



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF LICENSING  
PO Box 707  
TRENTON, NJ 08635-0707

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

JENNIFER VELEZ  
*Commissioner*

June 30, 2014

Robert M. Davison, MA, LPC  
Executive Director  
Mental Health Association of Essex County, Inc.  
33 South Fullerton Avenue  
Montclair, NJ 07042

Dear Mr. Davison:

I wish to express my gratitude for the cooperation provided by you and your staff on June 18, 2014.

The residential report is attached. Since there are no deficiencies identified in the report, a response is not required. New residential licenses for your agency are currently being processed and will be mailed to you in a few weeks.

If you have any questions, please feel free to contact me at (609) 256-1448 or (609) 292-7261.

Sincerely,

*Kathryn Eckel<sup>AB</sup>*

Kathryn Eckel, Quality Assurance Specialist  
Office of Licensing

Attachments

c. SharePoint

**DEPARTMENT OF HUMAN SERVICES  
Office of Licensing**

**HOUSING INSPECTION REPORT**

**AGENCY:** Mental Health Association of Essex County      **DATE OF REVIEW:** June 18, 2014

**ADDRESS:** 33 South Fullerton Avenue  
Montclair, NJ 07042      **INSPECTOR:** Kathryn Eckel

**EXECUTIVE DIRECTOR:** Robert M. Davison      **TELEPHONE:** 973-509-9777

**RESIDENTIAL PROGRAM DIRECTOR:** Ross Croessman

**Authority**

The Department of Human Services is mandated to perform site inspections every two years of all licensed community residences for the mentally ill. The standards used for these inspections are the Division's "Community Residences for the Mentally Ill" N.J.A.C. 10:37A.

**Scope and Purpose of Review**

The housing inspection is part of an ongoing monitoring function of the Department of Human Services. The inspection is the mechanism by which agency housing is evaluated.

**Resource Materials**

Information for preparation of this report was obtained from current files of the Office of Licensing, a walk-through inspection of the residential facilities, and agency documentation.

All deficiencies cited in this report were corrected at the time of the inspection or shortly after the inspection; a plan of correction is not needed.

**Description of Housing Facilities**

The agency operates two supportive housing residences with a capacity of 3 clients each for a total of 6. On the day of the housing inspection the census was 5. This is an occupancy rate of 83.3%.

**Staffing Requirements**

Five personnel files for residential staff hired, transferred or promoted since the 2012 DHS housing inspection were reviewed for compliance with staff qualifications documentation and other requirements. In addition, the agency has developed and implemented a policy and procedure that assures compliance with N.J.A.C. 10:44D, Central Registry. The sample of staff

personnel files reviewed included copies of the required “Employee/Volunteer Consent for Employers to Check Form.” The forms included dated caregiver signatures as well as the dated signature of the CEO/Executive Director or designee affirming that the Central Registry was checked and that the caregiver is not listed on the Central Registry.

### Description of Residences

SHR = Supportive Housing Residence

Code	Type of Home*	Level of Care	Capacity	Census	M	F
G09-SH1	SHR	As needed	3	3	3	0

This is a two-story single-family colonial style house in a residential neighborhood. The house is approximately 70 to 80 years old. It contains three bedrooms (one on the first floor and two on the second floor), a small room on the second floor utilized as an office area for the consumers, three bathrooms, a living room with an adjacent sitting area, a kitchen and a finished basement and attic. The detached garage is locked and used for agency storage. There is an attached deck off the back of the house. Smoke detectors are battery operated.

1. The second bedroom by the bathroom contained a power strip which was plugged into an extension cord under the bed. However, this was corrected at the time of the inspection. [N.J.A.C 10:37A 6.5(b)]

Code	Type of Home*	Level of Care	Capacity	Census	M	F
G09-SH2	SHR	As needed	3	2	0	2

This is a two-story three bedroom, two bathroom house at the edge of a residential area. The home has an attached wooden deck and fenced-in back yard. Two bedrooms are located on the first level and the third bedroom is located on the second level. A locked storage shed for agency storage is located in the back yard.

2. The bedroom by the bathroom on the first floor had an air conditioner which was plugged into a power strip. Air conditioners must be plugged directly into an electrical outlet. However, this was corrected at the time of the inspection. [N.J.A.C 10:37A 6.5(a)]
3. A bees’ nest was present on the rear deck under the top of the railing where the railing meets the house. However, the agency submitted documentation that this nest was removed shortly after the inspection. [N.J.A.C 10:37A 6.5(g)]