



Citation and Notification of Penalty

To:
Hackensack Meridian Jersey Shore University Medical
Center
and its successors
1945 ROUTE 33
Neptune, NJ 07753

Inspection Site:
1945 ROUTE 33
Neptune, NJ 07753

Inspection Number: 1473469
Inspection Date(s): 04/29/2020 - 10/29/2020
Issuance Date: 10/29/2020

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty **you either call to schedule an informal conference (see paragraph below) or** you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period by calling 856-596-5200. During such an informal conference you may present any evidence or views which you believe would

support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

Right to Contest – You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. **Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.**

Penalty Payment – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to “DOL-OSHA”. Please indicate the Inspection Number on the remittance. You can also make your payment electronically on www.pay.gov. On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>.

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will process the payments as if these restrictions or conditions do not exist.

Notification of Corrective Action – For each violation which you do not contest, you must provide ***abatement certification*** to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that ***abatement documentation*** is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

Employer Discrimination Unlawful – The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

Employer Rights and Responsibilities – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

Notice to Employees – The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

Inspection Activity Data – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.



NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on

10/29/2020. The conference will be held by telephone or at the OSHA office located at 701

Route 73 South, Building 2, Suite 120, Marlton, NJ 08053 on _____ at

_____. Employees and/or representatives of employees have a right to attend an informal conference.

CERTIFICATION OF CORRECTIVE ACTION WORKSHEET

Inspection Number: 1473469

Company Name: Hackensack Meridian Jersey Shore University Medical Center

Inspection Site: 1945 ROUTE 33, Neptune, NJ 07753

Issuance Date: 10/29/2020

List the specific method of correction for each item on this citation in this package that does not read "Corrected During Inspection" and return to: **U.S. Department of Labor – Occupational Safety and Health Administration, 701 Route 73 South, Building 2, Suite 120, Marlton, NJ 08053**

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

I certify that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement.

Signature

Date

Typed or Printed Name

Title

NOTE: 29 USC 666(g) whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment of not more than 6 months or both.

POSTING: A copy of completed Corrective Action Worksheet should be posted for employee review



Citation and Notification of Penalty

Company Name: Hackensack Meridian Jersey Shore University Medical Center
Inspection Site: 1945 ROUTE 33, Neptune, NJ 07753

Citation 1 Item 1 Type of Violation: **Serious**

29 CFR 1910.132(a): Protective equipment, including personal protective equipment for extremities and protective clothing, was not provided wherever it was necessary by reason of hazards of processes or environment encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact:

(a) Facility located at 1945 ROUTE 33, Neptune, NJ 07753, Mehandru Pavilion, Unit 5: Employees working as Nurses and Physical Therapists provide direct patient care to COVID-19 positive patients and patients under investigation (PUI) for COVID-19, including unmasked patients with coughs. The employer did not ensure a sufficient daily supply of isolation gowns were provided to this unit, resulting in the employees having to respond without gowns to care for COVID-19 positive patients in distress on or about 5/6/2020.

ABATEMENT DOCUMENTATION AND CERTIFICATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	11/25/2020
Proposed Penalty:	\$9639.00



Citation and Notification of Penalty

Company Name: Hackensack Meridian Jersey Shore University Medical Center

Inspection Site: 1945 ROUTE 33, Neptune, NJ 07753

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury or illness.

Citation 1 Item 2 a Type of Violation: **Serious**

29 CFR 1910.134(e)(7)(i): The employer did not provide additional medical evaluations that complied with the requirements of 29 CFR 1910.134 when an employee reported medical signs or symptoms that were related to ability to use a respirator:

(a) Facility located at 1945 ROUTE 33, Neptune, NJ 07753, Emergency Department: Employees who were recently required to wear N95 filtering facepiece respirators for their entire 12-hour shifts reported medical signs and symptoms to the employer such as, but not limited to, migraine headaches and blurred vision. The employer did not provide additional medical evaluations on or about 7/22/2020.

ABATEMENT DOCUMENTATION AND CERTIFICATION REQUIRED FOR THIS ITEM

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	11/25/2020
Proposed Penalty:	\$13494.00



Citation and Notification of Penalty

Company Name: Hackensack Meridian Jersey Shore University Medical Center
Inspection Site: 1945 ROUTE 33, Neptune, NJ 07753

Citation 1 Item 2 b Type of Violation: **Serious**

29 CFR 1910.134(e)(7)(iv): The employer did not provide additional medical evaluations that complied with the requirements of 29 CFR 1910.134 when a change occurred in the workplace conditions that resulted in a substantial increase in the physiological burden placed on an employee:

(a) Facility located at 1945 ROUTE 33, Neptune, NJ 07753, Emergency Department: The employer changed the required usage of N95 respirators from sporadic to continuous for up to 12 hours, for Emergency Department employees. Additional medical evaluations were not conducted for these employees to ensure preexisting conditions were not exacerbated or that a physiological burden was not created by this increase in usage on or about 7/22/2020.

