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DEPARTMENT OF HEALTH
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Commissioner

In Re:

THE FOUNTAINS OF ATCO
(NJ Facility ID# NJ060419) and
(NJ Facility ID# NJ15a007)

CURTAILMENT OF NEW ADMISSIONS AND READMISSIONS AND DIRECTED PLAN OF CORRECTION

TO: Eliezer Weiss, Administrator
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As more fully detailed below, the New Jersey Department of Health (the Department or NJDOH) is issuing to The Fountains of Atco (the facility)(both the long-term care and assisted living facility) an order curtailing new admissions and readmissions to the facility and a Directed Plan of Correction (DPOC) that is needed to ensure the health and safety of the residents in its care due to the identification of water management concerns at the facility involving the *Legionella* pathogen. The facility's failure to implement public health water management recommendations that would address those concerns constitutes an immediate and serious risk of harm to facility residents.

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., and the Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs set forth at N.J.A.C. 8:36-1.1 et seq.

Residents of long-term care facilities have the right "[t]o 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." N.J.A.C. 8:39-4.1(a)(11). Likewise, every resident of an assisted living facility has the right to "live in safe and clean conditions that do not admit more residents than can safely be accommodated." See N.J.S.A. 26:2H-128(b)(22) and N.J.A.C. 8:36-4.1(a)(22). In addition, both N.J.A.C. 8:39-19.6(a) and 8:36-

17.6(a) require that, in both long-term care and assisted living facilities, "the water supply used for drinking or culinary purposes shall be adequate in quantity, of a safe sanitary quality, and from a water system which shall be constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq., N.J.A.C. 7:10 and local laws, ordinances, and regulations."

On September 12, 2024, the Governor signed NJ Senate Bill 2188 into law (an act concerning Legionnaires' disease and supplementing the Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq. and Title 26). N.J.S.A. 26:1A-140 (Water Management Program Development Required of Certain Buildings, Facilities) requires, no later than 24 months after the effective date, nursing homes, assisted living facilities, comprehensive personal care homes, residential health care facilities and dementia care homes "to develop a water management program to minimize the growth and transmission of *Legionella* bacteria in the building's or facility's water system, consistent with the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) Standard 188-2018 or subsequent versions thereof, or comparable standards adopted by a nationally-recognized, accepted, and appropriate organization." N.J.S.A. 26:1A-140(a)(2).

CDS INVESTIGATIONS

The Fountains of Atco is a long-term care facility located at 114 Hayes Mill Road in Atco, New Jersey, consisting of 60 licensed skilled nursing beds (Facility ID NJ060419) and 114 licensed assisted living beds (Facility ID NJ15a007). It holds itself out as a full-service senior living community that includes skilled nursing, assisted living, short-term rehabilitation, independent living and other services. Upon information and belief, it is a Continuing Care Retirement Community, a community that provides "lodging and nursing, medical, or other health related services at the same or another location to an individual pursuant to an agreement effective for the life of the individual or for a period greater than one year, including mutually terminable contracts, and in consideration of the payment of an entrance fee with or without other periodic charges." See N.J.S.A. 52:27D-330.

It is reportedly a 346-bed complex with a skilled nursing facility building with separate wings for assisted living and independent living. In the separate wings, assisted living units are located on the first floor, and independent living units are located on the second and third floors. Importantly, the facility is supplied by a single municipal cold water service connection that branches internally to seven cold-water points of entry that serve various buildings and wings at the facility. Independent living is not licensed by the Department, but the independent living residents use the same building water system.

The *Legionella* bacteria is a pathogen that can cause illness in humans and may grow and be distributed in community water systems. Legionnaires' Disease (LD) is a reportable condition requiring healthcare providers to report positive clinical *Legionella* test results to public health authorities. See N.J.A.C. 8:57-2.3. While investigators do not follow cases after infection to track the course of illness, they attempt to document clinical outcomes (survival or death) when available during the case investigation. The New Jersey Department of Health Communicable Disease Service (CDS) has conducted multiple investigations into LD cases associated with the facility. The first investigation began in 2014 following three LD cases among residents that occurred between 2011 and 2014. A second investigation was initiated in 2018 after a case in a long-term care resident. The most recent investigation started in 2022 following a case in an assisted living resident who developed symptoms on November 22, 2022, was hospitalized on November 29, 2022, where pneumonia was diagnosed and *Legionella* testing was positive. The resident expired on December 3, 2022. During the current investigation, an additional LD case was identified in an Independent Living resident in 2024. Further, on May 11, 2026, the Department received a report that a visitor at the facility was diagnosed with LD. The individual reported visiting the facility regularly during their incubation period prior to developing symptoms. The following is a summary of the cases involving residents and the outcome:

NJ ID	Report Date	Illness Onset	Hospitalized	Outcome	Classification	Wing
24071664	05/11/2026	04/22/26	Yes		Visitor	
21067274	06/10/24	06/07/24	Yes		Independent Living	F
19348694	11/30/22	11/29/22	Yes	Expired	Assisted Living	B
1458940	11/18/18	10/14/18	Yes	Expired	Long-Term Care	SNF
756445	07/24/14	07/20/14	Yes	Expired	Independent Living	B
517502	05/01/12	04/25/12	Yes		Independent Living	A
481819	12/06/11	12/02/11	Yes		Assisted Living	A

The Camden County Department of Health (the local health department or LHD), also investigates LD cases occurring among residents in its jurisdiction. The investigation process includes confirming the case meets the public health case definition, establishing the illness onset date, and identifying potential exposures during the incubation period (2-14 days before illness onset).

When a full public health outbreak investigation is warranted, such as a healthcare-acquired case or multiple cases linked to the same facility, NJDOH and the local health department conduct further investigation. Based on epidemiological, environmental, and microbial findings, public health recommendations are provided to the facility to mitigate ongoing *Legionella* risk.

Both the Department and Camden County have issued recommendations to the facility for mitigating *Legionella* risk. These recommendations include advising the facility to hire qualified consultants to conduct a risk assessment to identify root causes of ongoing *Legionella* growth, perform remediation to mitigate *Legionella* and biofilm and implement long-term control measures to prevent *Legionella* recurrence.

On January 21, 2025, the Department issued to the facility public health recommendations that included immediate control measures, environmental assessment and sampling and remediation planning. The immediate control measures included recommendations for point-of-use 0.2-micron filters on showerheads or using sponge baths instead, providing bottled water to residents at risk of aspiration, using only sterile water for respiratory care equipment and notifying residents, families and staff of the ongoing *Legionella* detections and remediation efforts. The environmental assessment and sampling recommendations included retaining the services of a third-party consultant for the duration of the investigation, scheduling an onsite environment assessment with the consultant, the LHD and the Department, conducting a comprehensive risk assessment of the building water system(s) and water management practices in consultation with the consultant and developing and implementing an environmental sampling plan for the building in conjunction with the local and state public health officials and the consultant. The remediation recommendation included submitting a facility-wide emergency chemical shock remediation plan for the building water system to the LHD prior to implementation. In addition, the recommendation also detailed the procedural steps that the remediation plan should include.

On March 27, 2025, the Department issued to the facility additional public health recommendations that included conducting the risk assessment in collaboration with their environmental consultant, consult with a qualified mechanical engineering firm to collaborate with the third-party environmental consultant to develop and implement comprehensive management strategies to identify and mitigate operational deficiencies within the building water system, perform a facility-wide emergency shock remediation and assess the efficacy of the remediation through collection of environmental water samples for *Legionella* culture testing. For immediate control measures, the recommendations included continuing the use of point-of-use 0.2-micron showerhead filters or sponge baths, to provide bottled drinking water to residents at risk of aspiration, using only sterile water for respiratory care equipment and notification to residents, families and staff of the ongoing *Legionella* detections and remediation.

