

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/11/2025
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 C 04/29/2025
NAME OF PROVIDER OR SUPPLIER CRYSTAL LAKE HEALTHCARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 395 LAKESIDE BLVD BAYVILLE, NJ 08721		
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F 000	<p>INITIAL COMMENTS</p> <p>COMPLAINT #: NJ182091, NJ185153</p> <p>CENSUS: 192</p> <p>SAMPLE SIZE: 5</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p> <p>F600J</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on [NJ Exec Order 26.4b1], it was determined that the facility failed to ensure: a) a staff member immediately reported an observed [NJ Exec Order 26.4b1] encounter between a resident (Resident #1) who had a Brief Interview for Mental Status (BIMS) score of [NJ Exec Order 26.4b1] from a resident (Resident #2) who had a BIMS score of [NJ Exec Order 26.4b1] and b) both residents were [NJ Exec Order 26.4b1], safe, and no other residents were placed in immediate danger. The facility also failed to follow its policy titled "Resident Abuse/Neglect Policy."</p> <p>On 4/3/25 at approximately 12:00 P.M., the [US FOIA (b)(6)] stated she went to Resident #1 and Resident #2's room and knocked on the door. The [US FOIA] entered the room and observed Resident #1 on the [NJ Exec Order 26.4b1] on Resident #2. The [US FOIA] finished collecting hangers from out of the room and then went on her lunch break for approximately 30 minutes. When the</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/21/2025

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.

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F 000	<p>Continued From page 1</p> <p>US FOIA returned from lunch, she reported it to her co-worker. Her co-worker then reported the NJ Exec Order 26.4b1 that the US FOIA observed to the US FOIA (b)(6). The US FOIA (b) reported it to the US FOIA (b)(6).</p> <p>The facility failed to follow its policies and procedures and protect facility residents when the US FOIA failed to immediately report the observed NJ Exec Order 26.4b1 between both residents (Resident #1 and Resident #2) and ensure both residents were NJ Exec Order 26.4b1. The facility also failed to ensure the safety of all other residents within the facility. This placed all residents in an immediate jeopardy (IJ) situation. The IJ began on NJ Exec Order 26.4b1, was identified on US FOIA (b)(6) at 5:32 P.M., and was reported to the US FOIA (b)(6). The US FOIA (b)(6) was presented with the IJ template at that time.</p> <p>An acceptable removal plan was electronically mailed to the surveyor on 4/14/25 at 9:19 A.M., indicating the facility's actions to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice. The US FOIA (b)(6) and facility staff were educated on the facility's policy on NJ Exec Order 26.4b1, the ability for residents to consent to NJ Exec Order 26.4b1 with each other, and to immediately report any NJ Exec Order 26.4b1 between residents and ensure the residents were safe. The US FOIA (b)(6) conducted audits to monitor compliance with education and conducted staff assessment and testing to ensure staff had a true understanding of education.</p>	F 000			

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F 000	<p>Continued From page 2</p> <p>The surveyor verified the removal plan on site on 4/16/25 and determined the IJ for F600 was removed as of 4/16/25.</p> <p>After the IJ removal, the non-compliance continued from 4/16/25 for no actual harm with the potential for more than minimal harm that is not an immediate jeopardy.</p> <p>F835J</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on 4/10/25 and 4/23/2025, it was determined that the facility's US FOIA (b)(6) failed to a) ensure that the staff implemented the facility's policies and procedures for a witnessed NJ Exec Order 26.4b1 that occurred between two residents, and b) ensure that residents were provided with the care and services to achieve their highest practical wellbeing.</p> <p>On 4/3/25 at approximately 12:00 P.M., the US FOIA (b)(6) stated she went to Resident #1 and Resident #2's room and knocked on the door. The US FOIA (b)(6) entered the room and observed Resident #1 on the NJ Exec Order 26.4b1 on Resident #2. The US FOIA (b)(6) finished collecting hangers from out of the room and then went on her lunch break for approximately 30 minutes. When the US FOIA (b)(6) returned from lunch, she reported it to her co-worker. Her co-worker then reported the NJ Exec Order 26.4b1 that the US FOIA (b)(6) observed to the US FOIA (b)(6). The US FOIA (b)(6) reported it to the US FOIA (b)(6).</p>	F 000			