ABATEMENT DOCUMENTATION AND CERTIFICATION REQUIRED FOR THIS ITEM

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:

11/25/2020



Citation and Notification of Penalty

Company Name: Hackensack Meridian Jersey Shore University Medical Center
Inspection Site: 1945 ROUTE 33, Neptune, NJ 07753

Citation 1 Item 2 c Type of Violation: **Serious**

29 CFR 1910.134(f)(2): Employee(s) using tight-fitting facepiece respirators were not fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) was used, and at least annually thereafter:

(a) Facility located at 1945 ROUTE 33, Neptune, NJ 07753: Employees, such as but not limited to, Nurses, Patient Care Technicians, Environmental Services, Physical Therapists, Occupational Therapists, and Ambulatory staff, were required to wear N95 filtering facepiece respirators while providing direct care to COVID-19 positive patients and patients under investigation (PUI) for COVID-19. The employer did not ensure that these employees were fit tested prior to initial use when different makes and models of respirators were provided on or about 4/29/2020.

ABATEMENT DOCUMENTATION AND CERTIFICATION REQUIRED FOR THIS ITEM

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:

11/25/2020



Citation and Notification of Penalty

Company Name: Hackensack Meridian Jersey Shore University Medical Center

Inspection Site: 1945 ROUTE 33, Neptune, NJ 07753

Citation 1 Item 2 d Type of Violation: **Serious**

29 CFR 1910.134(k)(5)(iii): Retraining was not conducted when situations arose in which retraining appeared necessary to ensure safe respirator use:

(a) Facility located at 1945 ROUTE 33, Neptune, NJ 07753: The employer failed to provide effective training on the extended use, reuse, and decontamination protocols to employees who were required to use N95 filtering facepiece respirators when tending to patients with COVID-19 and patients under investigation (PUI) for COVID-19 on or about 4/29/2020.

ABATEMENT DOCUMENTATION AND CERTIFICATION REQUIRED FOR THIS ITEM

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:

11/25/2020



Citation and Notification of Penalty

Company Name: Hackensack Meridian Jersey Shore University Medical Center
Inspection Site: 1945 ROUTE 33, Neptune, NJ 07753

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury or illness.

Citation 2 Item 1 a Type of Violation: **Other-than-Serious**

29 CFR 1904.35(a)(3): The employer did not provide access to its injury and illness records for its employees and their representatives as described in paragraph (b)(2) of this section:

(a) Facility located at 1945 ROUTE 33, Neptune, NJ 07753: The Injury Illness Reports (OSHA Form 301) for the 2020 calendar year were not provided to Health Professionals and Allied Employees (HPAE) Union Officials upon request on or about 4/30/2020.

Date By Which Violation Must be Abated:
Proposed Penalty:

Corrected During Inspection
\$0.00

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 1473469
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Citation 2 Item 1 b Type of Violation: **Other-than-Serious**

29 CFR 1904.35(b)(2)(iii): The employer did not provide the requested OSHA 300 Logs to an employee or authorized employee representative by the end of the next business day:

(a) Facility located at 1945 ROUTE 33, Neptune, NJ 07753: Injury/Illness Logs (OSHA Form 300) for the 2020 calendar year were not provided to Health Professionals and Allied Employees (HPAE) Union Officials upon request on or about 4/30/2020.

Date By Which Violation Must be Abated:

Corrected During Inspection

A handwritten signature in blue ink, appearing to read "Paula Dixon-Roderick", written over a horizontal line.

Paula Dixon-Roderick
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration
701 Route 73 South
Building 2, Suite 120
Marlton, NJ 08053



INVOICE / DEBT COLLECTION NOTICE

Company Name: Hackensack Meridian Jersey Shore University Medical Center
Inspection Site: 1945 ROUTE 33, Neptune, NJ 07753
Issuance Date: 10/29/2020

Summary of Penalties for Inspection Number	1473469
Citation 1, Serious	\$23133.00
Citation 2, Other-than-Serious	\$0.00
TOTAL PROPOSED PENALTIES	\$23133.00

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance. You can also make your payment electronically on www.pay.gov. On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is <https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>. You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will cash the check or money order as if these restrictions or conditions do not exist.

If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed

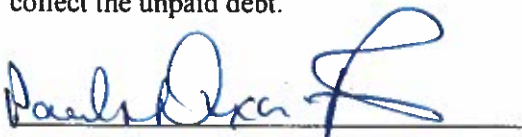
account, the bank will attempt to make the transfer up to 2 times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

Interest: Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is two percent (2%). Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

Delinquent Charges: A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

Administrative Costs: Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.



Paula Dixon-Roderick

Area Director

10/29/2020
Date