



State of New Jersey
DEPARTMENT OF HEALTH
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MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

www.nj.gov/health

DR. RAYNARD E. WASHINGTON
Acting Commissioner

In Re Licensure Violation:	:	CURTAILMENT OF ESRD
	:	ADMISSIONS
Vistacare Dialysis Center	:	AND READMISSIONS ORDER,
	:	DIRECTED
	:	PLAN OF CORRECTION
(NJ Facility ID# NJ24961)	:	
	:	

TO: Jessica Phipps (jphipps@vistacaredialysis.com)
Vistacare Dialysis Center
300 Broadway
Newark, NJ 07104

Dear Ms. Phipps:

This order memorializes the verbal order issued on March 31, 2026, and effective on that date. The Department of Health (hereinafter, "the Department") orders the curtailment of End Stage Renal Disease (ESRD) admissions and readmissions of patients to Vistacare Dialysis Center (hereinafter "Vistacare"). The order requires the curtailment of admissions for ESRD services, including the suspension of all new and returning patient admissions, until the facility demonstrates compliance with regulatory requirements related to infection prevention, clinical oversight, and patient safety.

The Department is also issuing a Directed Plan of Correction (DPOC) requiring the facility to immediately retain appropriate clinical consultants, including a Director of Nursing (DON) Consultant, an Administrator Consultant, and an Infection Prevention Specialist, and to employ a qualified Registered Nurse licensed in the State of New Jersey to serve as the Director of Nursing, as well as ensure the appointment of a qualified Alternate Medical Director certified in nephrology to provide required clinical oversight of ESRD services. The facility shall provide documentation demonstrating ongoing clinical

supervision, infection control compliance, and quality assurance activities in accordance with regulatory requirements. Additionally, the facility must provide documentation verifying compliance with infection control standards and implementation of corrective actions addressing identified deficiencies, including but not limited to proper staff assignment practices, adherence to aseptic technique, and effective prevention of cross-contamination.

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. 8:43A, Standards for Licensure of Ambulatory Care Facilities, and N.J.A.C. 8:43 (General Licensure Procedures and Standards Applicable to All Licensed Facilities).

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 operated in a manner that protects the health, safety, and welfare of patients. 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, as well as N.J.A.C. 8:43A et seq., Standards for Licensure of Ambulatory Care Facilities, including End Stage Renal Disease (ESRD) treatment facilities, the Commissioner of Health is authorized to inspect all health care facilities and enforce the applicable standards for licensure to ensure compliance with State regulations and to protect patients from unsafe conditions.

LICENSURE VIOLATIONS:

Staff from the Department's Health Facility Survey and Field Operations (HFS&FO) conducted a survey at the facility on February 27, 2026. The report of this survey will provide additional details regarding the following licensure violations.

The facility failed to comply with: N.J.A.C. 8:43A-24.7(a), which requires that the facility employ a qualified Registered Nurse to serve as the Director of Nursing responsible for the direction, provision, and supervision of nursing services; N.J.A.C. 8:43A-24.5, which requires that the Medical Director and any designated alternate be certified in the subspecialty of nephrology; N.J.A.C. 8:43A-24.8 and 8:43A-14.1(b) and (c), which require the implementation of effective infection prevention and control practices; and N.J.A.C. 8:43A-1.1(b), which requires that the facility be operated in a manner that protects the health, safety, and welfare of patients.

The survey identified that the facility failed to ensure sufficient qualified clinical leadership, oversight, and infection control practices to meet patient care needs. Specifically, the facility did not ensure that nursing services were directed and overseen by a qualified Director of Nursing, that medical oversight was provided by appropriately credentialed physicians, or that infection prevention practices were implemented in accordance with accepted standards of care.

On February 27, 2026, surveyors conducted a State re-licensure and Federal recertification survey and identified that the facility did not have a designated Director of Nursing. During interview, the facility Administrator stated that a Charge Nurse was functioning in a covering capacity for the Director of Nursing role. Review of personnel records and job descriptions indicated that the Charge Nurse did not meet the qualifications or responsibilities required of a Director of Nursing and reported being supervised by other clinical staff rather than functioning in an administrative leadership capacity. Further review determined that required duties of the Director of Nursing, including development of policies and procedures, participation in planning and budgeting, and oversight of nursing personnel, were not being performed.

The survey further identified that the facility failed to ensure appropriate medical oversight. Review of credentials for the designated Alternate Medical Director revealed that the individual did not possess certification in the subspecialty of nephrology as required by regulation. During interview, the Medical Director acknowledged lack of awareness of this requirement and confirmed that the Alternate Medical Director was not appropriately credentialed.