On December 18, 2025, CDS wrote to the facility expressing ongoing concerns about the facility's *Legionella* water management plan, indicating that current potable water conditions continued to support bacterial

growth and that the most recent chemical shock remediation conducted from August 6 to August 8, 2025, was unsuccessful (post-remediation testing had shown that *Legionella* had re-colonized the building water system). CDS noted that the facility has not shown that it had completed a comprehensive hazard analysis needed to determine effective control measures. Although the facility engaged an engineer, the one-page summary provided on November 4, 2025, did not reflect a comprehensive onsite evaluation, system mapping, water quality assessment, balancing analysis or performance of a comprehensive system-wide assessment. The CDS strongly recommended that the facility engage a New Jersey licensed engineer with expertise in potable water system design and building water management to conduct an onsite comprehensive assessment and hazard analysis of the entire potable water system and provide a detailed report and that the facility also engage a qualified independent third-party environmental consultant to oversee and verify the work of the water chemical treatment vendor throughout the entire disease outbreak investigation. The CDS advised the facility that these steps were necessary for establishing an effective, sustainable *Legionella* control strategy that helps minimize the risk of LD among residents, staff and visitors. The CDS requested that the facility provide confirmation of its plan to implement these recommendations, along with anticipated timelines, by January 15, 2026, to avoid enforcement action.

On January 15, 2026, the facility responded that it would be implementing the following steps listed below in response to all the required items that were outlined in the Department's December 18, 2025, notice:

1- To satisfy item #1, we will be doing the following:

- We will continue to search for a NJ licensed Mechanical Engineer with expertise in potable water system design and building water management.
- The Engineer will conduct a site visit of the campus.
- The Engineer will draw up the necessary diagrams/plans that are being requested by the DOH.

2- To satisfy item #2, we will be doing the following:

- Retain a qualified, independent third-party environmental consultant, Special Pathogens Lab under the Guidance of Dr. Abraham Cullom, PhD.
- The consultant will oversee the entire disease outbreak throughout the investigation.
- The consultant will perform a facility Risk Assessment.
- The consultant will collaborate with the Mechanical Engineer to identify the root cause of the *Legionella* and advise on the best course of action to take in remediation.
- The consultant will independently oversee and verify the work of the water chemical treatment vendor.
- The Consultant will provide training to the staff on *Legionella* testing to validate the Chemical Vendor's activities and performance.

In conclusion, we are hopeful to have a full remedy of the facility-wide water systems by 12/31/2026.

Multiple *Legionella* culture test result laboratory reports have established the presence of *Legionella* bacteria in the facility's potable water system, including laboratory reports dated February 3, 2026, April 9, 2026, and June 23, 2026. Most recently, the June 23, 2026, laboratory report, reflecting water samples collected on June 11, 2026, identified positive findings in seven different resident apartment locations within the potable water system. From September 21, 2022, through November 21, 2025, more than 80% of the *Legionella* culture test results available to CDS identified positive findings for *Legionella*. Further, according to CDS, many of the sampling events were not representative of the entire building's potable water system because an insufficient number of samples appeared to be randomly collected without any apparent systemic approach that would allow for a comprehensive cross-sectional evaluation of potable water quality conditions across the facility. Remedial measures taken by the facility were typically limited to the specific outlets that tested positive. In many instances, follow-up sampling was not conducted to confirm the effectiveness of these measures, and subsequent sampling often focused on different locations. The absence of a structured

investigation and control strategy indicates that *Legionella* risk was not fully assessed or effectively managed. In addition, multiple environmental consultants that the facility retained did not demonstrate sufficient technical expertise or a systemic approach necessary to evaluate, mitigate and control *Legionella* growth in a complex building water system.

Throughout the Department's investigation, the facility experienced turnover in facility staff and consultants. The primary contact through January 2025 was Jenn Ridgeway, the Assisted Living Administrator, after which Steven Tzvi Fischer from Everest Management Solutions took over. In August 2025, CDS was informed of a management transition. Ben Presser, the Skilled Nursing Administrator and Campus Director, became the point of contact. A review of Department records reflects that there have been at least eight different administrators for the nursing facility since November 2022 and four different assisted living administrators.

Throughout the investigation, the facility engaged multiple environmental consultants, including the following:

- Water Engineer Services (WES) served as the facility's environmental consultant through April 2024. According to facility staff, WES discontinued services without prior notice.
- ADK Water Solutions served as the facility's environmental consultant from July 2024 through December 2024. This individual did not have the qualifications needed to address the ongoing *Legionella* risk.
- IWC Innovations served as the environmental consultant beginning in January 2025; the end date is unknown. The facility reportedly discontinued services for unspecified reasons.
- LiquiTech was briefly consulted in 2025; however, the duration and scope of services are unknown.
- Clarity Water Technologies was retained as the facility's sole environmental consultant in August 2025. Currently, Clarity Water Technologies maintains and operates a continuous supplemental disinfection system for potable water being distributed to the skilled nursing unit. It is unclear what additional water management services they are providing or what the full scope of the supplemental disinfection system implementation includes.
- Pace Analytical Services was retained in January 2026 to serve as the recommended environmental Consultant to serve as a third-party auditor.

Despite the numerous recommendations from CDS and the retention of multiple consultants, the facility has been unable to demonstrate that they effectively have *Legionella* under control. During a site visit on February 17, 2026, CDS staff observed that immediate control measures had not been implemented, including points of use 0.2-micron filters to protect building occupants from *Legionella* exposure, despite being recommended several times. CDS observed one or more showerheads with filters installed but expired, with an outer casing but no filter inside or with no filter mechanism at all. This observation prompted CDS to file a complaint with the Department's Health Facility, Survey and Field Operations (HFS&FO) unit.

LICENSURE VIOLATIONS

On March 5, 2026, staff from the HFS&FO unit visited the facility for a complaint survey of the long-term care facility. Representatives from CDS and LHD were also on site. The census for the long-term care beds was 52. The survey found that the facility staff members failed to a.) ensure control measures were implemented, maintained and monitored to prevent the growth of *Legionella* in accordance with the facility Water Management Program (WMP)(a risk management plan for the prevention and control of legionellosis associated with the building water systems) and in accordance with accepted national standards, Centers for Disease Control and Prevention (CDC) guidelines and American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 188 and Guideline 12, when there was a positive *Legionella* report in December 2024 and February 2025, by maintaining and changing points of use filters in the shower heads and ice machine; b.) including the Infection Preventionist (IP) in the control measures to minimize the risk of *Legionella* exposure to all residents; and c.) update the WMP to include current responsible identified program team members. The surveyor identified that only one of two shower head in use in the shower room

had a filter. The campus maintenance director suggested that the filter may have been removed by a certified nurse aide to get better flow, but several staff interviewed expressed no complaints about water pressure. The surveyor also was unable to verify when the filter had been changed in an ice machine that was used on a regular basis for the residents. The facility's Heating, Ventilation and Air Conditioning Mechanic informed the surveyor that he serviced the ice machine on November 18, 2025, and that he should have changed the filter but that it had to be ordered. The date of February 4, 2025, written on the device may have been the date that it was installed but he was not sure. The maintenance director was unable to provide logs of when the points of use 0.2-micron shower head filters or the ice machine filter was checked or changed. The survey staff also interviewed the facility's Infection Preventionist/LPN who had worked for the facility for approximately a year and stated that she was unaware of any current issues with *Legionella* in the building. The facility administrator confirmed that he had not included the Infection Preventionist in any discussions since becoming the administrator in 2025 but had planned on including her. The statement of deficiencies cited the long-term care facility for violating federal infection control and essential equipment regulations at a scope and severity of F (a widespread deficiency constituting no actual harm with the potential for more than minimal harm that is not immediate jeopardy).