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F 000	<p>Continued From page 3</p> <p>The US FOIA (b)(6) failure to ensure that the facility staff implemented the facility's policies and procedures for a NJ Exec Order 26.4b1 that occurred between two residents placed all residents at risk for an Immediate Jeopardy (IJ) situation. This IJ was identified on 4/23/2025 at 1:37 P.M. and was reported to the US FOIA (b)(6). The US FOIA (b)(6) was presented with the IJ template. The IJ began on 4/3/25.</p> <p>An acceptable removal plan was electronically mailed to the surveyor on 4/24/2025 at 4:26 P.M., indicating the facility's actions to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice. The US FOIA (b)(6) educated the US FOIA (b)(6) on the Administrator's job description. The US FOIA (b)(6) and the facility's department heads on their roles and responsibilities to ensure the facility administration maintains the highest practicable, physical, mental, and psychosocial well-being of each resident. The US FOIA (b)(6) esignee educated the governing body on their roles and responsibilities to ensure the facility administration maintains the highest practicable, physical, mental, and psychosocial well-being of each resident.</p> <p>The surveyor verified the removal plan on site on 4/29/2025 and determined the IJ for F835 J was removed as of 4/29/2025.</p> <p>After the IJ removal, the non-compliance continued from 4/29/2025 for no actual harm with the potential for more than minimal harm that is not an immediate jeopardy.</p>	F 000			
F 600 SS=J	Free from Abuse and Neglect	F 600			5/22/25

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F 600	<p>Continued From page 4 CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Complaint #: NJ185153</p> <p>Based on interviews, medical record review, and review of other pertinent facility documentation on [NJ Exec Order 26.4b] it was determined that the facility failed to ensure: a) a staff member immediately reported an observed [NJ Exec Order 26.4b1] between a resident (Resident #1) who had a Brief Interview for Mental Status (BIMS) score of [NJ Exec Order 26.4b1] from a resident (Resident #2) who had a BIMS score of [NJ Exec Order 26.4b1] and b) both residents were [NJ Exec Order 26.4b1], safe, and no other residents were placed in immediate danger. The facility also failed to follow its policy titled "Resident Abuse/Neglect Policy."</p> <p>On [NJ Exec Order 26.4b] at approximately 12:00 P.M., the [US FOIA (b)(6)] stated she went to Resident #1 and Resident #2's room and knocked on the</p>	F 600	<p>Tag F0600 438.12 Free from Abuse, Neglect and Exploitation</p> <p>1. Corrective Action</p> <p>-On [NJ Exec Order 26.4b1] Resident#1 and Resident #2 were [NJ Exec Order 26.4b1] and placed on [NJ Exec Order 26.4b1] by nursing.</p> <p>-On [NJ Exec Order 26.4b1] Resident #1 and Resident #2 were transferred to the local hospital for evaluation</p> <p>-On [NJ Exec Order 26.4b1] the incident was reported to local [NJ Exec Order 26.4b1]</p> <p>-On [NJ Exec Order 26.4b1] upon return from the hospital Resident #1 and Resident #2 were placed on [NJ Exec Order 26.4b1]</p> <p>-On [NJ Exec Order 26.4b1] the [US FOIA (b)(6)] received education from the HR Director on [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] and timely reporting.</p> <p>-On [NJ Exec Order 26.4b1] the [US FOIA (b)(6)] received a final discipline from HR Director for lack of</p>		

