



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

In Re Licensure Violation: :

Bayside Manor : CURTAILMENT OF

(NJ Facility ID# NJ 90111) : ADMISSIONS ORDER,

: DIRECTED PLAN OF

: CORRECTION

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TO: Anthony Cappadona, Administrator (anthony@baysidemanor.com)
Bayside Manor
7 Laurel Avenue
Keansburg, New Jersey 07734

Dear Mr. Cappadona:

On February 4, 2022, the Department of Health (hereinafter, "the Department") issued a verbal order curtailing all admissions to Bayside Manor assisted living residence (hereinafter "Bayside"), excluding readmissions. Effective immediately, the Department orders that the February 4, 2022 curtailment is continued, and the Department is now ordering a Directed Plan of Correction (hereinafter "DPOC"), requiring Bayside to hire an Administrator Consultant, a Registered Nurse (RN) consultant and an infection control practitioner (ICP) consultant in addition to or in place of the ICP currently retained by the facility.

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), 3.1 (Enforcement Remedies Available), 3.4 (civil monetary penalties) and 3.6 (Curtailment of Admissions) in response to serious staffing deficiencies observed by Department staff in Bayside during its on-site inspection.

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 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.

LICENSURE VIOLATIONS:

Based on observation and interviews, it was determined at the survey on February 4, 2022 that Bayside violated N.J.A.C. 8:36-17.7 by failing to ensure fire/smoke compartment doors were not held open with a wedge; when fire doors close, they close all the way into the frame and latch; and that fire exit doors were not barricaded.

The survey team determined the provider's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.

On February 4, 2022 at 12:25 PM, the Executive Director (ED) was informed of the immediate threat of having a fire door barricaded. A removal plan was requested.

The survey team also determined that Bayside violated N.J.A.C. 8:36-3.4, which requires that the administrator is responsible for developing, implementing and enforcing all facility policies and procedures. Based on observations, interviews, and policy reviews, it was determined that the administrator failed to ensure that staff implemented infection and prevention control techniques and failed to ensure an emergency fire exit #14 on the 400 unit was functioning. The facility barricaded the non-functioning door shut. The administrator failed to ensure that infection control policies and procedures for the prevention of the spread of COVID-19 were followed, including: the failure to adhere to screening requirements; the failure to use PPE; the failure to use PPE appropriately; the failure to perform hand hygiene; and, the failure to adhere to transmission-based precautions.

The surveyors also determined that Bayside violated N.J.A.C. 8:36-18.3 (a) by failing to implement appropriate infection control techniques. The survey established the following: the facility failed to screen all staff entering the building for COVID-19 symptoms; the facility failed to ensure that staff changed disposable gloves between patients; the facility failed to ensure that staff performed hand hygiene (washing or sanitizing hands) after removing disposable gloves; the facility failed to ensure that staff wore appropriate personal protective equipment (PPE- protective clothing) when in patient isolation rooms; the facility failed to ensure that staff donned (put on) and doffed (removed) PPE correctly; the facility failed to ensure that all staff wore N95 masks (masks that offer greater protection from infectious diseases) over their nose and mouth when interacting with residents or in resident hallways; the facility failed to ensure that staff maintained a closed door on a COVID-19 residents' room as part of the facility's isolation cohort plan (a plan designed to limit transmission of COVID-19); and the facility failed to ensure that a newly admitted resident was quarantined for 14 days after the resident's admission.

It was determined the provider's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. On February 4, 2022, at 12:25 PM, the Executive Director (ED) was informed of the immediate threat. A removal plan was requested.

The factual findings will be set forth in greater detail in the survey report.

CURTAILMENT:

The Department hereby orders the continuation of curtailment of all admissions to Bayside, except readmissions.

