



State of New Jersey  
DEPARTMENT OF HEALTH

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

www.nj.gov/health

PHILIP D. MURPHY  
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SHEILA Y. OLIVER  
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JUDITH M. PERSICILLI, RN, BSN, MA  
Commissioner

In Re Licensure Violation: :  
: AMENDED  
: DIRECTED PLAN OF  
Little Brook Nursing and Convalescent Home : CORRECTION  
(NJ Facility ID# NJ22003492) :  
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:  
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TO: Cynthia Bradford, Administrator  
Little Brook Nursing  
78 Sliker Road  
Califon, NJ 07830

Dear Ms. Bradford:

On June 7, 2023, the Department of Health (hereinafter “the Department”) issued a written order that curtailed all admissions and imposed a Directed Plan of Correction (hereinafter “DPOC”), that required Little Brook Nursing and Convalescent Home (hereinafter “the Little Brook”) to retain the full-time services of a Consultant Administrator and Consultant Director of Nursing, and to retain a staffing agency to help the facility meet staffing requirements. In addition, the Department ordered: the administrator to send daily staffing reports to the Department; the pharmacy consultant to conduct medication passes and report directly to the DON and the Medical Director; the DON to immediately act upon the pharmacy consultant’s recommendations; the Medical Director to be on-site daily and to conduct staff performance appraisals; and the facility to meet staffing requirements based on the law and the facility’s self-assessment. The June 7, 2023, order confirmed verbal orders issued to Little Brook by the Department on June 2, 2023 and June 5, 2023 that imposed the curtailment and DPOC. The curtailment and DPOC remain in effect until Little Brook is notified otherwise by the Department.

The Department is now amending the DPOC requirements imposed upon the Little Brook Medical Director, as described below.

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) and 3.1 (Enforcement Remedies Available), after Staff from the Department's Health Facility Survey and Field Operations (HFS&FO or Survey) were on-site at

Little Brook and found significant deficiencies posing an immediate and serious threat of harm to 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.

#### **AMENDED DIRECTED PLAN OF CORRECTION:**

On June 7, 2023, the Department ordered the Medical Director to be on-site at Little Brook at least one (1) hour per day. The Medical Director was directed to oversee staffing proficiency, and to oversee implementation of the removal plans for Survey-identified immediate jeopardy deficiencies and to evaluate the competency of staff. The Medical Director was ordered to complete and produce performance appraisals for all staff responsible for medical care to residents. The performance appraisals were ordered to be included in the weekly reports to the Department.

The DPOC is now amended to permit a designated medical professional to complete staff competencies in consultation with the Medical Director, and subject to review and final approval of staff competencies by the Medical Director, as follows:

1. The Medical Director shall review and sign off on the *content* of all staff competencies to ensure each competency meets all safety, skill and knowledge level, and regulatory standards.
2. The Medical Director shall oversee and ensure that the competencies are completed on all staff and that the staff pass each competency. The Medical Director may co-sign the competencies after they are conducted by a designated medical professional, such as the Assistant Director of Nursing. If a staff member does not pass the competency, the Medical Director must be made aware and shall ensure that staff who do not pass competencies receive the remediation/additional in-service training necessary before that staff member is allowed to perform that skill on any resident.
3. The Medical Director shall oversee that the performance appraisals are completed by tracking and co-signing them upon completion by the designee (i.e. ADON). By co-signing the Medical Director is acknowledging that any performance deficits addressed in staff performance on the performance appraisals are addressed through in-servicing or other competency-based remediation.

As required in the original DPOC, the Medical Director is still required to be on-site at the facility at least one hour per day.

The 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 additional enforcement actions, including penalties.

Please be advised that you may be subject to other enforcement remedies in addition to this order.

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: June 9, 2023

FACSIMILE

E-MAIL (cbradford@littlebrooknursinghome.com , johnhampilos@gmail.com)

REGULAR AND CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Control # X23021