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F 600	<p>Continued From page 5</p> <p>door. The [US FOIA] entered the room and observed Resident #1 on the [NJ Exec Order 26.4b1] on Resident #2. The [US FOIA] finished collecting hangers from out of the room and then went on her lunch break for approximately 30 minutes. When the [US FOIA] returned from lunch, she reported it to her co-worker. The co-worker then reported the [NJ Exec Order 26.4b1] that the [US FOIA] observed to the [US FOIA (b)(6)]. The [US FOIA (b)(6)] reported it to the [US FOIA (b)(6)].</p> <p>The facility failed to follow its policies and procedures and protect facility residents when the [US FOIA] failed to immediately report the observed [NJ Exec Order 26.4b1] between both residents (Resident #1 and Resident #2) and ensure both residents were [NJ Exec Order 26.4b1]. The facility also failed to ensure the safety of all other residents within the facility. This placed all residents in an immediate jeopardy (IJ) situation. The IJ began on 4/3/25, was identified on 4/10/25 at 5:32 P.M., and was reported to the [US FOIA (b)(6)]. The [US FOIA (b)(6)] was presented with the IJ template at that time.</p> <p>An acceptable removal plan was electronically mailed to the surveyor on 4/14/25 at 9:19 A.M., indicating the facility's actions to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice. The [US FOIA (b)(6)] and facility staff were educated on the facility's policy on [NJ Exec Order 26.4b1], the ability for residents to consent to [NJ Exec Order 26.4b1] with each other, and to immediately report any [US FOIA (b)(6)] between residents and ensure the</p>	F 600	<p>timely reporting of the event to the appropriate staff.</p> <p>-On [NJ Exec Order 26.4b1], the facility orientation for new employees was revised by the HR Director to include education on [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] and timely reporting.</p> <p>-On [NJ Exec Order 26.4b1] the employee annual orientation requirements have been revised by the HR Director to include sexual abuse, timely reporting and resident's ability to consent to sexual activity.</p> <p>2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency:</p> <p>-all residents have potential to be affected by the deficient practice</p> <p>3. Measures Put in Place:</p> <p>-The DON/designee will conduct facility education for all staff and assess all staff competency related to abuse and neglect, timely reporting and facility sexual intimacy policy monthly for 6 months.</p> <p>-The HR and/or designee will randomly audit monthly, for 6 months, 10 employees' comprehension of facility abuse and neglect policy and timely reporting.</p> <p>4. How Will These Actions Be Measured:</p> <p>-The results of the monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be</p>		

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F 600	<p>Continued From page 6</p> <p>residents were safe. The [US FOIA (b)(6)] conducted audits to monitor compliance with education and conducted staff assessment and testing to ensure staff had a true understanding of education.</p> <p>The surveyor verified the removal plan on site on 4/16/25 and determined the IJ for F600 was removed as of 4/16/25.</p> <p>After the IJ removal, the non-compliance continued from 4/16/25 for no actual harm with the potential for more than minimal harm that is not an immediate jeopardy.</p> <p>This deficient practice was identified for 2 of 3 residents (Resident #1 and Resident #2) reviewed for [NJ Exec Order 26.4b1] and was evidenced by the following:</p> <p>According to the Facility Reportable Event (FRE), a New Jersey Department of Health (NJDOH) document used by healthcare facilities to report incidents with an event date of [NJ Exec Order 26.4b1] revealed "Staff reported she witnessed Resident #1 [NJ Exec Order 26.4b1] on Resident #2."</p> <p>According to the facility's "Summary of Investigation" with an event date of [NJ Exec Order 26.4b1] revealed under "Summary," "Staff knocked on the door and entered the room to complete her work assignment. The staff member observed Resident #1 and #2 involved in a [NJ Exec Order 26.4b1] between each other. The staff member exited the room and reported what she witnessed to the nurse. The residents were [NJ Exec Order 26.4b1] and placed on [NJ Exec Order 26.4b1]. The residents expressed [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] is [NJ Exec Order 26.4b1] as both residents were</p>	F 600	held on June 6, 2025.		

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F 600	<p>Continued From page 7</p> <p>NJ Ex Order 26.4(b)(1) to their NJ Exec Order 26.4b1."</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility in NJ Exec Order 26.4b1 with diagnoses which included but were not limited to NJ Exec Order 26.4b1.</p> <p>According to the Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1 Resident #1 had a BIMS score of NJ Exec Order 26.4b1 which indicated the resident had NJ Exec Order 26.4b1.</p> <p>2. According to the AR, Resident #2 was admitted to the facility in NJ Exec Order 26.4b1 with diagnoses which included but were not limited to: NJ Exec Order 26.4b1.</p> <p>According to the Quarterly MDS, an assessment tool dated NJ Exec Order 26.4b1 Resident #2 had a BIMS score of NJ Exec Order 26.4b1 which indicated the resident's NJ Exec Order 26.4b1.</p> <p>A review of Resident #2's care plan (CP) revealed under "Focus", "Resident #2 has an NJ Exec Order 26.4b1 in NJ Exec Order 26.4b1 related to NJ Exec Order 26.4b1 associated with NJ Exec Order 26.4b1. History of asking for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1." Under "Interventions", NJ Exec Order 26.4b1.</p> <p>On 4/10/25 at 11:03 A.M., the surveyor interviewed the Licensed Practical Nurse (LPN#1), who stated that on NJ Exec Order 26.4b1 she was</p>	F 600			

