



State of New Jersey
DEPARTMENT OF HEALTH

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www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

April 6, 2018

Ms. Galina Markovich
Millennium Memory Care at Holmdel
92 Stillwell Road
Holmdel, NJ 07733

Via Email: galina@millenniumpemorycare.com
and Facsimile: 732-523-5799, Certified Mail, RRR

**RE: Lifting Curtailment of Admissions Order and Directed Plan of
Correction, with Conditions**
Facility ID# NJD35027

Dear Ms. Markovich:

As you were advised yesterday during a telephone call with staff members of the Office of Program Compliance ("OPC") of the Department of Health (DOH), the Directed Plan of Correction and Curtailment of Admissions (DPOC) orders that were issued to the Millennium Memory Care at Holmdel (Millennium) on February 21, 2018 and modified on March 16, 2018 are being lifted. This action is being taken based on a recommendation from Health Facility Survey and Field Operations ("Survey") staff. The Notice of Penalty Assessment which was included in the February 21, 2018 notice is not lifted.

Please be advised that although the DPOC and curtailment are now lifted, pursuant to N.J.S.A. 26:2H-5(e), the Department is requiring that the following additional documentation be provided to OPC, and shall be submitted by email to Gene.Rosenblum@doh.nj.gov, until further notice, as follows:

1. By April 11, 2018, provide initial and quarterly physician assessments and certifications required by N.J.A.C. 8:37- 4.1(a) for each current resident, and each resident newly admitted or readmitted. Provide a weekly update of this information each Wednesday thereafter.
2. By April 11, 2018, provide the physician's prescription and rationale required for the application and use, for any resident, of any restraint, including bedrails and Merry Walkers. Provide a weekly update of this information each Wednesday thereafter.

3. By April 11, 2018, for each resident, provide the assessment of the resident's ability to self-evacuate from the building in an emergency, at night and during the day, including: the resident's cognitive and physical impairments; the resident's ability to release any bed rails; the resident's ability to get out of bed; the resident's ability to perform transfers from bed to floor or wheelchair or other assistive mobility device; the resident's use of any assistive mobility device; the resident's ability to find and navigate, including with the use of any assistive devices needed, the pathway to, and exit from, the building's exit, including inside and outside doorways and stairs. Provide a weekly update of this information each Wednesday thereafter.
4. By April 11, 2018, provide the skin assessment for any resident with pressure sores. Provide a weekly update of this information each Wednesday thereafter.
5. By April 11, 2018, provide the attached certification signed and dated by you, on behalf of yourself and Millennium.
6. By April 11, 2018, provide documentation of in-service education specific to fire safety training and evacuation, for any new staff and staff currently employed. Provide a weekly update of this information each Wednesday thereafter.
7. By April 11, 2018, provide a detailed physical plant diagram identifying all usable space.
8. By April 11, 2018, provide a detailed evacuation route diagram and identify the locations where these diagrams are conspicuously posted throughout the physical plant space.
9. On April 11, 2018, provide a census of all residents for the previous week. Provide a weekly update of this information each Wednesday thereafter.
10. On April 11, 2018, provide the names and schedules of all staff working at the facility during the previous week. Provide a weekly update of this information each Wednesday thereafter.

Please call 609-984-8128 if you have any questions regarding the contents of this letter.

Sincerely,



Gene Rosenblum, Director
Program Compliance and Health Care
Financing
Diving of Certificate of Need and Licensing
New Jersey Department of Health

GR/sld
Control #X18004

Certification of Registered Nurse and Chief Operating Officer

I, Galina Markovich, certify that:

1. I am the Chief Operating Officer (COO) of Millennium Memory Care at Holmdel ("Millenium"), and a Registered Professional Nurse in good standing, licensed by the State of New Jersey.
2. I am responsible for the nature and quality of all nursing care at Millennium; this includes the assessment of the nursing needs, the plan of nursing care, the implementation and the monitoring and evaluation of the plan for each resident.
3. As Chief Operating Officer of Millennium, I am authorized to execute the certification on behalf of Millenium.
4. Millenium is in full compliance with all regulations located at N.J.A.C. 8:37 governing Dementia Care Homes.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____ Signature: _____
Galina Markovich, R.N.,
On behalf of myself and
Millennium Memory Care at Holmdel