From March 5, 2026, to March 9, 2026, different staff from the HFS&FO unit visited the facility for a complaint survey for the assisted living facility. The complaint alleged that the facility failed to follow the recommendations set forth by the facility's LHD and the recommendations of CDS during an ongoing investigation of *Legionella*. The census for the assisted living beds was 106. The survey found that the facility failed to adhere to the State and local laws, regulations and recommendations related to ongoing environmental *Legionella* detections in the facility, which had the potential to affect all 106 residents of the facility. During a tour of the facility with CDS and LHD representatives and the facility maintenance director, the surveyor observed that the shower heads in ten apartment bathrooms had no filters in place. The maintenance director informed the surveyor that the shower head filters were changed every six months, however when the maintenance director removed the shower head in resident room 113B, the surveyor and CDS representative observed that the shower filter should be changed every three months. The maintenance director stated that the facility used all of the point of use 0.2-micron filters they had. The maintenance director stated that there were logs to document the shower filter changes, but they were not up to date. The maintenance director further explained that the person who assisted with the responsibility of keeping up with the shower filter audits was no longer employed at the facility. Upon interview, an administrator who identified himself as the Campus Director, stated that he was not aware of the inconsistencies in the shower filter logs. When asked if he was aware that there were missing shower filters for multiple resident rooms, the administrator was unable to answer the question but replied that there would be more filters coming the following day. The administrator confirmed that the facility had retained a third-party environmental consultant but did not realize, after checking his e-mail, that the consultant had sent a report on February 26, 2026. The administrator also said that an engineer was engaged but had not been on site yet. The survey also found that the facility failed to maintain the proper cleansing of nebulizer masks and reservoirs, when the surveyor learned that the residents' nebulizer equipment was cleaned with tap water despite the public health recommendations to use only sterile (no distilled) water for filling and/or cleaning respiratory care equipment, such as oxygen concentrators and nebulizers. The survey further determined that the facility failed to implement a written plan for a quality improvement program to include infection prevention and control. The facility's Infection Preventionist (IP) stated that she mostly worked in the skilled nursing side of the facility but that if there was a resident who tested positive for Legionnaires' disease she then got involved. She stated that she did an in-service for *Legionella* but other than that she had not been very involved. The surveyor reviewed the in-service provided by the IP titled, "*Legionella* overview, what is, how you get it, where it's found, how it's treated, what does our campus do for testing", dated January 15, 2025. There were no other in services provided to reflect education on preventative measures for water management or nebulizer cleaning related to resident care. Upon interview, the assisted living administrator stated that, prior to her employment in November of 2025, there really wasn't anything in place as far as quality assurance but that she had been working on getting a QAPI program in place, one topic at a time as issues come up. The Administrator further stated that she had not yet had a QAPI meeting on Infection Control since she became the Administrator. The Administrator further stated that

the IP has not attended one of her QAPI meetings yet. The surveyors cited the facility for violations of multiple state regulations.

On June 5, 2026, CDS sent the facility a summary of its findings and recommendations following the Department of Health's site visits. The letter directed the facility to provide confirmation as to its plan to implement the recommendations no later than June 12, 2026. On June 5, 2026, the facility sent the following response to CDS: "This week we did a campus wide- facility flush and had planned to draw samples for testing. However, we had an unannounced NJDOH survey in SNF on 6/4/26 where they identified a significant concern they had. As a result, we immediately initiated another full flush for the SNF. As an extra measure of caution, we had to sample all patient rooms in SNF. We exhausted all our sample bottles for these rooms, and we are awaiting a new shipment of sample bottles to arrive so we can test the rest of the assigned campus areas. We are anticipating the sample bottles to arrive by Monday 6/8/26. We also followed up with the mechanical engineer on the updated proposal they were going to send us for the follow-up work needed. We are awaiting his response." In response to the facility's update, CDS reiterated that flushing alone does not remediate established biofilm.

From June 4, 2026, to June 8, 2026, staff from HFS&FO unit visited the facility for a complaint survey. Representatives from CDS and LHD were also on site. The census for the long-term care beds was 53. The survey found that the facility failed to a.) develop and implement an effective water management plan in accordance with nationally accepted standards to mitigate the growth of *Legionella* bacteria in the facility's water system, b.) follow the recommended guidance from the New Jersey Department of Health's (NJDOH) Communicable Disease Service (CDS) including biweekly water testing and conducting a root cause analysis to identify and address any hazardous conditions, and c.) implement corrective actions for nine occupied resident rooms that tested positive for Legionella. This deficient practice had the potential to affect all 53 residents. The statement of deficiencies cited the facility for violating federal infection control regulations at a scope and severity of L (a widespread deficiency constituting immediate jeopardy to resident health or safety).

CDS did not receive confirmation of the facility's plan by the June 12th deadline. On June 18th, CDS was notified that its previous point-of-contact (Ben Presser) was no longer with the facility and that they hired a new Administrator and Campus Director. Based on their email, the new staff member was unaware of the CDS recommendations. CDS still has not received updates regarding these communication recommendations:

- Provide ongoing updates to facility staff regarding the Legionnaires' disease outbreak investigation and any related public health guidance. Documentation of ongoing education and updates shall be maintained by the facility.

- Provide written communication to clinical staff and the medical director to ensure residents presenting with respiratory symptoms are evaluated for pneumonia and that *Legionella* testing is ordered for any resident with suspected pneumonia, including *Legionella* PCR and/or culture testing of lower respiratory specimens. Note that the *Legionella* urinary antigen test only detects *Legionella* pneumophila serogroup 1. Maintain a line list of residents with respiratory symptoms and corresponding *Legionella* testing results.

SUMMARY OF CDS RECOMMENDATIONS SINCE 2025 AND CURRENT STATUS

Date	Recommendation	Current Status
January 2025	Install 0.2-micron point-of-use (POU) filters on all showerheads	The facility has installed 0.2-micron point-of-use (POU) filters on showerheads in the SNF, AL, and IL units. However, documentation is needed to verify that the filters are

		being maintained and replaced in accordance with the manufacturer's instructions.
	Provide bottled drinking water for residents at risk of aspiration	Status unknown
	Notify residents, families, and staff of the investigation	The Facility reports that letters were distributed to all residents of SNF, ALF, and IL on June 9, 2026, and that letters were mailed to all SNF and ALF families on June 10, 2026.
	Engage a third-party consultant with *Legionella* expertise	Completed, hired the third-party consultant to serve as auditor (Pace Analytical)
	Conduct a comprehensive evaluation of the building water systems	A risk assessment report titled Risk Assessment, prepared by Pace Analytical, was submitted on May 27, 2026, following the onsite visit conducted on February 16–17, 2026. However, the status of the planned and completed recommendations identified in the assessment is unknown. The facility has not provided documentation verifying that the recommended corrective actions have been implemented. The recommendations included addressing hot water temperature variability that required up to 150 seconds of flushing at individual taps; eliminating dead legs in boiler rooms and other low-use outlets; resolving elevated lead and copper concentrations in the cold water system; optimizing the centralized potable hot water system; and incorporating the findings of a New Jersey-certified professional engineer to evaluate the performance of the hot water recirculation system and identify improvements to temperature control and reduce water age.
	Develop and implement an environmental sampling plan	Completed, but not maintained
	Submit an emergency chemical shock remediation plan	Submitted a proposed remediation plan prepared by Clarity Water Technologies on 6/24/26. CDS provided comments back to the facility on 7/16/26, however, after review CDS did not approve Clarity