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F 600	<p>Continued From page 8</p> <p>informed by the [US FOIA (b)] that the [US FOIA] walked into the room and witnessed both residents in a [NJ Exec Order 26.4b1]. LPN #1 stated she immediately reported the incident to the [US FOIA (b)(6)]. LPN #1 stated "Resident #2 told [NJ Exec Order 26.4b1] but I never seen [sic] anything." LPN #1 further stated that even though both residents were [NJ Exec Order 26.4b1], she did not know if they were able to have [NJ Exec Order 26.4b1].</p> <p>On 4/10/25 at 11:46 A.M., the surveyor interviewed the [US FOIA] who stated last week she was collecting hangers, and she went to both residents' room and knocked on the door. She further stated when she entered the room, she observed Resident #1 on the [NJ Exec Order 26.4b1] on Resident #2, who had [NJ Exec Order 26.4b1]. The [US FOIA] stated that both residents [NJ Exec Order 26.4b1] when they saw her. She stated she finished collecting the hangers, then left the room and observed Resident #2 come out of the room behind her. The [US FOIA] indicated she could not remember the exact date and time the incident had occurred. The [US FOIA] further stated she went to lunch for 30 minutes and when she returned, she told her co-worker who reported it to the [US FOIA (b)(6)]. The [US FOIA] stated "I did not tell my supervisor because he was off. I [NJ Exec Order 26.4b1] to report it to a supervisor because my [NJ Exec Order 26.4b1] is not always understood." The [US FOIA] indicated "Yes, I should have reported it sooner. I knew I had to report it, but I did not at that moment." The surveyor asked the [US FOIA] why she wrote in her statement that she "immediately told a staff member." The [US FOIA] did not respond to the surveyor's question.</p> <p>On 4/10/25 at 12:20 P.M., the surveyor interviewed the [US FOIA (b)] who stated she could not</p>	F 600			

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F 600	<p>Continued From page 9</p> <p>remember the actual date and time of the incident, but [REDACTED] NJ Exec Order 26.4b1, who was the [REDACTED] US FOIA (b) co-worker reported to her that the [REDACTED] US FOIA (b) told her she witnessed two residents on the [REDACTED] NJ Exec Order 26.4b1 having [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b) further stated she immediately reported what was told to her to the [REDACTED] US FOIA (b)(6). The [REDACTED] US FOIA (b) stated after she reported the incident, she called the [REDACTED] US FOIA (b) to find out what she had observed. The [REDACTED] US FOIA (b) stated, "The [REDACTED] US FOIA (b) should have went [sic] straight to a department head and reported it."</p> <p>On 4/10/25 at 2:23 P.M., the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated she was made aware by the [REDACTED] US FOIA (b)(6) that both residents were involved in a [REDACTED] NJ Exec Order 26.4b1 with each other. The [REDACTED] US FOIA (b) stated she interviewed both residents and that Resident #2 told her that he had [REDACTED] NJ Exec Order 26.4b1 with Resident #1. The [REDACTED] US FOIA (b) stated that the facility residents were allowed to engage in [REDACTED] NJ Exec Order 26.4b1 under certain circumstances such as having the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b) stated that [REDACTED] NJ Exec Order 26.4b1 meant that the residents [REDACTED] NJ Exec Order 26.4b1 of their actions. The [REDACTED] US FOIA (b) stated the BIMS score determined the resident's ability to [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b) further stated "No, I would not consider a resident having a BIMS score of [REDACTED] NJ Exec Order 26.4b1 that they have the [REDACTED] NJ Exec Order 26.4b1 to make a [REDACTED] NJ Exec Order 26.4b1 having [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b) further indicated "I think a BIMS score of [REDACTED] NJ Exec Order 26.4b1 is [REDACTED] NJ Exec Order 26.4b1 for [REDACTED] NJ Exec Order 26.4b1 as well."</p> <p>On 4/10/25 at 3:20 P.M., the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated that the [REDACTED] US FOIA (b) reported to her that [REDACTED] NJ Exec Order 26.4b1 informed her that the [REDACTED] US FOIA (b) stated Resident #1 was lying on the side of the bed, Resident #2 had [REDACTED] NJ Exec Order 26.4b1 and Resident #1 was [REDACTED] NJ Exec Order 26.4b1 on</p>	F 600			

