State of New Jersey
DEPARTMENT OF HEALTH
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Governor

DR. DALE G. CALDWELL
Lt. Governor

DR. RAYNARD E. WASHINGTON
Commissioner

In Re Licensure Violation:	:	
	:	
Green Hill	:	CURTAILMENT OF
	:	ADMISSIONS AND
(NJ Facility ID# NJ 30707)	:	READMISSIONS ORDER AND
	:	DIRECTED PLAN OF CORRECTION
	:	
	:	
	:	

TO: Moshe Birnbaum- Administrator
Green Hill
103 Pleasant Valley Way
West Orange, NJ 07052
mbirnbaum@green-hill.com

Dear Mr. Birnbaum,

As you were notified by verbal order on July 29, 2026, effective on that date, the Department of Health ("Department") is ordering the curtailment of all admissions and readmissions of residents to Green Hill ("Green Hill" or the "facility"). The Department further notified the facility that it would be imposing a Directed Plan of Correction (hereinafter "DPOC"), requiring Green Hill to retain the services of an Administrator Consultant and Consultant Director of Nursing.

The Department is taking these enforcement actions due to violations identified by Department surveyors that constitute an immediate and serious risk of harm to facility residents. 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 8:36-3.6 (Curtailment of Admissions), and N.J.A.C 8:36-3.1 (Appointment of Administrator), after Staff from the Department's Health Facility Survey and Field Operations (HFS&FO or Survey) were on-site at the facility and found significant deficiencies in the facility's measures to address resident safety and administration.

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 or Survey) were on-site conducting a survey at Green Hill from July 24, 2026, to July 30, 2026. During this survey, the surveyors identified multiple violations, including, but not limited to, the following:

1. The facility failed to maintain a secure premises, as the access door to the facility from the outside was unsecure and open. Additionally, the facility failed to provide preventative therapy for two individuals discharged from physical therapy to maintain their current level of mobility, failed to fix a resident's broken bed and inoperable remote, and failed to provide adequate staffing with competencies to provide care to the residents within their facility. This violates N.J.A.C. 8:39-27.1(a), which states that: "The facility shall provide and ensure that each resident receives all care and services needed to enable the resident to attain and maintain the highest practicable level of physical (including pain management), emotional and social well-being, in accordance with individual assessments and care plans."

2. The facility failed to have an effective administrator on site to implement facility policies. The administrator at the time of the survey did not know how to properly respond to a gas leak emergency, was unaware of disaster codes, and failed to ensure the facility premises were secure. This violates N.J.A.C. 8:39-9.2(a), which states that: "The facility shall be directed by an individual who holds a current New Jersey license as a nursing home administrator. The administrator shall be administratively responsible for all aspects of the facility."

3. The facility failed to maintain kitchen equipment in a safe and operating condition, as kitchen staff were utilizing a broken stove that was omitting natural gas. The stove was reported to be broken on April 15, 2026. This violates N.J.A.C. 8:39-31.2 (b) which states that:
"There shall be a system for reporting physical plant, safety, and maintenance problems to a designated staff member and documentation of the correction of such problems," and N.J.A.C. 8:39-31.2 (d) which states: "Written instructions for operating and maintaining equipment shall be systematically retained and followed."

4. The facility failed to treat a resident with dignity since their admission in February 2026. The resident had no clothes aside from an incontinence brief and a hospital gown, and no personal grooming for shaving since admission. In addition, the resident had to wait 30 minutes for his/her call bell to be attended to. This violates N.J.A.C. 8:39-4.1 (a)(12) which states that each resident shall have the right: "To be treated with courtesy, consideration, and respect for the resident's dignity and individuality," *and* N.J.A.C. 8:39-4.1 (a)(14) which states that each resident shall have

the right: "To wear his or her own clothes, unless this would be unsafe or impractical. All clothes provided by the nursing home shall fit in a way that is not demeaning to the resident."

5. The facility failed to provide wound care for residents in accordance with professional standards of practice. Survey found that infection control and pain management during care was substandard, and linen supplies were insufficient. . This violates N.J.A.C. 8:39-19.4(a), which states that: "The facility shall develop, implement, comply with, and review, at least annually, written policies and procedures regarding infection prevention and control which are consistent with the most up-to-date Centers for Disease Control and Prevention publications," and N.J.A.C. 8:39-27.1(e), which states that: "The facility shall take preventive measures against the development of pressure sores, including assessing the resident's skin daily and minimizing friction and pressure against clothing and bed linens. When present, pressure sores shall be identified, documented, and treated."

