction pursuant to N.J.A.C. § 8:43E-2.4.

The facility must continue to retain the full-time, on-site services of an Administrator Consultant who holds a current New Jersey Nursing Home Administrator license. The Administrator Consultant shall assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance; oversee the development, implementation, and evaluation of corrective action plans; develop and implement compliance management systems; collaborate with facility leadership to ensure that operational procedures, systems, and standards align with applicable regulatory requirements; ensure that staff receive the necessary training to meet licensing standards; and take any additional actions necessary to identify compliance issues and implement timely corrective measures.

The facility must also continue to retain the full-time services of a Consultant Director of Nursing (DON) who is a Registered Nurse (RN). This consultant shall have no current or prior affiliations with the facility's principals, management, or staff, including any business, employment, or personal relationships. The Consultant DON shall be on-site for no fewer than 40 hours per week and shall provide documented coverage across all shifts and weekends. The Consultant DON is responsible for ensuring that immediate corrective actions are taken to safeguard resident safety and ensure full compliance with all applicable state licensing requirements.

Additionally, the facility must continue to retain the services of a part-time Physician Consultant who is board-certified in addiction medicine. This consultant shall be on-site a minimum of 20 hours per week and must contribute to the clinical oversight of residents with substance use-related risks.

All three consultants must have been approved in advance by the Department. The facility was previously directed to submit the names and résumés of all proposed consultants to the Department by 12:00 p.m. on August 22, 2025. All approved consultants were required to begin providing services no later than the close of business on August 25, 2025. All consultants must continue to maintain independence from the facility, with no prior or current business, employment, or personal relationships with the facility's leadership or staff. The Administrator and Consultant DON must remain present at the facility no fewer than 40 hours per week, and the Physician Consultant must continue to provide no fewer than 20 on-site hours per week. Documentation of shift and weekend coverage must be maintained and available for Department review.

Beginning on Friday, October 17, 2025, and continuing every Friday by 1:00 p.m., the facility shall submit detailed weekly progress reports to the following Department contacts: Kara.Morris@doh.nj.gov, Veronica.Parent@doh.nj.gov, Carol.Fogarty@doh.nj.gov, Lisa.King@doh.nj.gov, and Jannelie.Claudio@doh.nj.gov.

In addition to the report requirements of the DPOC issued on August 20, 2025, each report must include the following:

- The date each corrective action was taken, and by whom.

- Identification of all facility administrative staff involved in implementing the corrective actions.
- A clear description of all actions taken to ensure adequate supervision of residents, including any enhanced monitoring or staffing interventions.
- A detailed summary of the roles and responsibilities of both the Facility Administrator and DON, including how they are ensuring compliance with and oversight of all DPOC requirements.
- If the Administrator Consultant conducts rounds, the report must indicate when rounds occurred and describe the Administrator's role during those rounds.
- A description of the Quality Assurance (QA) process, including how problems are identified, tracked, and resolved; how the QA process involves both consultants and facility leadership; and how compliance is being validated and sustained.

Staffing Reports:

The facility must continue to submit the AAS-11 and AAS-12 nurse staffing forms with each weekly report. These forms must reflect:

- Actual staffing for the previous week
- Projected staffing for the upcoming week

Staffing data must be complete, accurate, and consistent with observed census, acuity, and coverage across all shifts and weekends.

Passes:

The facility should evaluate each individual resident's risk of going out on pass, and if they have a history of drug, smoking or alcohol use, that should be evaluated and incorporated into their care plan.

The facility is also directed to maintain timely communication with the Department as needed. Reports must be detailed and specific. Reports lacking adequate detail, particularly regarding administrative oversight, QA processes, and corrective actions, will be deemed insufficient. A follow-up review will be conducted after submission of the October 17, 2025, report to assess the completeness and accuracy of the information provided. Additional corrective actions may be imposed if deficiencies persist.

The Department will continue to monitor compliance with this order and the Directed Plan of Correction to confirm that corrective measures are being implemented promptly and effectively. Failure to comply with this directive, or with any other applicable state requirements, may result in the imposition of penalties as permitted under relevant rules and regulations.

Please be advised that this curtailment and Directed Plan of Correction shall remain in effect until the Department provides written notice stating otherwise.

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,



Gene Rosenblum, Director
Office of Program Compliance
Division of Certificate of Need & Licensing

LK:JC
DATE: October 10, 2025
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control #X25194