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F 600	<p>Continued From page 10</p> <p>Resident #2. She further stated that once she was made aware by the [US FOIA (b)(6)] she immediately placed both residents on [NJ Exec Order 26.4b1] and conducted an investigation. The [US FOIA (b)(6)] stated the [NJ Exec Order 26.4b1] came to the facility and Resident #1 [NJ Exec Order 26.4b1] what occurred but Resident #2 confirmed what the [US FOIA (b)(6)] stated she observed. The [US FOIA (b)(6)] stated "Yes, I wrote that both residents were [NJ Exec Order 26.4b1] to their [NJ Exec Order 26.4b1]. Neither of them said they were [NJ Exec Order 26.4b1] in front of the [NJ Exec Order 26.4b1]. The [US FOIA (b)(6)] further stated "Every resident has a right to make a decision, whether good, bad, or indifferent. They all have rights. I don't have the right to tell them not to do it." The [US FOIA (b)(6)] further indicated she did not have the right to tell the residents not to have [NJ Exec Order 26.4b1]. She further stated, "I don't think they can [NJ Exec Order 26.4b1] with a BIMS score of [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1]. The [US FOIA (b)(6)] stated that if the staff had seen any residents having [NJ Exec Order 26.4b1] they must immediately report it to the [US FOIA (b)(6)] and [NJ Exec Order 26.4b1] both residents to ensure their safety. She further indicated that any [NJ Exec Order 26.4b1] should be reported immediately because it could be [NJ Exec Order 26.4b1]. The [US FOIA (b)(6)] further indicated she was not aware of any [NJ Exec Order 26.4b1] from Resident #1 and Resident #2 prior to the incident.</p> <p>On 4/10/25 at 4:10 P.M., the surveyor interviewed the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)]. The [US FOIA (b)(6)] stated that the [US FOIA (b)(6)] reported the [NJ Exec Order 26.4b1] between Resident #1 and #2 to the [US FOIA (b)(6)] and the [US FOIA (b)(6)]. [US FOIA (b)(6)] reported it to her. The [US FOIA (b)(6)] stated "Yes, correct it was [NJ Exec Order 26.4b1] because both residents said in [NJ Exec Order 26.4b1] that they [NJ Exec Order 26.4b1]." The [US FOIA (b)(6)] stated the [US FOIA (b)(6)] told her that she reported the incident to her co-worker who reported it immediately to the</p>	F 600			

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F 600	Continued From page 11 <p>US FOIA (b)(6) The US FOIA (b)(6) indicated she was not aware that the US FOIA (b)(6) went to lunch prior to reporting the incident. The US FOIA (b)(6) stated "Yes, she US FOIA (b)(6) should have reported it immediately to the nurse and the US FOIA (b)(6), so it could have been addressed and the safety of all residents could have been assured."</p> <p>A review of the undated facility policy titled "Sexual Intimacy" revealed "It is the policy of Crystal Lake Health Care and Rehabilitation Center that residents who wish to engage in sexual intimacy with one another, are permitted to do so, contingent upon they are both consenting adults and have been deemed capable to make decisions according to guidelines of the MDS."</p> <p>A review of the undated facility policy titled "Resident Abuse/Neglect" revealed under "Policy", "An employee witnessing any form of abuse or neglect is also required to report the incident promptly to the charge nurse."</p>	F 600			
F 728 SS=D	NJAC 8:39-4.1 (a) (5) Facility Hiring and Use of Nurse Aide CFR(s): 483.35(d)(1)-(3) §483.35(d) Requirement for facility hiring and use of nurse aides- §483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless- (i) That individual is competent to provide nursing and nursing related services; and (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the	F 728			5/22/25

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F 728	<p>Continued From page 12</p> <p>State as meeting the requirements of §483.151 through §483.154; or</p> <p>(B) That individual has been deemed or determined competent as provided in §483.150(a) and (b).</p> <p>§483.35(d)(2) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1)(i) and (ii) of this section.</p> <p>§483.35(d)(3) Minimum Competency A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual-</p> <p>(i) Is a full-time employee in a State-approved training and competency evaluation program;</p> <p>(ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or</p> <p>(iii) Has been deemed or determined competent as provided in §483.150(a) and (b).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ182091</p> <p>Based on interviews and review of other pertinent facility documentation on 4/10/25, it was determined that the facility failed to ensure that a staff member assigned the position of "Monitor" was not performing NJ Exempt Order resident care. This deficient practice was identified for 1 of 3 monitors reviewed and was evidenced by the following:</p> <p>According to the Facility Reportable Event (FRE),</p>	F 728	<p>F728 Hiring/Use of Nurse Aides</p> <p>1. Corrective Action</p> <p>-On 4/10/25, monitor #1 received an education and disciplinary action for failure to adhere to their job description.</p> <p>-On NJ Ex Order 26.410, monitor #1 was terminated and is no longer employed at the facility.</p> <p>-On 4/10/25, HR Director audited all nursing assistant files to assure they are within their 120 days based on regulatory requirement. All nursing assistants (total of 11) met regulatory criteria for</p>		