In addition, the facility failed to implement and maintain effective infection prevention and control practices. Survey findings identified multiple breaches in infection control, including staff assignments that allowed the same staff member to provide care to a patient infected with Hepatitis B Virus and a patient susceptible to infection at the same time, creating the potential for cross-contamination. Surveyors also observed failures in hand hygiene and personal protective equipment practices following exposure to blood, as well as improper medication preparation techniques, including failure to utilize aseptic techniques and failure to disinfect access ports prior to use. These practices created the potential for transmission of communicable diseases and placed patients at risk for serious harm.

The survey further identified multiple deficiencies in clinical care practices under the purview of nursing services, including failure to follow prescribed dialysis treatment parameters, failure to properly label multidose medications, and failure to consistently perform and document required patient assessments. In addition, Quality Assurance and Performance Improvement (QAPI) activities were not effectively implemented, as clinical indicators were not tracked or trended to identify patterns or implement corrective actions. These findings demonstrate that the facility failed to ensure sufficient qualified staffing and clinical oversight to meet patient care needs, failed to ensure that infection prevention and control practices were implemented in accordance with regulatory requirements, and failed to operate in a manner that protected the health, safety, and welfare of patients. These systemic failures resulted in violations of N.J.A.C. 8:43A-24.7(a), N.J.A.C. 8:43A-24.5, N.J.A.C. 8:43A-24.8, N.J.A.C. 8:43A-14.1(b) and (c), and N.J.A.C. 8:43A-1.1(b), and compromised the health, safety, and welfare of patients. 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 new and returning patient admissions for End Stage Renal Disease (ESRD) services at Vistacare Dialysis Center. The facility may continue to provide services to its current patient population but shall not admit any new or returning patients until such time as the Department determines that the facility has achieved compliance with all applicable regulatory requirements. The facility's current census is 51 patients.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty for each resident who is admitted or readmitted for services in violation of this curtailment order.

DIRECTED PLAN OF CORRECTION:

The Department of Health issues the following Directed Plan of Correction (DPOC) for Vistacare Dialysis Center. This directive is issued pursuant to N.J.A.C. 8:43E-2.4 based upon findings identified during the Department's State re-licensure and Federal recertification survey conducted on February 27, 2026, which determined that the facility failed to comply with N.J.A.C. 8:43A-24.7(a), N.J.A.C. 8:43A-24.5, N.J.A.C. 8:43A-24.8, N.J.A.C. 8:43A-14.1(b) and (c), and N.J.A.C. 8:43A-1.1(b). These findings identified deficiencies related to the facility's failure to ensure sufficient qualified clinical leadership and oversight, including the absence of a qualified Director of Nursing and appropriately credentialed medical oversight; failure to implement and maintain effective infection prevention and control practices, resulting in the potential for cross-contamination and transmission of communicable diseases; and failure to ensure the provision of safe and appropriate care to patients receiving End Stage Renal Disease (ESRD) services.

A. The Department directs the facility to implement the following corrective actions:

1. Engage a Consultant Administrator with expertise in dialysis services who meets the requirements of N.J.A.C. 8:43A-1.4.
2. Engage a Director of Nursing (DON) Consultant who is a Registered Nurse licensed in the State of New Jersey.
3. Engage a Certified Infection Control Practitioner (ICP) consultant to begin providing services to the facility. You may contact the Association of Professionals in Infection Control and Epidemiology (apic.org) to obtain the names of ICPs in your area.

The Consultant Administrator, DON, and IPC Consultant shall assess the facility's compliance with all applicable state licensing standards for End Stage Renal Disease (ESRD) services and identify areas of non-compliance; oversee the development, implementation, and evaluation of corrective action plans; develop and implement compliance, clinical, and infection prevention management systems; collaborate with facility leadership to ensure that operational procedures, clinical practices, and infection prevention protocols align with applicable regulatory requirements; ensure that staff

receive necessary training to meet licensing and clinical standards; and take any additional actions necessary to identify compliance issues and implement timely corrective measures.

The Consultants must be approved in advance by the Department. The facility must submit the names and résumés of all proposed candidates to the Department by 12:00 p.m. on April 6, 2026. The approved Consultants are required to begin providing on-site services no later than the close of business on April 8, 2026. Each Consultant must be independent of the facility, with no prior or current business, employment, or personal relationships with the facility's leadership or staff. The Consultants must be present at the facility no fewer than 40 hours per week, with coverage across all shifts, as well as weekend days when services are offered. Coverage must be documented and available for Department review.