		Water Technologies as the vendor for multiple reasons.
March 2025	Maintain POU filters on showerheads	The facility has installed 0.2-micron point-of-use (POU) filters on showerheads in the SNF, AL, and IL units. However, documentation is needed to verify that the filters are being maintained and replaced in accordance with the manufacturer's instructions.
	Assess need for additional POU filters at sinks	Status unknown
	Continue providing bottled water for at-risk residents	Status unknown
	Notify residents, families, and staff of ongoing investigation	The Facility reports that letters were distributed to all residents of SNF, ALF, and IL on June 9, 2026, and that letters were mailed to all SNF and ALF families on June 10, 2026.
	Conduct a comprehensive evaluation of the building water systems	A risk assessment report titled Risk Assessment, prepared by Pace Analytical, was submitted on May 27, 2026, following the onsite visit conducted on February 16–17, 2026. However, the status of the planned and completed recommendations identified in the assessment is unknown. The facility has not provided documentation verifying that the recommended corrective actions have been implemented. The recommendations included addressing hot water temperature variability that required up to 150 seconds of flushing at individual taps; eliminating dead legs in boiler rooms and other low-use outlets; resolving elevated lead and copper concentrations in the cold water system; optimizing the centralized potable hot water system; and incorporating the findings of a New Jersey-certified professional engineer to evaluate the performance of the hot water recirculation system and identify improvements to temperature control and reduce water age.
	Consult with a plumbing engineer to evaluate system configuration and management strategies	Incomplete. A report was submitted on 5/13/26 for the onsite evaluation conducted on 3/20/26. MG Engineering was retained to evaluate

		the water system design and building water management program. The status of the planned and completed engineering recommendations outlined in the report is unknown. Additionally, the engineering report failed to address all items outlined by CDS.
	Perform a facility-wide emergency chemical shock remediation of hot and cold water systems	Completed in August 2025, but unsuccessful
	Conduct post-remediation *Legionella* culture testing	Completed, but inconsistently
December 2025	Maintain POU filters on showerheads	The facility has installed 0.2-micron point-of-use (POU) filters on showerheads in the SNF, AL, and IL units. However, documentation is needed to verify that the filters are being maintained and replaced in accordance with the manufacturer's instructions.
	Engage a New Jersey-licensed engineer with expertise in potable water system design and building water management	Incomplete. A report was submitted on 5/13/26 for the onsite evaluation conducted on 3/20/26. MG Engineering was retained to evaluate the water system design and building water management program. The status of the planned and completed engineering recommendations outlined in the report is unknown. Additionally, the engineering report failed to address all items outlined by CDS.
	Conduct an onsite comprehensive assessment and provide a detailed report.	A risk assessment report titled Risk Assessment, prepared by Pace Analytical, was submitted on May 27, 2026, following the onsite visit conducted on February 16–17, 2026. However, the status of the planned and completed recommendations identified in the assessment is unknown. The facility has not provided documentation verifying that the recommended corrective actions have been implemented. The recommendations included addressing hot water temperature variability that required up to 150 seconds of flushing at individual taps; eliminating dead legs in boiler rooms and other low-use outlets; resolving

		elevated lead and copper concentrations in the cold water system; optimizing the centralized potable hot water system; and incorporating the findings of a New Jersey-certified professional engineer to evaluate the performance of the hot water recirculation system and identify improvements to temperature control and reduce water age.
	Retain a qualified, independent third-party environmental consultant ("Consultant") to oversee and verify the work of the water chemical treatment vendor ("Vendor") throughout the entire disease outbreak investigation.	Completed, hired the third-party auditor (Pace Analytical)

CURRENT CDS OBSERVATIONS AND RECOMMENDATIONS

Observations	Recommendations
• During the 3/5/26 site visit, facility staff, including the Infection Preventionist responsible for overseeing the infection prevention and control program, were unable to demonstrate awareness of the ongoing Legionnaires' disease outbreak investigation.	• Provide ongoing updates to facility staff regarding the Legionnaires' disease outbreak investigation and any related public health guidance. Documentation of ongoing education and updates shall be maintained by the facility. • Provide written communication to clinical staff and the medical director to ensure residents presenting with respiratory symptoms are evaluated for pneumonia and that *Legionella* testing is ordered for any resident with suspected pneumonia, including *Legionella* PCR and/or culture testing of lower respiratory specimens. Note that the *Legionella* urinary antigen test only detects *Legionella pneumophila* serogroup 1. Maintain a line list of residents with respiratory symptoms and corresponding *Legionella* testing results. • Provide written communication to all staff advising them to seek medical attention if they develop symptoms of Legionnaires' disease. • All communications referenced above shall be submitted to NJDOH for review and approval prior to dissemination.
• On 5/13/26, NJDOH received *Legionella* testing results for water samples collected on 3/27/26 with results finalized on 4/9/26. Of the 26 samples analyzed, 18 (69.2%)	• Immediately retain a qualified and independent water treatment vendor to perform a facility-wide emergency chemical shock remediation of the potable hot and

tested positive for *Legionella pneumophila*. The highest concentration detected for 325 CFU/mL. This report was not shared with public health officials within 24 hours of receipt, as previously recommended. • On 5/29/26, NJDOH received *Legionella* testing results for water samples collected on 5/18/26. Of the 26 samples analyzed, 12 (46.2%) tested positive for *Legionella pneumophila*. The highest concentration detected was 1,025 CFU/mL. • On 6/25/26, NJDOH received *Legionella* testing results for water sampled collected on 6/12/26 from assisted living wing of the facility, Of the 9 samples analyzed 7 (77.8%) tested positive for *Legionella pneumophila*. The highest concentration detected was 145 CFU/mL. The previously highest concentration location for the samples collected on 5/18/26 was reported with 35.5 CFU/mL of repeat *Legionella* detection. • These findings indicate widespread *Legionella* colonization within the building water system and represent an ongoing exposure risk to building occupants.	cold water distribution systems to immediately minimize the risk of *Legionella* growth and transmission. The facility shall submit the proposed water treatment vendor to NJDOH for review and approval prior to hiring. • Upon NJDOH approval of the water treatment vendor, submit the proposed emergency chemical shock remediation plan for NJDOH review and approval. Remediation activities shall not commence until both the vendor and the remediation plan have been approved by NJDOH. The remediation plan shall be developed in accordance with NJDOH's Chemical Shock Remediation Guidance for Building Water Systems.
• As of the 6/4/26 site visit, the facility had not adequately investigated documented *Legionella* detections, implemented effective corrective actions, or consistently conducted bi-weekly follow-up sampling at previously positive locations to verify the effectiveness of corrective actions.	• Assess the effectiveness of the emergency chemical shock remediation by conducting post-remediation water sampling for Legionella testing. • Prior to sampling, develop and submit an environmental sampling plan to NJDOH for review and approval. Sampling shall be performed in accordance with NJDOH Environmental *Legionella* Sampling and Testing Guidance. • For each sampling location, measure pre-flush and post-flush water quality parameters, including temperature, time to temperature, disinfectant residual, and pH. Record all measured data on the Environmental Data Collection Sheet. • Remove POU filter prior to collecting the water sample and ensure it is properly reinstalled immediately after the sample is collected. • All samples shall be 1000 mL in volume