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F 728	<p>Continued From page 13</p> <p>a New Jersey Department of Health (NJDOH) document used by healthcare facilities to report incidents with an event date of [REDACTED] revealed the [REDACTED] US FOIA (b)(6) [REDACTED] was approached by Resident #4 who stated the [REDACTED] Resident #3. The [REDACTED] went to the residents' room, where the aide (Monitor #1) was performing Activities of Daily Living (ADLS) with Resident #3.</p> <p>According to the Admission Record (AR), Resident #3 was admitted to the facility in [REDACTED] with diagnoses which included but were not limited to: [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>According to the Quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED] NJ Exec Order 26.4b1, Resident #3 had a BIMs score of [REDACTED] which indicated the resident's [REDACTED] was [REDACTED] NJ Exec Order 26.4b1. The MDS further revealed the resident required [REDACTED] to [REDACTED] NJ Exec Order 26.4b1 with [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] for [REDACTED] NJ Exec Order 26.4b1.</p> <p>A review of Monitor #1's personnel file revealed a facility form titled "Master Payroll Form", under "Job Title", "Monitor" with an effective date of [REDACTED] NJ Exec Order 26.4b1. The surveyor did not observe a CNA license in the personnel file.</p> <p>On 4/10/25 at 2:47 P.M., the surveyor interviewed the [REDACTED] US FOIA (b)(6) [REDACTED] who stated that on [REDACTED] NJ Exec Order 26.4b1 she went to Resident #3's room to check on the resident and observed a staff member cleaning the resident and a [REDACTED] on the bed. The [REDACTED] US FOIA (b)(6) [REDACTED] stated she could not remember the staff member's name.</p> <p>On 4/10/25 at 3:00 P.M., the surveyor interviewed</p>	F 728	<p>employment as nursing assistants.</p> <p>-On 4/10/25, HR Director audited all nursing assistants to ensure compliance with job description and scope of practice.</p> <p>-On 4/10/25, HR Director educated all monitors (9) on their job description.</p> <p>-On 4/10/25, HR Director audited all monitors' employee files for signed job description and not providing direct care to residents.</p> <p>2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency:</p> <p>-All residents have the potential to be affected by this deficient practice.</p> <p>3. Measures Put Into Place:</p> <p>-HR Director and/or designee will audit monthly X6 months all nursing assistants to ensure that they do not work more than 120 days.</p> <p>-Director of Nursing/designee will audit the monitors' performance to assure it is compliant with their job description weekly X4 weeks and then monthly X6 months.</p> <p>4. How Will These Actions Be Measured:</p> <p>-The results of the weekly and monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on June 6, 2025.</p>		

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F 728	<p>Continued From page 14</p> <p>Monitor #1 utilizing the NJ Exec Order 26.4b1 service. Monitor #1 stated "Yes, I am a CNA. I do not have a license yet. I have certification in skills. I took the test, but I failed." Monitor #1 further stated the last test she took was in NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1. Monitor #1 further indicated "Yes, I change NJ Exec Order 26.4b1 them, and NJ Exec Order 26.4b1 them. I do everything." She further stated that she took care of Resident #3 and had NJ Exec Order 26.4b1 his/her NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1.</p> <p>On 4/10/25 at 3:58 P.M., the surveyor interviewed the US FOIA (b)(6) who stated, "No a NJ Exec Order 26.4b1 a resident, NJ Exec Order 26.4b1, or NJ Ex Order 26.4b1 a resident out of bed." The US FOIA (b)(6) confirmed that Monitor #1 was not a CNA but had been to CNA school. The US FOIA (b)(6) further indicated that Monitor #1 could not give NJ Exec Order 26.4b1 care to the residents. She stated that she was not aware that Monitor #1 was giving NJ Exec Order 26.4b1 resident care.</p> <p>On 4/10/25 at 4:10 P.M., the surveyor interviewed the US FOIA (b)(6) in the presence of the US FOIA (b)(6) stated that a monitor could pass trays and make beds. The US FOIA (b)(6) further indicated that the monitor could not provide care or NJ Exec Order 26.4b1 a resident. The US FOIA (b)(6) confirmed Monitor #1 was not an CNA. The US FOIA (b)(6) stated "Yes, it could be a safety issue, but my understanding was that monitors don't do CNA responsibilities."</p> <p>The facility was unable to provide the surveyor with the assignment sheet for NJ Exec Order 26.4b1.</p> <p>A review of the facility's job description titled "Monitor" revealed under "Function", "Monitor residents while smoking to ensure safe</p>	F 728			