The facility shall submit the names and résumés of the proposed Consultant Administrator, Consultant Director of Nursing (DON), and Infection Prevention and Control (IPC) Consultant to the Department for review and approval. The résumés and supporting documentation must be submitted to the following Department representatives: Jannelie.Claudio@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov, Denise.Gorski-Galla@doh.nj.gov, Christina.Petruska@doh.nj.gov, Kimberly.Hansen@doh.nj.gov, Charlene.Valenta@doh.nj.gov, Myhra.Protusada@doh.nj.gov, and Lisa.Kiernan@doh.nj.gov.

B. The facility shall also employ a Director of Nursing (DON) who is a Registered Nurse licensed in the State of New Jersey to provide direction, supervision, and oversight of all patient care and dialysis-related services in accordance with N.J.A.C. 8:43A-24.7(a). The DON shall meet the requirements of N.J.A.C. 8:43A-1.10. The facility shall submit documentation to the Department verifying the DON's employment, including a copy of the DON's active New Jersey license, start date, and work schedule. The DON shall be responsible for providing clinical oversight of patient care, ensuring that dialysis treatments, patient assessments, and related clinical services are conducted safely and in compliance with all applicable regulatory requirements.

The DON shall conduct a comprehensive review of all patient clinical records to ensure that required assessments, treatment plans, and dialysis orders are current and complete, and that patient care plans accurately reflect each patient's status and identified needs. Any missing, incomplete, or outdated assessments or treatment plans shall be updated by the DON, and corresponding revisions shall be implemented to ensure the provision of safe and appropriate patient care.

C. The facility shall also retain a qualified Alternate Medical Director to oversee the medical management of patients in accordance with N.J.A.C. 8:43A-24.5. Documentation of the Alternate Medical Director's credentials, New Jersey licensure, and start date shall be submitted to the Department.

D. Beginning April 10, 2026, and continuing every Friday by 1:00 p.m. thereafter, the facility shall submit detailed weekly progress reports to the following Department contacts: Denise.Gorski-Galla@doh.nj.gov , Christina.Petruska@doh.nj.gov, Kimberly.Hansen@doh.nj.gov, Charlene.Valenta@doh.nj.gov, Myhra.Protusada@doh.nj.gov, and Lisa.Kiernan@doh.nj.gov.

The reports shall include:

- The date each corrective action was taken and the individual responsible for implementing the action.
- Documentation verifying the employment, licensure, and work schedule of the Registered Nurse serving as the Director of Nursing (DON), including confirmation that the RN is licensed in the State of New Jersey.
- Documentation verifying the employment and qualifications of the Alternate Medical Director, including confirmation of oversight responsibilities for dialysis services.
- A summary of the DON's review of patient care practices, including assessments of dialysis treatments, patient evaluations, and oversight of clinical care, with confirmation that all required clinical assessments have been completed.
- Documentation describing actions taken by the Administrator Consultant to assess facility operations, identify compliance issues, and implement corrective measures.
- Documentation describing the activities of the Infection Prevention Specialist, including review and implementation of infection control protocols specific to dialysis patient care and facility operations.
- A description of the facility's Quality Assurance (QA) process, including how deficiencies are identified, tracked, and corrected, and how facility leadership is ensuring sustained compliance with regulatory and clinical requirements.
- Any additional supporting documentation demonstrating that facility leadership has taken timely corrective actions to address deficiencies and ensure compliance with all applicable New Jersey regulatory requirements for dialysis centers.

The facility is also directed to maintain timely communication with the Department as necessary regarding the implementation of this Directed Plan of Correction. Reports submitted to the Department must be complete, accurate, and sufficiently detailed to demonstrate that corrective actions are being implemented and maintained. Reports that lack sufficient detail or documentation will be considered incomplete.

The Department will continue to monitor the facility's compliance with this Directive and may conduct additional inspections or request additional documentation as necessary to verify that corrective measures are being implemented effectively. Failure to comply with this Directed Plan of Correction, or with any other applicable state requirements, may result in the imposition of penalties as permitted under applicable statutes and regulations.

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

FORMAL HEARING:

Vistacare is entitled to contest this order by requesting a formal hearing at the Office of Administrative Law (OAL). Vistacare must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the order.

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 Vistacare is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Vistacare 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: April 1, 2026
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control #AX26002