6. The facility failed to provide a clean homelike environment, as is evidenced by the deteriorated conditions within the facility, including rotting floors. This violates N.J.A.C. 8:39-4.1(a)11, which states that each resident shall have the right: "To live in safe, decent, and clean conditions in a nursing home that does not admit more residents than it can safely accommodate while providing adequate nursing care."

7. The facility failed to develop an adequate abuse policy to ensure all allegations of resident financial exploitation are investigated to protect residents from abuse. This violates N.J.A.C. 8:39-4.1(a)5, which states that each resident shall have the right: "To be free from physical and mental abuse and/or neglect".

8. The facility failed to provide Activities of Daily Living ("ADL") care to all residents. This violates N.J.A.C. 8:39-4.1(a)22, which states that each resident shall have the right: "To receive assistance in awakening, getting dressed, and participating in the facility's activities, unless a physician or advanced practice nurse specifies reasons in the resident's medical record."

9. The facility failed to provide appetizing and palatable food, as well as bedtime snacks to residents. This violates N.J.A.C. 8:39-17.2(f)1(ii), which states that: "A nourishing bedtime snack is served." This also violates N.J.A.C. 8:39-17.4(a), which states that:
"(a) Each resident shall receive a diet which:
    1. Corresponds to the physician's or advanced practice nurse's order, the dietitian's instructions, and resident's food preferences;
    2. Is served in the proper consistency and at the proper temperature; and
    3. Provides nutrients and calories based upon current recommended dietary allowances of the National Academy of Sciences, adjusted for the resident's age, sex, weight, physical activity, physiological function, and therapeutic needs."

10. The facility failed to maintain its kitchen in a sanitary manner. The pilot light of the stoves was not functioning properly, and the staff were lighting the stove with a lighter, contributing to the gas smell within the kitchen. This violates N.J.A.C. 8:39-17.2(g), which states that: "All food service facilities shall operate with safe food handling practices in accordance with Chapter XII of the New Jersey Sanitary Code, N.J.A.C. 8:24."

11. The facility failed to administer medications to residents in accordance with the professional standards of the practice. They were required to administer medications at a less than a 5% federally regulated error rate, but the facility was at a 10.3% error rate. This violates N.J.A.C. 8:39-29.2(d), which states that: "Medications shall be accurately administered and documented by properly authorized individuals, as per prescribed orders and stop order policies."

12. The facility failed to maintain effective pest control, as Survey observed flies in numerous resident rooms and other resident areas, including the dining room and kitchen. This violates N.J.A.C. 8:39-31.5(a), which states that: "Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility."

13. The facility failed to maintain resident information in a confidential manner by leaving resident records open to view in the hallway of the facility. This violates N.J.A.C. 8:39-4.1(a)18, which states that each resident shall have the right: "To confidential treatment of information about the resident. Information in the resident's records shall not be released to anyone outside the nursing home without the resident's approval, unless the resident transfers to another health care facility, or unless the release of the information is required by law, a third-party payment contract, or the New Jersey State Department of Health and Senior Services."

14. The facility failed to provide proper Pharmacy Consultant services. The Pharmacy Consultant failed to identify the omission of required parameters for the administration of some blood pressure medication since October of 2025. This violates N.J.A.C. 8:39-29.3(a), which states that: "The consultant pharmacist shall conduct a drug regimen review and enter appropriate comments into the medical record of every resident receiving medication, at least monthly, on a pharmacist consultation sheet or another portion of the medical record, in accordance with N.J.A.C. 13:39. The drug regimen review shall be performed in accordance with Federal and State statutes, rules and regulations, and currently accepted standards of practice for rational drug therapy."

