STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315135	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crest Pointe Rehabilitation and Healthcare Center	1515 Hulse Road PT Pleasant, NJ 08742

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, it was determined that the facility failed to: a) maintain kitchen equipment in a clean, safe and sanitary manner and b) maintain proper temperatures and logs for 2 of 2 freezer units on the nursing units. This deficient practice was evidenced by the following:On 9/14/25 at 10:28 AM, in the presence of the Food Service Director (FSD), the surveyor observed the following:1. The can-opener blade had a metal chip on the left side. The FSD acknowledged it had not been changed. The FSD was unable to produce a maintenance log to indicate when the blade should be replaced.2. The microwave had multicolored food debris on the interior ceiling. The FSD acknowledged the debris and agreed that it was not cleaned according to facility policy. 3. One of two convention ovens (upper unit), had baked on food debris on two of the glass doors and also on the interior surfaces. The FSD did not have a cleaning schedule and acknowledged and agreed that it was not cleaned according to the facility policy. 4. One of three coffee dispenser nozzles, had white hard build up on the outside of the dispenser. The FSD acknowledged and agreed that it was not cleaned according to facility policy. 5. The juice dispenser storage holder had dried, caked on red congealed (to change from a liquid to a solid state) substance that remained when the liquid was dumped. The FSD could not state what the sediment was. She acknowledged that it was not cleaned according to facility policy. 6. Freezer logs on 2 of 2 units were not available. The FSD stated, her department oversaw the refrigerator freezer combo on the units, and she did not have logs for the freezer temperatures. She acknowledged that there should have been temperature logs to ensure the freezer was holding temperature and that it was safe for residents to use and store food. On 9/16/25 at 10:00 AM, the surveyor interviewed the FSD, who stated, the can-opener blade should be changed regularly to ensure safety for the residents and that no metal fragments were in the food. She further stated that the cleaning of equipment should be done on a schedule to prevent food borne illness and maintain a safe and sanitary environment for the staff. The FSD acknowledged the surveyors concerns and agreed they were not done according to facility policy.On 9/16/2025 at 10:12 AM, the surveyor met with the Licensed Nursing Home Administrator (LNHA). The LNHA acknowledged the surveyor's concerns. He stated, the equipment should be cleaned and maintained to prevent food borne illness, contamination, or injury. This ensures the safety of our residents and staff.A review of the facility's policy, Maintenance of Kitchen Equipment dated September 2021, major kitchen equipment will be maintained in good working condition by ensuring regularly scheduled and as needed service.conduct routine cleaning of kitchen equipment on a regular basis by the food service staff. A review of the facility's policy, Sanitation, dated November 2022, the food service area shall be maintained in a clean and sanitary manner. A review of the Refrigerator and Freezers dated November 2022, monthly tracking sheets for all refrigerators and freezers are posted to record temperatures.monthly tracking sheets include time, temperature, temperature of PHF(potentially hazardous foods)/TCS (time/temperature control for food safety) food, initials, and action taken . record refrigerator and freezer temperatures daily with first opening and closing in the evening. NJAC 8:39-17.2(g)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to; a) maintain and clean the interior of 1 of 2, (Bayside), nursing unit ice machines, and b) ensure that clean linen was stored in a manner to prevent contamination, assist in the prevention of infection(s), and be free of dirt, dust and debris as evidenced by the following: On 9/15/2025 at 11:25 AM, the surveyor toured the Bayside unit ice machine with the Licensed Practical Nurse/ Unit Manager (LPN/UM #1). The surveyor observed the ice machine was not clean on the interior of the ice dispenser shoot. The surveyor noted a white sediment and black discoloration on the interior of the ice dispenser shoot. During the tour the LPN/UM #1 stated that it was not cleaned according to facility policy. On 9/15/2025 at 11:50 AM, the surveyor toured the laundry room with the Director of Housekeeping (DoH) and the Regional Housekeeping Director (RDoH). The surveyor observed the personal laundry room, which had dust and cobwebs on the pipes, air conditioner vents, window and ceiling fan. Clean personal clothing was not covered in the bins or on the racks that were waiting to be distributed back to the residents. On 9/15/2025 at 11:55 AM, the surveyor observed in the soil linen room, which had dust, cobwebs and lint on the pipe surfaces above the washers and on the curtain track that separated the soiled linen room from the dryers and clean linen room. The white debris on the curtain track was wipeable by the surveyor and DoH. On 9/15/2025 at 11:55 AM, the surveyor observed in the clean linen room, which had dust, cobwebs and lint on the pipe surfaces above the dryers, on the vent above the dryers that was blowing outward, the corner of the room near the window, and on the bulletin board above the clean linen folding table. On 9/15/25 at 12:00 PM, the surveyor interviewed