

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER Crystal Lake Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 395 Lakeside Blvd Bayville, NJ 08721	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview, and record review, it was determined that the facility failed to provide care and services in accordance with professional standards of practice for 2 of 6 residents reviewed (Resident # 1 and Resident #2) by implementing the practice of double diapering, which is not an accepted standard of incontinence care and has the potential to compromise skin integrity and resident dignity. According to the admission Record (AR) Resident #1 was admitted to the facility with diagnoses which included but were not limited to: dementia (a decline in mental ability-including memory, language, and reasoning), mild intellectual disabilities, and type 2 Diabetes Mellitus (a chronic metabolic disorder characterized by high blood sugar caused by insulin resistance, where body cells fail to use insulin properly, alongside relative insulin deficiency). According to the Minimum Data Set (MDS), an assessment tool dated 2/1/26, Resident #1 had a Brief Interview for Mental Status (BIMS) score 99 which indicated that the resident was unable to complete this assessment. Resident #1's CP under Focus date initiated 9/15/25: Resident #1 is at risk for skin impairment r/t impulsive scratching and fragile skin, Extrapyramidal movements, Pvd. (Peripheral Vascular Disease). According to the admission Record (AR) Resident #2 was admitted to the facility with diagnoses which included but were not limited to: urinary tract infection, altered mental status, and generalized anxiety disorder. According to the Minimum Data Set (MDS), an assessment tool dated 1/24/26, Resident #2 had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated that the resident was severely impaired. Resident #2's CP included the following: Under Focus date initiated 2/25/21: SKIN/ INTEGRITY [Resident #2] HAS THE POTENTIAL FOR ALTERATION IN SKIN INTEGRITY RELATED TO: --INCONTINENCE. Under Interventions: KEEP SKIN CLEAN AND DRY--PROVIDE PROMPT INCONTINENCE CARE. On 4/28/26 at 5:31 AM, during care observation, Resident # 1 was noted to be wearing two incontinence diapers layered on top of each other (double diapering). The inner diaper was wet with urine, while the outer brief remained in place and dry. On 4/28/26 at 5:35 AM, during care observation, Resident #2 was noted to be double diapered. The inner diaper was wet with urine, while the outer brief remained in place and dry. On 4/28/26 at 6:43 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) from the 3rd floor who was responsible for double diapering both residents. The CNA apologized for double diapering residents and acknowledged this was not good practice. She further stated that both residents are heavy wetters and reported it was not a frequent practice she performed but due to short staffing that was why she double diapered the residents. The CNA stated that residents should not be double diapered as it could cause skin breakdown. On 4/28/26 at 6:57 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who was covering the 3rd floor. The LPN stated that when he checked the residents, they were not double diapered. He stated if he did observe a resident being double diapered, he would change them into a single diaper. When asked why residents shouldn't be double diapered, the LPN responded that it could cause skin breakdown because urine and feces are acidic to a resident's skin and that it was an unsanitary practice. On 4/28/26 at 8:32 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) who stated that she expects her staff to round on all residents, to make sure that the residents are turned and repositioned as needed, and that they are clean and dry. The ADON stated she was unaware that staff were double diapering residents but (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that they should not be because it can cause skin breakdown.On 4/28/29 at 9:33 AM, the surveyor interviewed the Director of Nursing (DON), who stated the expectation is for staff to not double diaper residents because skin integrity is a concern and double diapering could cause other complications to arise. The DON stated that there was no previous knowledge of staff double-diapering residents and that there were no grievances or complaints regarding this practice. On 4/28/29 at 9:33 AM, the DON provided the surveyor with training that had been completed on 4/25/26 for the CNAs regarding CNA expectations and daily duties for the facility. The facility document titled CNA DON'T'S [sic] included: 4. Do not double brief any resident - If a resident request [sic] inform nursing administration.A review of the facility's policy titled, Perineal Care with an updated date of 1/2026, included the following information under Policy Statement: The purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition.A review of the facility's policy titled, Resident Rights with an updated date of 1/2026, included the following information Policy Statement: employees shall treat all residents with kindness, respect, and dignity. Under, Policy Interpretation and Implementation: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity.N.J.A.C. 8:39-27.1(b)		