	and be submitted to a CDC ELITE Program member laboratory for traditional *Legionella* culture testing that includes speciation and serogrouping. The laboratory shall process the entire 1000 mL volume for each sample. • The initial post-remediation sampling event shall occur 3 to 7 days following completion of remediation and no sooner than 48 hours after the water system has returned to normal operating conditions. Subsequent sampling shall occur every 2 to 3 weeks. No more than 14 days shall elapse between receipt of laboratory results and the next sampling event. Following three consecutive sampling events with no detectable *Legionella*, the facility may, in consultation with the NJDOH, transition to monthly sampling for an additional three months. • If *Legionella* is detected, the facility shall conduct a root cause analysis, implement corrective actions to address conditions that support *Legionella* growth, and submit documentation of the investigation and corrective actions to the NJDOH. Corrective actions shall be consistent with NJDOH Responding to Post-Remediation Environmental *Legionella* Detections Guidance. If *Legionella* continues to be detected despite corrective actions, additional remediation may be required to reduce biofilm, which shall reset the post-remediation sampling schedule. • Submit all laboratory reports, chain-of-custody forms, and corresponding water quality measurements for each sampling event to the NJDOH within 24 hours of receipt.
• During the 3/5/26 and 5/26/26 site visits, it was observed that showerhead filters were not consistently maintained across long-term care, assisted living, and independent living areas; filters were missing, expired, or not installed in some locations. • During the 5/26/26 and 6/4/26 site visit, it was observed in private bathrooms with a fixed showerhead and separate hand-held shower wand, only the hand-held shower wand had the 0.2-micron filter installed;	• Immediately reinstall and maintain 0.2-micron filters on all showerheads in the facility, including independent living, assisted living, and skilled nursing. • For private bathrooms with both fixed showerheads and hand-held shower wands, ensure that all fixed showerheads are either equipped with a 0.2-micron filter or rendered inaccessible for use by staff and residents. Fixed showerheads that are not used must remain capable of routine

however, the fixed showerhead was useable. • During the 5/26/26 site visit, it was observed that filters are no longer installed on showerheads in Independent Living. • On 5/27/26, the facility provided a copy of a letter dated 5/25/26 that had been distributed to Independent Living residents. The letter allowed residents to opt out of the installation of point-of-use filters. Allowing residents to decline this control measure is not appropriate, as the filters are necessary to reduce potential exposure to *Legionella* and must be installed in accordance with public health recommendations. • The facility had been previously directed to install and maintain 0.2-micron filters meeting ASTM F838 requirements on all showerheads; however, this recommendation has not been fully implemented.	flushing to prevent water stagnation. • Install and maintain 0.2-micron filters on sinks in skilled nursing and assisted living areas serving high-risk patients, including those undergoing cancer treatment, transplant recipients, and other severely immunocompromised individuals. Maintain documentation demonstrating that resident assessments were conducted to determine the need for filters and update the assessments as new residents are admitted. • Remove the option for residents to opt out of filter installation. The facility must ensure that filters are installed on all showerheads. • Educate residents and staff about the importance of these filters. • Any future notifications issued to residents regarding activities related to this investigation must be approved by public health authorities.
• During the 5/26/26 site visit, it was observed that 0.2-micron showerhead filters were not consistently labeled with installation and replacement dates, limiting verification against operational records. In addition, dates were written on the showerhead filters using non-permanent marker, resulting in faded or illegible information and reducing reliable tracking of filter maintenance and replacement.	• Implement standardized labeling for all point-of-use filters that include, at minimum, the installation and replacement dates, using waterproof labels and permanent, water-resistant ink. Filter dates must match corresponding paper or electronic maintenance logs to ensure accurate and verifiable tracking. • Ensure adherence to established maintenance and replacement schedules through routine oversight and verification.
• During the 3/5/26 site visit, it was observed that expired 0.2-micron pore-size in-line filters on the ice machines had not been replaced. • During the 5/26/26 site visit, it was observed that the expired filters were found to have been replaced with EZ-FLO 5-micron inline filters. These non-microbial filters do not meet the recommended filtration requirements, as their larger pore size does not effectively remove *Legionella* and may contribute to the depletion of disinfectant residuals.	• Immediately remove ice machines from service and discard all stored ice. • Immediately clean and sanitize ice machines following manufacturer instructions. • Replace all non-microbial and expired filters on ice machines with recommended 0.2-micron filters that meet the requirements of ASTM F838. • Retest the ice machines for Legionella

	prior to returning the machines to service.
• During the 5/26/26 site visit, it was observed that the booster water heater located in skilled nursing was set to store water at 120°F. • During the 5/26/26 site visit, hot water temperatures delivered to points of use in the skilled nursing unit exceeded 110°F. This was also reflected in the facility's hot water temperature monitoring log.	• Maintain water storage temperatures at or above 140°F to reduce the risk of *Legionella* growth. Prior to increasing the temperature, ensure a properly functioning mixing valve is in place to safely temper water prior to distribution to points of use. • Ensure adherence to regulations regarding temperatures for hot water delivery at all sinks, showers, and other points of use in resident areas.
• During the 5/26/26 site visit, it was observed that a water heater in the assisted living area had its recirculation pump unplugged and not operating. In addition, the valve on the circulating hot water return loop was closed, creating a dead leg and conditions that promote water stagnation.	• Restore the affected hot water system to its designed operating conditions by ensuring the recirculation pump and isolation valves are in operation on the hot water return loop. Prior to restoring normal operation, purge stagnant water from the affected dead-leg section of the hot water system.
• During the 5/26/26 site visit, the facility was unable to provide documentation verifying that all water heaters are flushed, drained, and cleaned in accordance with manufacturer instructions.	• Implement routine maintenance for all water heaters, including flushing, draining, and cleaning, in accordance with manufacturer instructions.

• During the 5/26/26 site visit, it was observed that a supplemental monochloramine disinfection system had recently been installed on the water supply serving the skilled nursing area. As noted in NJDOH's 12/18/25 letter, the installation of a supplemental disinfection system without first identifying and addressing the root causes of *Legionella* growth is concerning. A supplemental monochloramine system may provide temporary *Legionella* control, but it is not considered an effective remediation method and will not resolve the underlying issues. • During the 5/26/26 site visit, an extensive water leak was observed at the supplemental monochloramine treatment assembly. This condition may compromise the proper operation and reliability of the disinfection system.	• Provide corrective actions and service reports demonstrating that the supplemental disinfection system is operating as designed and intended. Documentation must include disinfectant set points, measured disinfectant residual concentrations throughout the skilled nursing water distribution system, and verification of the procedures and protocols implemented by the water treatment vendor to ensure fail-safe system operation. These protocols must include, at a minimum, alarms, sensors, automated shutdown features where applicable, and remote monitoring capabilities designed to detect, alert, and respond to system malfunctions, loss of disinfectant feed, dosing deviations, or other operational anomalies.
• On 5/13/26, the facility submitted the engineering report titled "Plumbing Due Diligence Report," dated 4/10/26. During the 5/26/26 site visit, the facility was unable to provide documentation or other evidence demonstrating that the report's recommendations had been implemented.	• Correct all deficiencies identified in the engineering report and provide verification and documentation of completion for all corrective actions addressing the identified deficiencies.