the DoH and RDoH, who acknowledged and agreed that the dust and cobwebs should not be there, and that the laundry area should be maintained to promote a clean and sanitary environment for the resident's belongings and linens. On 9/15/2025 1:02 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who stated, they acknowledged and agreed about the surveyor's concerns. The ice machine should be cleaned and maintained according to the facility policy and the manufacture guidelines to prevent cross-contamination and illness. He further stated, the laundry room should be cleaned and maintained according to facility policy. It should be free of dust, dirt and debris that could cross contaminate on the clean linens and personal laundry. Any clean linen or personal laundry should be covered for sanitation purposes. On 9/17/25 at 11:57 AM, the surveyor interviewed the National Director of Housekeeping and Grounds, who stated that the laundry area should be free of dust, dirt and debris for the safety of the residents and employees. It needs to be clean to prevent cross contamination and prevent infection. On 9/18/25 at 10:30 AM, the survey team met with the Regional Director of Operations (RDO) and the Director of Nursing (DON) who acknowledged and agreed with the surveyor's concerns. There was no more information provided. A review of the Housekeeping and Laundry Service Agreement, dated 3/14/19 for scope of work. the contracted will provide housekeeping and laundry management, supervision, labor and materials as the contracted determines necessary, in its discretion. A review of the Amendment to Housekeeping and Laundry Service Agreement, dated 4/1/24, revealed.effective 4/1/24, the client is responsible for providing, maintaining, repairing and replacing at its sole cost all the housekeeping equipment located at the facility which shall be utilized by the contracted. A review of the Nugget Ice Machine, manufacture guidelines, dated 1/7/22, provided by the LNHA, for the Bayside unit ice machine, revealed; descaler and sanitizer are available through the manufacturer. These are the only descaler and sanitizer approved for use with [name redacted] product number 000015202 products.Ice machine descaler is used to remove lime scale or other mineral deposits, it is not used to remove algae or slime.ice machine sanitizer is used to remove algae or slime.refer to component disassembly for descaling and sanitizing. A review of the facility-provided policy titled Homelike Environment, dated revised February 2021, revealed. the characteristics of the facility that reflect a personalized, homelike environment setting. These characteristics are.clean, sanitary and orderly environment. A (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	review of the facility policy titled Departmental (Environmental Services) --Laundry and Linen, dated January 2014, revealed . the purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen . 7. Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause humans illness) through measures designed to protect it from environmental contamination, such as covering clean linen .N.J.A.C. 8:39 - 19.4 (a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to obtain a physician's order for the use of a hand roll (a device used to maintain a resident's hand in a functional position). This deficient practice was identified for 1 of 1 resident (Resident #8) reviewed for positioning and mobility and was evidenced by the following:1.) On 9/14/2025 at 10:11 AM, the surveyor observed Resident #8 resting in bed with their eyes open and holding a hand roll in their left hand. On 9/16/2025 at 8:27 AM, the surveyor reviewed the medical record for Resident #8.A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: muscle wasting and atrophy (the loss of muscle mass that results in decreased strength and impaired movement), hemiplegia (total or partial paralysis of one side of the body) and hemiparesis (weakness on one side of the body such as the arm, leg, or face) following cerebral infarction (blockage in the brain that causes loss of oxygen) affecting left side. A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 9/28/2025, included the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident's cognition was intact. A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated 7/17/2025, that the resident was at risk for falls related to deconditioning/weakness and gait balance problems. Interventions included: the resident was to wear a left-hand roll when out of bed during daytime hours. A review of the Order Listing Report (OLR), dated as of 7/17/2025 did not include a physician's order for a hand roll. A review of the Occupational Therapy (OT) Treatment Encounter Note, dated, 5/6/2025 reflected, hand roll placed in left (L) hand to reduce risk of contractures (a progressive disorder that causes the fingers to curl inward due to the tightening of tissue in the palm). A review of the OT Discharge Summary, for dates of service 5/4/2025 to 5/27/2025, included that the resident was discharged from OT on 5/27/2025 and that the resident should wear a hand roll on the left hand for up to six hours with minimal signs and symptoms of redness, swelling, discomfort, or pain. On 9/17/2025 at 10:15 AM, during a follow-up visit, the surveyor observed the resident was again resting in bed with a hand roll in their left hand. On 9/17/2025 at 10:29 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1, who stated, Resident #8 had been using the hand roll for approximately four (4) to six (6) weeks. He further stated