15. The facility failed to store their medication in a proper manner, as evidenced by mislabeled and improperly dated medications. Additionally, the narcotic lock box was not able to close securely. This violates N.J.A.C. 8:39-29.7(c), which states that: "Controlled substances shall be stored, and records shall be maintained, in accordance with the Controlled Dangerous Substances Acts and all other Federal and State laws and regulations concerning procurement, storage, dispensation, administration, and disposition." This also violates N.J.A.C. 8:39-29.4(a), which states that:

> The label of each resident's individual medication container or package shall be labeled in accordance with the New Jersey State Board of

Pharmacy regulations at N.J.A.C. 13:39-5.9, permanently affixed, and contain the following information:

1. The resident's full name;
2. The prescriber's name;
3. The prescription number;
4. The name and strength of drug;
5. The quantity dispensed;
6. The lot number;
7. The date of issue;
8. The expiration date;
9. The manufacturer's name if generic;
10. Cautionary and/or accessory labels.

i. If a generic substitute is used, the drug shall be labeled according to the Drug Utilization Review Council Formulary, N.J.S.A. 24:6E-1 et seq. and N.J.A.C. 8:71.

ii. Required information appearing on individually packaged drugs or within an alternate medication delivery system need not be repeated on the label; and

11. The name, address, and telephone number of the pharmacy.

16. The facility failed to honor residents' preferences when they did not post food menus, denying residents the opportunity to select their meals. This violates N.J.A.C. 8:39-17.1(c), which states that: "The dietitian shall perform the dietary assessment and reassessment, which shall include examination of and communication with the resident if the resident's condition permits."

17. The facility failed to put forth a good faith attempt with quality assurance and performance improvement plan efforts. This violates N.J.A.C. 8:39-33.2(a), which states that: "The quality assessment and/or quality improvement program shall identify problems in the care and services provided to the residents and shall include the audit of medical records."

18. The facility failed to ensure it had an Infection Preventionist. This violates N.J.A.C. 8:39-19.1(b), which states that: "Responsibility for the infection prevention and control program shall be assigned to an employee who is designated as the infection control coordinator, with education, training, completed course work, or experience in infection control or epidemiology; or services shall be provided by contract. If the services are provided by contract, the facility shall designate an on-site employee to implement, coordinate, and ensure compliance with infection control policies and procedures."

19. The facility failed to ensure that Certified Nurse Aides (CNAs) are in-serviced. This violates N.J.A.C. 8:39-43.17(b), which states that: "Each nurse aide shall receive, at a minimum, 12 hours of regular

in-service education per year, the content of which shall be based on the outcome of performance reviews of every nurse aide, which are completed at least once every 12 months."

These failures demonstrate noncompliance with both state and federal regulations and present a serious and immediate risk to the health, safety, and well-being of the facility's residents and violate their rights. These findings do not necessarily include all violations identified during the survey, which will be detailed in the full survey report.

CURTAILMENT OF NEW ADMISSIONS AND READMISSIONS

Effective as of July 29, 2026, the Department has ordered the curtailment of all new admissions and readmissions of residents at Green Hill. The current census of the facility is 107 residents.

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

DIRECTED PLAN OF CORRECTION

The Department of Health directs the following plan of correction:

a. The facility must retain the full-time, on-site services of a Consultant Administrator who is a New Jersey Licensed Nursing Home Administrator (LNHA). The Consultant Administrator 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) licensed in the State of New Jersey.

The consultants 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 ensuring all applicable state licensing standards are met.

The two (2) 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, Kimberly.Hansen@doh.nj.gov, Carol.Fogarty@doh.nj.gov, Carol.Hamill@doh.nj.gov, Lisa.King@doh.nj.gov, Jeremiah.Ike@doh.nj.gov, Rommel.Manuel@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov by 12 p.m. on August 3, 2026.

The approved consultants shall be retained and begin work no later than the close of business on Wednesday, August 5, 2026. 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, with documented coverage of all shifts and weekends.

Beginning on Friday, August 14, 2026, the facility should send weekly progress reports every Friday by 1 p.m. to Kimberly.Hansen@doh.nj.gov, Carol.Fogarty@doh.nj.gov, Christina.farkas@doh.nj.gov, Christine.Farfalla@doh.nj.gov, Marie.Chapman@doh.nj.gov, Veronica.Parent@doh.ni.gov and Carol.Hamill@doh.ni.gov. These weekly reports should 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 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 Order and DPOC shall remain in place until the facility is otherwise notified by the Department.

FORMAL HEARING

The facility is entitled to challenge this order by requesting a formal hearing at the Office of Administrative Law (OAL). The facility 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 the facility is owned by a corporation, representation by counsel is required. In the event of an OAL hearing, the facility is 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 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.

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 staff will monitor compliance with this notice to determine whether corrective measures are implemented 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 further enforcement remedies, including but not limited to, civil monetary penalties.

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) 376-7742.

Sincerely,

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

GR:ji:nj
DATE: July 31, 2026
E-MAIL: mbirnbaum@green-hill.com
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