• During the 5/25/26 site visit, it was observed that the facility's Water Management Program (WMP) is not being implemented as designed. Facility staff reported that the WMP has not been updated and that required control measures are not being implemented. Operational records demonstrating implementation were not provided. Required measures include cleaning sink aerators, inspecting backflow preventers and check valves, weekly monitoring of chlorine residuals, maintaining ice machines, and conducting visual inspections of centralized hot water system equipment.	• In coordination with the environmental consultant, conduct a comprehensive review of the facility's WMP to identify gaps and deficiencies. The consultant must provide clear, actionable revisions aligned with current standards and best practices. Update the WMP accordingly and submit the revised version to NJDOH. • In coordination with the environmental consultant, provide staff training on WMP implementation, including monitoring and control measures, documentation requirements, and response procedures for out-of-range conditions and positive *Legionella* results. • Establish a WMP Team and designate a Team Leader. The team must include an Infection Prevention and Control professional, the facility's Medical Director, and an individual familiar with accreditation and licensing requirements. Qualified environmental and *Legionella* consultants should also participate as ongoing team members. • Conduct a thorough survey of all building water system components and perform a systematic evaluation of hazardous conditions specific to the facility. Implement appropriate control measures to eliminate or mitigate each identified hazard. • Hold regular meetings to review WMP implementation, monitoring data, results, corrective actions, and water quality trends, and determine whether program revisions are needed. Increase meeting frequency as needed in response to high-risk conditions, such as *Legionella* detections, confirmed cases of Legionnaires' disease, control measure exceedances, or implementation lapses. Maintain detailed meeting minutes, including attendance records.
• During the 5/26/26 site visit, multiple assisted living common shower rooms were observed with inoperable or infrequently used shower stalls and bathtubs. In addition, several private and common bathrooms had shower stalls	• Conduct a comprehensive inventory of all fixtures and outlets to identify those that are infrequently used. Remove non-operable fixtures and associated piping back to active supply headers where feasible and in accordance with applicable regulations. Where removal is not possible, implement a targeted flushing

being used for storage by residents or staff. • During the 5/26/26 site visit, flushing logs did not identify specific outlets flushed or document centralized equipment subject to routine flushing. The records also did not demonstrate a verified, sequential, facility-wide flushing program to ensure water turnover in resident rooms and common areas or to reduce water age and stagnation throughout the building water system.	program to prevent water stagnation. • Maintain a complete list of all identified dead-legs and implement a plan to eliminate them, prioritizing those that can be removed promptly. For dead-legs that cannot be immediately removed, the facility must minimize their length and install a valve at the end to allow for routine flushing. • Develop and implement a comprehensive routine flushing program for all building water systems appropriate to the size and complexity of the facility. The program shall include clear procedures to ensure regular water movement and turnover throughout the cold and hot water systems, including centralized distribution points and representative proximal, mid-distal, and distal points of use. Flushing shall be conducted at least twice per week, with increased frequency as needed based on system conditions, water age, occupancy, or other risk factors. Standardized flushing logs shall be used consistently across all resident rooms, common areas, and centralized water system areas to document activities and support oversight of the flushing activities.

CURTAILMENT OF ADMISSIONS AND READMISSIONS

Effective immediately, the Department is ordering the curtailment of new admissions and readmissions to both the long-term care facility and the assisted living facility. This enforcement action is 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 the facility's failure to implement public health water management recommendations to address the presence of *Legionella* in the water system, which constitutes an immediate and serious risk of harm to facility residents and others, including staff and visitors. 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 (DPOC)

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

A. Consultants and Weekly Reporting

Both the long-term care and the assisted facility must separately retain the full-time, on-site services of an Administrator Consultant. The long-term care Administrator consultant must be a New Jersey Licensed Nursing Home Administrator. The assisted living administrator consultant must be a New Jersey Certified Assisted Living Administrator. The Administrator Consultant for each entity 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;

6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures; and,

7. Ensure that CDS recommendations are implemented and that the facility is complying with the within order.

Both the long-term care and the assisted facility must also separately retain the full-time, on-site services of a Certified Infection Control Practitioner (ICP) consultant. You may contact the Association of Professionals in Infection Control and Epidemiology (apic.org) to obtain the names of ICPs in your area.

The administrator and infection control 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.Hamill@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Carol.Fogarty@doh.nj.gov, Lisa.King@doh.nj.gov, Jean.Markey@doh.nj.gov, and Gene.Rosenblum@doh.nj.gov by 5 p.m. on August 14, 2026.

The approved consultants shall be retained and begin work no later than the close of business on August 19, 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 infection control 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, which shall be signed by both the administrators and the administrator consultants, every Friday by 1:00 p.m. to Kimberly.Hansen@doh.nj.gov, Carol.Hamill@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Carol.Fogarty@doh.nj.gov and Nadine.Jackman@doh.nj.gov beginning on August 21, 2026.

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.

3. Status of corrective measures implementation and CDS recommendations implementation.

4. A line list of any residents diagnosed with *Legionella*-related illness.

CDS has approved PACE Analytical as the environmental consultant to serve as third-party auditor. The facility shall maintain PACE as the environmental consultant, which shall oversee and verify the work of the water chemical treatment vendor, which shall be engaged pursuant to section (D) of this DPOC, throughout

the entire disease outbreak investigation. The water chemical treatment vendor shall be engaged pursuant to section (D) of this DPOC. In addition to the administrator and infection control consultants and the environmental consultant, pursuant to CDS recommendations, the facility shall retain a New Jersey-licensed mechanical engineer with expertise in building water system design and a water treatment vendor. These consultants may be retained separately or collectively by the long-term care facility and the assisted living facility (i.e., only one of each consultant is required to cover both facilities). Each of the consultants must be a qualified, independent third-party with 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 engineer consultant and the water treatment vendor shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by sending them to Kathleen.Ross@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Lisa.King@doh.nj.gov and Jean.Markey@doh.nj.gov by 5 p.m. on August 14, 2026. While there is no specific hourly or onsite requirement for the CDS-recommended consultants, the facility shall submit to the Department for review and approval its proposed plan for hours on and offsite for each consultant. The roles of the respective consultants are detailed more fully below. The approved consultants shall be retained and begin work no later than the close of business on August 19, 2026.

If one or more of the above consultants ceases to provide services to the facility, the facility shall promptly notify the Department, describe the reason the consultant ceased providing services and submit an alternate consultant to the Department for review and advance approval.

In addition to the weekly progress reports set forth above, the root cause analysis, investigation and corrective action, shock remediation plan, resident and staff notification and any other information required to be provided to NJDOH pursuant to the within order, except where otherwise specified, shall be sent to Kathleen.Ross@doh.nj.gov and Nadine.Jackman@doh.nj.gov.

The facility is directed to maintain timely communication with the Department, as may be required.

B. Immediate Control Measures

1. Install and maintain 0.2-micron filters on all showerheads and wand attachments for both the long-term care and assisted living facilities.

2. Install and maintain 0.2-micron filters on sinks in skilled nursing and assisted living areas serving high-risk patients, including those undergoing cancer treatment, transplant recipients, and other severely immunocompromised individuals. Maintain documentation demonstrating that resident assessments were conducted to determine the need for filters and update the assessment as new residents are admitted.

3. Remove ice machines from service, clean and sanitize them following manufacturer's instructions, install with 0.2-micron biological filters, and retest the ice prior to returning the machines to service.

4. Maintain documentation identifying locations where filters are installed, filter manufacturer and model specifications, installation dates, and scheduled replacement dates, along with proof of purchase (e.g., invoices), to be made available upon request. All filters must comply with ASTM F838 requirements. In addition, each point-of-use filter shall be labeled with waterproof labels indicating the installation date and replacement date, affixed to the unit or in the immediate surrounding area to ensure consistent tracking and timely replacement of installed filters.

