



State of New Jersey
DEPARTMENT OF HEALTH

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www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

In Re Licensure Violation:	:	
	:	CURTAILMENT OF
	:	ADMISSIONS AND
Majestic Center for Rehab & Subacute Care	:	DIRECTED PLAN OF
(NJ Facility ID# NJ60412	:	CORRECTION
	:	
	:	
	:	

TO: Yisroel Miller, Administrator
Majestic Center for Rehab & Subacute Care
Two Cooper River Plaza
Camden, NJ 08103

Dear Mr. Miller:

This letter confirms the verbal order given to Mr. Robert Cohen, Executive Director, by the Department of Health (hereinafter, "the Department") on July 17, 2023, ordering the Majestic Center for Rehab & Subacute Care (hereinafter, "the Majestic Center") to curtail all admissions at the facility, including readmissions, and ordering a Directed Plan of Correction (DPOC) requiring Majestic Center to hire a New Jersey Licensed Nursing Home Administrator, to retain the full-time services of a Consultant Administrator and Consultant Director of Nursing, and to take temperature readings of every room in the facility each shift and to send the temperature logs to the Department. The DPOC also requires the facility to have the Medical Director or a physician designee reassess all residents of the facility. These requirements are set forth in further detail 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 Majestic Center and found significant deficiencies posing an immediate and serious risk 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.

LICENSURE VIOLATIONS:

Staff from Survey were on-site at the Majestic Center on July 15 and 16, 2023. Based on observations, interviews, and review of pertinent Facility documentation, it was determined that the facility violated N.J.A.C. 8:39-4.1(a)5, N.J.A.C. 8:39-9.2, N.J.A.C. 8:39-11.2(i) and N.J.A.C. 8:39-31.8(a). N.J.A.C. 8:39-4.1(a)5 provides that each resident shall be free from physical and mental abuse and/or neglect. N.J.A.C. 8:39-9.2 requires that a facility be directed by an individual who holds a current New Jersey license as a nursing home administrator. N.J.A.C. 8:39-11.2(i) requires that a facility perform a reassessment in response to all substantial changes in a resident's condition. N.J.A.C. 8:39-31.8(a) requires that all areas of the facility used by residents be equipped with air conditioning and that the temperature in these areas not exceed 82 degrees Fahrenheit.

The survey team determined that the facility failed to: a.) identify high-risk residents during their heat emergency and develop an individualized plan to prevent a heat-related adverse event, b.) implement cooling measures to reduce the risk for harm, c.) initiate room temperature checks when the air temperature on resident units was excessively humid and residents were visibly perspiring and complaining of feeling "hot" d.) activate their emergency response plan upon identification of air conditioning malfunction in 89-degree temperatures with no immediate plan to correct the HVAC malfunction. This resulted in an immediate jeopardy situation for a resident in room 323 who was identified by the nurse to have known chronic respiratory diagnosis and utilized oxygen for respiratory relief. The resident had no fan and no air conditioning in the room and room temperature readings were in excess of 86 degrees Fahrenheit. The facility's failure to ensure room temperatures did not exceed 81 degrees with knowledge of the HVAC system not functioning on July 6, 2023, and the failure to implement measures to maintain the resident room temperatures on the 2nd and 3rd floors from July 6, 2023, until survey intervention, placed all residents at risk for serious harm, impairment, or death when resident room temperature readings were recorded as high as 92 degrees.

The facility failed to identify a high-risk resident (Resident #1) who was complaining of feeling hot, sweating and not feeling good and failed to follow professional standards of nursing practice to assess, identify, and call the physician at the time when the resident was complaining and having a change in status. Two LPNs and one RN who each assessed the resident stated that this was the resident's baseline and that the resident might be admitted to hospice but was not on hospice service. The Nurse Practitioner assessed the resident and stated that this was not the resident's normal behavior baseline and had irregular heart rate and elevated blood pressure. The resident was sent to the hospital on July 15, 2023. This resulted in an immediate jeopardy situation for Resident #1 (room 323) who was known by the nurse to have known chronic respiratory diagnosis

and utilized oxygen for respiratory relief. The resident had no fan and no air conditioning in the room and room temperature readings were in excess of 86 degrees.

The facility failed to ensure room temperatures did not exceed 81 degrees with knowledge of the HVAC system not functioning on July 6, 2023, failed to implement measures to assess the resident and maintain the resident's room temperature and failed to follow professional standards of practice by not calling a physician, by not intervening to address the lack of air conditioning in the room or offering to transport the resident to another area of the building until surveyor inquiry.