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 at the facility in violation of this curtailment order

DIRECTED PLAN OF CORRECTION:

a. The facility must retain the full-time, on-site services of an Administrator Consultant who is a Certified Assisted Living Administrator or a Licensed Nursing Home Administrator, and who shall be approved in advance by the Department. The facility shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Kiisha.johnson@doh.nj.gov and Gene.Rosenblum@doh.nj.gov by close of business on February 18, 2022. The Administrator Consultant shall be present in the facility for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The approved Administrator Consultant shall be retained no later than the close of business, February 23, 2022. The contract with the consultant shall include provisions for immediate corrective action with applicable state licensing standards. The consultant 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 Consultant and facility shall submit weekly progress reports, beginning on January 23, 2022 and continuing each Friday thereafter. The progress reports shall be submitted to Kiisha.johnson@doh.nj.gov.

The Administrator Consultant 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 issues and implementation of timely corrective measures.

The weekly progress reports by the Administrator Consultant and the facility should be sent every Friday by 1:00 p.m. to Kiisha.johnson@doh.nj.gov. 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; and,
3. Status of corrective measures implementation.

b. The facility shall retain the full-time, on-site services of a registered nurse consultant to begin providing services to the facility as a consultant Director of Nursing no later than February 23, 2022. The facility shall provide the Department with the name and resume of the consultant by February 18, 2022. The resume should be sent to Kiisha.johnson@doh.nj.gov and Gene.Rosenblum@doh.nj.gov by close of business on February 18, 2022. The registered nurse consultant 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. The contract with this registered nurse consultant shall include provisions for immediate corrective action ensuring resident safety is not jeopardized and applicable state licensing standards are met.

c. Bayside shall retain the full-time services of a Certified Infection Control Practitioner (ICP) consultant, in addition to or in place of the ICP currently retained by the facility, to begin providing services to the facility no later than February 23, 2022. The facility shall provide the Department with the name and resume of the consultant by February 18, 2022. You may contact the Association of Professionals in Infection Control and Epidemiology (apic.org) to obtain the names of ICPs in your area. The resume should be sent to Kiisha.johnson@doh.nj.gov and Gene.Rosenblum@doh.nj.gov. The ICP consultant 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. The contract with this consultant shall include provisions for immediate corrective action ensuring resident safety is not jeopardized and applicable state licensing standards are met. The facility should send weekly reports every Friday by 1:00 p.m. to the Communicable Disease Services (CDS) Healthcare Associated Infections Coordinator, Jason Mehr, MPH, CIC, at Jason.Mehr@doh.nj.gov with a copy to Kiisha.johnson@doh.nj.gov. These weekly reports shall include timely updates regarding the outbreak investigation, identified cases (as defined by CDS) and the progress of infection prevention. In addition, the facility is directed to maintain timely communication with the Department as may be required by CDS staff, including both the facility's infection prevention team and the consultants

The curtailment and DPOC shall remain in place until the Facility is otherwise notified in writing by a representative of this Department. Department staff will monitor facility compliance with this order 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 also be advised that you may be subject to other enforcement remedies in addition to this order.

FORMAL HEARING:

Bayside is entitled to contest the curtailment, pursuant to N.J.S.A. 26:2H-14, by requesting a formal hearing at the Office of Administrative Law (OAL). Bayside may request a hearing to challenge any or all of the following: the factual survey findings and/or the curtailment. Bayside must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the curtailment.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests
Office of Legal and Regulatory Compliance, New Jersey Department of Health
P.O. Box 360
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Bayside is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Bayside is further required to submit a written response to each and every charge as specified in this notice, which shall accompany its written request for a hearing.

Due to the emergent situation and the immediate and serious risk of harm posed to the residents, please be advised that the Department will not hold the curtailment or the DPOC in abeyance during any appeal of the curtailment.

Finally, be advised that Department staff will monitor compliance with this notice to determine whether corrective measures are implemented by Bayside 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.

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) 376-7751.

Sincerely,



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

DATE: February 11, 2022
FACSIMILE
E-MAIL (anthony@baysidemanor.com)
REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X