C. Resident and Staff Notification

1. Provide written communication to clinical staff to ensure residents presenting with respiratory symptoms are evaluated for pneumonia and that *Legionella* testing is ordered for any resident with suspected pneumonia, including *Legionella* PCR and/or culture testing of lower respiratory specimens. Note that the *Legionella* urinary antigen test only detects *Legionella* pneumophila serogroup 1. Maintain a line list of residents with respiratory symptoms and corresponding *Legionella* testing results.

2. Provide education and training to clinical and dietary staff on the facility's Legionnaires' disease prevention and risk mitigation strategies. Maintain documentation of all training activities, including attendance records, training materials, and dates of completion. Education should include, at a minimum, the following:

    a. Do not provide tap water for drinking to residents/patients at risk of aspiration (i.e., swallowing difficulties), including use of ice from the facility's ice machines in their beverages and tap water used in dilution/hydration of meals for residents/patients on a soft diet. Provide bottled drinking water instead.

    b. Provide sterile water to hematopoietic stem cell or solid-organ transplant patients for tooth brushing, drinking, and flushing their feeding tubes. Use sterile water to flush their feeding tubes.
    c. Use only sterile (not distilled) water for filling reservoirs of devices used for nebulization (e.g., CPAP/BiPAP machines, ventilators, oxygen concentrators, nebulizers).

    d. Use sterile water when rinsing is needed for nebulization devices and other semicritical respiratory-care equipment, including nebulizer masks and tubing, after they have been cleaned or disinfected.

    e. If showering residents, only utilize showers with 0.2-micron point-of-use (POU) microbial filters installed. Post signage on showerheads without POU filters to indicate they should not be used. Otherwise, restrict showers and use sponge baths instead.

3. Provide written communication to all staff advising them to seek medical attention if they develop symptoms of Legionnaires' disease, particularly if they are at increased risk.

4. Provide written communication to all residents and families regarding the Legionella contamination and deaths, the ongoing *Legionella* investigation, the control measures in place, and the actions the facility is taking to mitigate risk, and ensure new residents are notified upon admission.

5. All communications referenced above shall be submitted to NJDOH for review and approval prior to dissemination. These communications shall be sent to Kathleen.Ross@doh.nj.gov and Nadine.Jackman@doh.nj.gov.

D. Emergency Remediation, Water Treatment Vendor and Sampling Service

1. Retain a qualified and independent water treatment vendor to perform a facility-wide emergency chemical shock remediation of the potable hot and cold water distribution systems to immediately minimize the risk of *Legionella* growth and transmission.

2. Prior to development and implementation of the emergency chemical shock remediation plan, the facility shall submit the proposed water treatment vendor to NJDOH for review and approval. The proposed water treatment vendor shall be sent to Kathleen.Ross@doh.nj.gov and Nadine.Jackman@doh.nj.gov. The water treatment vendor 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. To facilitate NJDOH's review, the proposed vendor shall provide

documentation demonstrating its qualifications and capability to perform *Legionella* remediation activities, including, at a minimum:

a. Relevant qualifications, licenses, certifications, and professional credentials

b. Standard Operating Procedures (SOPs) for emergency chemical shock remediation and associated water system disinfection activities, including:

i. Procedures to protect residents, staff, and visitors' health and safety throughout the remediation process.

ii. Pre-remediation activities and preparatory measures necessary to support effective remediation.

iii. The methodology used to determine and achieve the target concentration-time (CT) value necessary for effective disinfection.

iv. Procedures for monitoring disinfectant concentrations throughout the remediation process to ensure that the required disinfectant residual is maintained at all distal outlets and points of use within the water system.

v. Corrective actions to be implemented if disinfectant residuals or other critical remediation parameters fall below established target levels.

c. References and documentation demonstrating successful completion of comparable *Legionella* remediation projects, including project outcomes where available.

d. Any additional information, records, or documentation requested by NJDOH to evaluate the vendor's qualifications, experience, independence, and suitability to perform the remediation

3. Upon NJDOH approval of the vendor, the facility shall submit the proposed emergency chemical shock remediation plan for NJDOH review and approval. The proposed emergency chemical shock remediation plan shall be sent to Kathleen.Ross@doh.nj.gov and Nadine.Jackman@doh.nj.gov. Remediation activities shall not commence until both the vendor and the remediation plan have been approved by NJDOH. The remediation plan shall be developed in accordance with NJDOH's Chemical Shock Remediation Guidance for Building Water Systems.

4. To assess the effectiveness of remediation efforts and verify control of *Legionella* within the building water system, the facility shall implement the following post-remediation sampling and testing procedures:

a. Independent Sampling and Sampling Service: Engage an independent third-party sampling service to collect all environmental water samples for *Legionella* culture testing. Facility staff shall not collect samples. The designated sampling service and its associated sampler must be independent of the facility and any vendors providing services to the facility, including water treatment vendors and environmental consultants. The sampling service and its sampler 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. NJDOH must approve the sampling service and sampler(s).

b. Sampling Plan Development and Approval: Prior to sampling, the independent sampler shall develop and submit a sampling plan to the NJDOH for review and approval. The sampling plan shall:

i. Include all locations with previous *Legionella* detections.

ii. Include representative proximal, mid, and distal points of use and centralized distribution points throughout the water system.

iii. Continue to include NJDOH-designated sampling locations and any locations with ongoing *Legionella* detections.

iv. Ensure sampling locations remain representative of the building water system.

v. Ensure if *Legionella* is detected at a sampling location, that location remains in the sampling plan until three consecutive sampling events demonstrate non-detectable results before consideration is given to selecting an alternate location.

c. Sampling Procedures: The sampler retained for collecting *Legionella* culture testing samples shall conduct unannounced site visits. The facility shall not be informed of the timing of sampling events or the specific locations selected for collection. Sampling shall be performed in accordance with NJDOH Environmental *Legionella* Sampling and Testing Guidance, including:

i. Collection of 1-liter (1000 mL) water samples for *Legionella* culture testing.

ii. Measurement and documentation of pre-flush and post-flush water quality parameters, including temperature, time to temperature, disinfectant residual, and pH.

iii. Collection of first-draw hot water samples unless otherwise directed by NJDOH.

iv. Documentation of all required field measurements and observations on approved sample data sheets.

v. Submit all chain-of-custody forms and corresponding water quality measurements for each sampling event to the NJDOH within 24 hours of the sampling event.

d. Laboratory Requirements and Reporting: All samples shall be analyzed by a CDC ELITE Program member laboratory using *Legionella* culture methods that include speciation and serogrouping. The laboratory shall provide test results simultaneously to the facility, the independent sampler, and the NJDOH.

i. The facility shall submit all results to the NJDOH within 24 hours of receipt.

e. Sampling Schedule: The initial post-remediation sampling event shall occur 3 to 7 days following completion of remediation and no sooner than 48 hours after the water system has returned to normal operating conditions. Subsequent sampling shall occur every 2 to 3 weeks. No more than 14 days shall elapse between receipt of laboratory results and the next sampling event. Following three consecutive sampling events with no detectable *Legionella*, the facility may, in consultation with the NJDOH, transition to monthly sampling for an additional three months. Any additional remediation activities required due to continued *Legionella* detections shall reset the post-remediation sampling schedule.

f. System Operations During Sampling: The facility shall maintain normal water system operating conditions during all sampling activities and shall not manipulate the water system, adjust temperatures, alter disinfectant levels, flush fixtures, or otherwise modify

conditions for the purpose of influencing sampling results. If corrective actions are implemented at a location, the sampler shall wait a minimum of 48 hours before collecting follow-up samples. The sampler shall be included in communications regarding corrective actions to ensure awareness of changes that may affect sampling activities and validation of results.

g. Response to *Legionella* Detections: As recommended previously, the facility shall conduct a root cause analysis for the *Legionella* detections with the assistance of the consultants, implement corrective actions to address conditions that support *Legionella* growth and submit documentation of the investigation and corrective actions to CDS. Corrective actions shall be consistent with NJDOH Responding to Post-Remediation Environmental *Legionella* Detections Guidance. If *Legionella* continues to be detected despite corrective actions, additional remediation may be required to reduce biofilm.