that the use of a hand roll required a physician's order (PO). At that time, LPN #1 reviewed the resident's electronic medical record (EMR) and confirmed that Resident #8 did not have a PO for the hand roll. On 9/17/2025 at 10:48 AM, the surveyor interviewed the Director of Rehabilitation (DoR), who stated that the resident had the hand roll since he/she was admitted to the facility and that they were supposed to wear it while in bed. On 9/17/2025 at 10:59 AM, the surveyor interviewed the Medical Director (MD), who stated that the rehabilitation (rehab) department evaluated the resident, made recommendations, and then the provider followed those recommendations. He further noted that the hand roll required a physician's order. On 9/17/2025 at 11:19 AM, the surveyor interviewed Licensed Practical Nurse/Unit Manager (LPN/UM) #1, who stated that a PO was needed for a hand roll. She further stated that the Occupational Therapist would obtain an order for the hand roll, document the order in the EMR, then the nurse would confirm the PO. LPN/UM #1 stated the order would then populate on the Medication Administration Record (MAR) or Treatment Administration Record (TAR) for the nurse to sign off that the hand roll was applied. On 9/18/2025 at 9:13 AM, the surveyor conducted a follow-up interview with the DoR, who stated that the Occupational Therapist or the DoR would enter the PO in the EMR. She further noted that the hours during which a resident should wear the hand roll varied for each resident. The DoR added that it was Resident #8's preference to wear the hand roll, however, a PO was still required. A review of the facility's Range of Motion (ROM) Devices policy dated March 2022, included, The licensed nurse will document in the medical record the type, duration, and frequency that the device is donned (applied) and doffed (removed). NJAC 8:39-27.1 (a)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to maintain the resident's living environment in a clean, comfortable, homelike manner. This deficient practice was identified on 1 of 2 Nursing units, (Oceanside) observed and reviewed for environmental concerns. This deficient practice was evidenced by the following: On 9/16/24 at 10:24 AM, the surveyor toured the oceanside unit with the Food Service Director (FSD), and observed the following concerns: 1) Resident room [ROOM NUMBER] and the hair salon windows had visible litter throughout a grassy area that had bushes. In the bush line and grass area there was an abundance of litter stuck in branches, under the bushes and on the grass. The surveyor observed water bottles, sports drink bottles, wrapping plastic, medical gloves, bubble wrap, soda cans, straws and paper litter. The FSD acknowledged the surveyor's observation and stated, the grounds of the facility should be maintained as well as the inside of the facility because this is the residents home. On 9/17/25 at 10:34 AM, the surveyor interviewed the Infection Preventionist (IP), who stated, litter should be cleaned by housekeeping for the entire grounds. It is not appropriate to have a resident look at litter from their room because this is their home. On 09/17/2025 at 11:57 AM, the surveyor interviewed the National Director of Housekeeping and Grounds (NDOH&G), who stated, the grounds should be maintained daily to prevent litter buildup, prevent pests and rodent's and maintain a homelike environment for the residents. On 09/18/2025 at 10:37 AM, the surveyor interviewed the Regional Director of Operations (RDO) and the Director of Nursing (DON), they both acknowledged and agreed that the litter should not be there, and that the grounds need to be maintained to promote a homelike environment for the residents. A review of the Homelike Environment policy, dated February 2021, revealed.Policy statement: Residents are provided with a safe, clean, comfortable, and homelike environment. Encouraged to use their personal belongings to the extent possible.Policy Interpretation and implementation: #2) The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a) clean, sanitary, and orderly environment. NJAC 8:39-4.1(a)11; 27.2(j); 31.2(e)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to ensure that a low air loss mattress was accurately set according to the resident's weight and functioning properly in accordance with a physician's order for a resident who was previously identified to have had an alteration in skin integrity.This deficient practice was identified for 1 of 2 residents (Resident #6) reviewed for pressure ulcers and was evidenced by the following:On 9/14/25 at 9:53 AM, the surveyor observed Resident #6 lying in bed awake. The resident's air mattress pump was observed to be set at a weight of 180 pounds.On 9/14/25 at 11:26 AM, the surveyor observed Resident #6 lying in bed awake. The air mattress pump was set at 180 pounds. The resident stated that he/she believed they had a pressure ulcer, but they thought that it had since healed.On 9/15/25 at 9:57 AM, the surveyor observed Resident #6 lying in bed with their eyes closed and the air mattress was enveloping (closing in on) their sides. The air mattress pump dial was set to a weight of 150 pounds, but no lights were illuminated on the pump; and it appeared to be off. At that time the surveyor exited the room and found Licensed Practical Nurse (LPN) #1 at the nurse's station. The surveyor requested that LPN #1 accompany them and check to ensure Resident #6's pressure relieving mattress was functioning properly. LPN #1 entered Resident #6's room and confirmed that no lights were displayed