The facility's Licensed Nursing Home Administrator (LNHA) failed to safeguard the residents on the 2nd and 3rd floors from a heat-related emergency, failed to activate the emergency response plan when temperatures exceeded 81 degrees in resident rooms, and failed to identify high-risk residents.

After the facility was notified of the immediate jeopardy situation on July 15, 2023, the next day on July 16, 2023, the facility provided the survey team a list of all high-risk residents in the facility, and the facility determined there were 107 out of 114 residents at high-risk for adverse consequences if exposed to prolonged heat, which is 98.3% of the resident population. The air conditioning had not been functioning on the third floor since July 6, 2023, and the interruption in service was not reported to the Department. Residents on 2 of 2 units were not provided adequate cooling to maintain room temperatures and prevent adverse heat exhaustion and other related emergencies. There was no logging of the temperatures by the facility.

The survey team determined that the facility's non-compliance with these requirements had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.

You will receive a complete inspection report detailing all deficiencies and factual findings.

CURTAILMENT:

The Department hereby orders the continuation of curtailment of all admissions to Majestic Center, including 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 in accordance with N.J.A.C. 8:34-1.1 et seq., who shall be responsible for consultation services concerning the day-to-day operations of the facility. The Administrator Consultant must be approved by the Department. The facility shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Sophie.Xyloportas@doh.nj.gov, Carol.Hamill@doh.nj.gov, Laura.Sagaard@doh.nj.gov, Gene.Rosenblum@doh.nj.gov and Lisa.King@doh.nj.gov by 12:00 noon on July 21, 2023. 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, July 26, 2023. 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 July 28, 2023, and continuing each Friday thereafter. The progress reports shall be submitted to Sophie.Xyloportas@doh.nj.gov, Carol.Hamill@doh.nj.gov, and Laura.Sagaard@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 Sophie.Xyloportas@doh.nj.gov, Carol.Hamill@doh.nj.gov, and Laura.Sagaard@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. Majestic Center shall retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN). The Consultant DON must be approved by the Department. The facility shall provide the Department with the name and resume by 12:00 noon July 21, 2023. The resume should be sent to Sophie.Xyloportas@doh.nj.gov, Carol.Hamill@doh.nj.gov, Laura.Sagaard@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, and Lisa.King@doh.nj.gov. 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 consultant DON 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 approved Consultant Director of Nursing shall be retained no later than the close of business, July 26, 2023. They shall be responsible for ensuring that immediate corrective action is taken to ensure resident safety is not jeopardized and applicable state licensing standards are met.

c. The facility shall take the temperature of every room in the facility on each shift and shall maintain temperature logs for the temperature readings. In addition, the facility shall send daily reports by noon each day beginning on July 19, 2022, to Health Facility Survey and Field

Operations, Attention: kara.morris@doh.nj.gov and Sophie.Xyloportas@doh.nj.gov. These daily reports shall include temperature/humidity logs evidencing the facility's monitoring of temperatures.

d. The facility must employ a full-time, on-site New Jersey-qualified Administrator in accordance with N.J.A.C. 8:34-1.1 et seq., who shall be responsible for the day-to-day operations of the facility. The Administrator must be approved by the Department. The facility shall provide the name and resume of the proposed Administrator by submitting the name and resume to Sophie.Xyloportas@doh.nj.gov, Carol.Hamill@doh.nj.gov, Laura.Sagaard@doh.nj.gov, Gene.Rosenblum@doh.nj.gov and Lisa.King@doh.nj.gov by 12:00 noon on July 25, 2023. The Administrator 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 shall be retained no later than the close of business, July 31, 2023. The Administrator shall be responsible for ensuring immediate corrective action to comply with applicable state licensing standards. The Administrator and facility shall submit weekly progress reports, beginning on July 31, 2023, and continuing each Friday thereafter. The progress reports shall be submitted to Sophie.Xyloportas@doh.nj.gov, Carol.Hamill@doh.nj.gov, and Laura.Sagaard@doh.nj.gov.

e. The facility's Medical Director or a physician designee shall reassess each resident of the facility by July 27, 2023 in accordance with N.J.A.C. 8:39-11.2

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.

FORMAL HEARING:

Majestic Center 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). Majestic Center may request a hearing to challenge any or all of the following: the factual survey findings and/or the curtailment. Majestic Center 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 Majestic Center is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Majestic Center 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.

Since the surveyors have determined that an immediate and serious risk of harm is 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.

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,


Lisa King
Regulatory Officer, Office of Program Compliance
Division of Certificate of Need and Licensing

DATE: July 18, 2023

FACSIMILE

E-MAIL (administrator@Majesticrehab.org; rcohen@outcomehc.com;
pappas@outcomehc.com)

REGULAR AND CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Control # X23028; WCK