E. Building Water System Assessments

1. Provide service reports demonstrating that the supplemental disinfection system is operating as designed and intended. Documentation must include disinfectant set points, onsite and remotely measured disinfectant residual concentrations throughout the skilled nursing water distribution system, and verification of the procedures and protocols implemented by the water treatment vendor to ensure fail-safe system operation. These protocols must include, at a minimum, alarms, sensors, automated shutdown features where applicable, and remote monitoring capabilities designed to detect, alert, and respond to system malfunctions, loss of disinfectant feed, dosing deviations, or other operational anomalies.

2. As specified in the NJDOH letter to the facility dated December 18, 2025, and set forth on page 19 of this order, hire a New Jersey-licensed engineer ("Engineer") with expertise in building water system design to assess the potable water system to minimize *Legionella* risk. The assessment must review system design, cross-connections, hydraulic configuration, and balancing; evaluate flow rates, pressures, and component sizing; identify dead-legs, stagnation points, and low-flow areas; assess storage tanks, centralized and individual water heaters, hot water booster components, circulation loops and circuits, expansion tanks, pipe materials, corrosion, biofilm-prone areas, and overall system integrity; evaluate disinfectant residuals, water age, and operational, mechanical, and thermal risk factors; and provide an inventory with up-to-date schematics and hazardous control points.

    a. This assessment must include all building water systems both cold and hot distributions including the cold water loop(s) starting from the main cold water point of entry to each building and wing at the subject facility located at 114 Hayes Mill Rd, Atco, NJ 08004.

    b. The Engineer must provide a written report to NJDOH and the facility with prioritized recommendations for reconfiguration, component sizing, engineering controls, and ongoing monitoring. This report shall be sent to Kathleen.Ross@doh.nj.gov and Nadine.Jackman@doh.nj.gov.

    c. Upon receiving the engineering recommendations, the facility must submit a Corrective Action Plan to NJDOH and the facility outlining the measures to address all identified engineering deficiencies. The plan must include a clearly defined scope of work for each corrective action, along with a tentative completion date for all required tasks. This Corrective Action Plan shall be sent to Kathleen.Ross@doh.nj.gov and Nadine.Jackman@doh.nj.gov.

3. As specified in the NJDOH letter to the facility dated December 18, 2025, and on page 19 of this order, retain a qualified, independent third-party environmental consultant ("Consultant") (currently PACE Analytical) to oversee all aspects of the ongoing Legionella investigation and Water Management Program for both the long-term care and assisted living facilities. The Consultant must be retained for

the full duration of the investigation. The facility shall refer to NJDOH's Guidance for Selecting Environmental Consultants when selecting a consultant. At a minimum, the facility must ensure the Consultant performs the following actions:

a. Comprehensive Risk Assessment: Conduct a facility-wide *Legionella* risk assessment that evaluates all building water systems, operational practices, and existing control measures. The assessment must identify system deficiencies, high-risk areas, and facility-specific conditions that contributed to *Legionella* growth.

b. Corrective Action Recommendations: The consultant shall provide a written report to NJDOH and the facility with site-specific recommendations based on the risk assessment. The report must include immediate (short-term) control measures to reduce *Legionella* risk, as well as long-term corrective actions to prevent recurrence. In addition, the report must outline prioritized implementation steps and recommended timelines for all corrective actions. This report shall be sent to Kathleen.Ross@doh.nj.gov and Nadine.Jackman@doh.nj.gov.

c. Water Management Program (WMP) Review: Conduct a detailed review of the facility's existing WMP to identify gaps and deficiencies. The consultant must provide clear, actionable revisions aligned with current standards and industry best practices. Update the WMP based on these recommendations and submit the revised WMP to NJDOH and the facility. The WMP shall be sent to Kathleen.Ross@doh.nj.gov and Nadine.Jackman@doh.nj.gov.

d. Training and Education: Provide training to facility staff on the proper implementation of the WMP, including monitoring and control measures, documentation requirements, and appropriate response actions for out-of-range conditions and positive *Legionella* results.

F. Water Management Program

1. Establish a Water Management Program Team and designate a Team Leader. The team must include a member of the facility's Infection Prevention and Control Program, a clinician with expertise in infectious diseases, and an individual knowledgeable in accreditation standards and licensing requirements. The consultants retained pursuant to the Directed Plan of Correction shall participate as a Team Member on an ongoing basis.

2. Members of the Water Management Program Team should receive education in the prevention of waterborne pathogens. Education should enable participants to (1) identify the risks of pathogen transmission from water exposure, (2) discuss the importance of a water management program, (3) define the seven elements of a water management program, and (4) identify strategies for using water safely in their facilities. Completion of the education should be documented and maintained by the facility.

    a. Examples of appropriate education include but are not limited to:

        i. CDC's Train Module 11C - Water Management Program 2025

        ii. Preventing Legionnaires' Disease: A Training on *Legionella* Water Management Programs (Prevent LD Training)

3. Meet regularly to review Water Management Program implementation, monitoring data and results, corrective actions, and water quality trends, and determine whether revisions to the program are needed. Convene more frequently as needed in response to high-risk conditions, such as *Legionella* detections, confirmed cases of Legionnaires' disease, control measures outside of established limits, or lapses in program implementation. Maintain detailed meeting minutes, including attendance records.

4. Maintain a complete list of all identified dead-legs and implement a plan to eliminate them, prioritizing those that can be removed promptly. For dead-legs that cannot be immediately removed, the facility must minimize their length and install a valve at the end to allow for routine flushing.

5. Develop and implement a comprehensive routine flushing program for all building water systems that is appropriate for the size and complexity of the facility. The flushing plan shall include clearly defined procedures to ensure effective water movement and turnover throughout the cold and hot water systems, including centralized distribution points and representative proximal, mid-distal, and distal points of use. At a minimum, flushing shall be conducted twice per week; however, more frequent flushing may be necessary based on system conditions, water age, occupancy patterns, or other risk factors. Standardized flushing logs shall be used and maintained consistently across all resident living spaces, common areas, and centralized water processing areas to document flushing activities and support program oversight.

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 New Admissions and Readmissions 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

Both the long-term care facility and the assisted living facility are entitled to contest the curtailment and Directed Plan of Correction, pursuant to N.J.S.A. 26:2H-14, by requesting a formal hearing at the Office of Administrative Law (OAL). The facilities may request a hearing to challenge any or all of the following: the factual survey and/or CDS findings, the curtailment and/or the Directed Plan of Correction. The respective facilities must advise this Department within 30 days of the date of this letter if they are requesting an OAL hearing.

Please forward your OAL hearing request(s) 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 appealing is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, the facility appealing 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 or the Directed Plan of Correction in abeyance during any appeal.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions concerning the Curtailment of New Admissions and Readmissions Order or Directed Plan of Correction, please contact Lisa King, Office of Program Compliance, at Lisa.King@doh.nj.gov.

Sincerely,

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

GR:JLM:NJ
DATED: August 12, 2026
E-MAIL
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control #X26244 (Long-Term Care) and #X26245 (Assisted Living)

C. Order Distribution List