on the pump; LPN #1 then pushed down on the mattress and stated that there was no air in the mattress because the pump was off. LPN #1 followed the power cord and noted it had become unplugged. LPN #1 stayed with Resident #6 as the mattress reinflated and ensured that it was set at the correct weight.On 9/17/25 at 10:30 AM, the surveyor observed that air mattress weight dial on Resident #6's air mattress was set to 250 pounds. The resident was not in bed at that time.A review of the admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: Muscle weakness, generalized, cognitive communication deficit (a problem with thinking, not speech), hemiplegia and hemiparesis following cerebral infarction (stroke) affecting the left (non-dominant) side, type 2 diabetes mellitus, and muscle wasting and atrophy, not elsewhere classified, at multiple sites. A review of the resident's most recent comprehensive Minimum Data Set (MDS), an assessment tool, dated 8/10/25, included the resident had a Brief Interview for Mental Status (BIMS) score of 10 out of 15, which indicated the resident's cognition was moderately impaired. Further review of the MDS revealed that the resident was at risk to develop a pressure ulcer/injury, and at that time had one Stage 2 (two) pressure ulcer (partial thickness loss of dermis) present. Further review of the MDS indicated that the Skin and Ulcer/Injury Treatments included a pressure reducing device for the bed, and pressure ulcer/injury care. The resident's weight was noted to be 100 pounds.A review of the resident's Weight Summary revealed the last date a weight was entered into the resident's medical record was on 7/16/2025 at 10:54 AM and noted to be 99.7 pounds.A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated 6/22/25, that the resident had impaired skin integrity related to fragile skin, decreased mobility and incontinence. Interventions included a pressure reducing cushion when in chair and a pressure reducing mattress to bed at all times along with treatments and assessments.A review of the Order Summary Report (OSR), included the following physician orders (PO):A PO, dated 8/4/25, for Moisture Barrier Cream, apply to sacrum every shift for prevention.A PO, dated 8/22/25, for Triple Paste External (Zinc Oxide), apply to sacrum topically every day and evening shift for monitor [sic.].A PO, dated 9/15/25, for Air Mattress on bed, check inflation set by weight and function every shift for prevention. On 9/15/25 at 10:16 AM, the surveyor interviewed LPN #1 after the observation made at 9:57 AM regarding Resident #6's deflated mattress. LPN #1 stated that air mattresses work to offload pressure on wounds and pressure sores or to prevent them for at-risk residents. When asked about the importance of assessing whether a mattress worked properly and maintained the correct, ordered air pressure; LPN #1 replied that both were important for wound management and to maintain the skin integrity of the resident.On 9/16/25 at 12:46 PM, the surveyor (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interviewed the Director of Nursing (DON) who stated that nursing was responsible to check the air mattress pumps for function and they should be set according to the resident's weight. The DON then stated that it was the nurse's and aide's responsibility to check proper function at least every shift. The DON stated that maintaining the correct pressure was important for proper offloading, not too firm or soft; that the mattresses are to be set by resident weight to prevent skin breakdown or further skin breakdown. She went on to say that if a resident is found on a deflated mattress; she would expect staff to first make sure it was functioning properly, plugged in, and either assess the resident if pressure was restored immediately or remove the resident from the bed and assess them if the mattress was compromised. After ensuring resident safety, the DON stated she would expect staff to let management, and the physician know about the mattress failure and whether the pressure was restored or not.On 9/17/25 at 12:34 PM, in the presence of the DON and survey team the Licensed Nursing Home Administrator (LNHA) was made aware of the surveyor's concerns related to the resident's low air loss mattress.On 9/18/25 at 9:33 AM, the DON, in the presence of the Regional Director of Operations and the survey team, stated that air mattress function should be checked at least every shift. A review of the manufacturers operator's manual for the air mattress and pump provided to the surveyor by the facility (REV4.03.15.16) revealed:.Turning the POWER switch to ON/OFF will start/stop the control unit. The switch lights up when the power is ON, and extinguishes when the power is OFF.The pressure of the mattress can be adjusted by choosing the patients' corresponding weight setting.use the weight setting to select the desired level. A review of the facility's Support Surface Guidelines policy, revised September 2013, included: Redistribution support surfaces are to promote comfort for all bed or chairbound residents, prevent skin breakdown, promote circulation, and provide pressure relief or reduction.Any individual at risk for developing pressure ulcers should be placed on a redistribution support surface such as foam, gel, static air, alternating air, or air-loss when lying in bed.A review of the facility's Prevention of Pressure Injuries policy, revised April 2020, included:Select appropriate support surfaces based on resident's risk factors, in accordance with current clinical practice.NJAC 8:39-27.1(a)