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F 728	Continued From page 15 environment and safe smoking. Provide assistance with transportation of residents within facility. Provide safety devices as needed. Make beds. Keep room clean and safe. Encourage activities during leisure times. Monitor inside and outside. Assist with dining room as needed. Help with transportation during smoking hours. Monitor day rooms. Assist with mealtimes. Offer water and/or juice. Encourage hydration. Offer snacks. Will attend in-service sessions relating to the care of the residents in the facility. Make frequent rounds on the residents."	F 728			
F 835 SS=J	NJAC 8:39-43.2 (a) Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Complaint # NJ185153 Based on interviews, medical record review, and review of other pertinent facility documentation on NJ Exec Order 26.4b1, it was determined that the facility's US FOIA (b)(6) failed to a) ensure that the staff implemented the facility's policies and procedures for a NJ Exec Order 26.4b1 that occurred between two residents, and b) ensure that residents were provided with the care and services to achieve their highest practical wellbeing.	F 835	F835 Administration 1. Corrective Action: -Effective May 13, 2025 the Administrator of record is no longer employed at the facility. The new Administrator of record began on NJ Ex Order 26.4(b)(1) -On May 15, 2025, the corporate Administrator, oriented the new Administrator of record to her job description, previous and current plans of corrections and statement of deficiencies. 2. Identification of other areas having the potentil to be affected due to the nature of		5/22/25

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F 835	<p>Continued From page 16</p> <p>On 4/3/25 at approximately 12:00 P.M., the US FOIA (b)(6) stated she went to Resident #1 and Resident #2's room and knocked on the door. The US FOIA (b)(6) entered the room and observed Resident #1 on the NJ Exec Order 26.4b1 on Resident #2. The US FOIA (b)(6) finished collecting hangers from out of the room and then went on her lunch break for approximately 30 minutes. When the US FOIA (b)(6) returned from lunch, she reported it to her co-worker. Her co-worker then reported the NJ Exec Order 26.4b1 that the US FOIA (b)(6) observed to the US FOIA (b)(6). The US FOIA (b)(6) reported it to the US FOIA (b)(6).</p> <p>The US FOIA (b)(6) failure to ensure that the facility staff implemented the facility's policies and procedures for a NJ Exec Order 26.4b1 that occurred between two residents placed all residents at risk for an Immediate Jeopardy (IJ) situation. This IJ was identified on NJ Exec Order 26.4b1 at 1:37 P.M. and was reported to the US FOIA (b)(6). The US FOIA (b)(6) was presented with the IJ template. The IJ began on 4/3/25.</p> <p>An acceptable removal plan was electronically mailed to the surveyor on 4/24/2025 at 4:26 P.M., indicating the facility's actions to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice. The co-founder/ US FOIA (b)(6) educated the US FOIA (b)(6) on the Administrator's job description. The US FOIA (b)(6) educated the US FOIA (b)(6) and the facility's department heads on their roles and responsibilities to ensure the facility administration maintains the highest practicable, physical, mental, and psychosocial well-being of</p>	F 835	<p>this deficiency:</p> <p>-All residents have the potential to be affected by this deficient practice.</p> <p>3. Measures Put in Place:</p> <p>-The corporate Administrator and/or designees will meet weekly with the new Administrator of record weekly for 4 weeks and then monthly for 6 months to assure that processes and procedures are compliant with company policy.</p> <p>4. How Will These Actions Be Measured:</p> <p>-The results of the weekly and monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission of reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held of June 6, 2025.</p>		

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F 835	<p>Continued From page 17</p> <p>each resident. The [US FOIA (b)(6)] [REDACTED]/designee educated the governing body on their roles and responsibilities to ensure the facility administration maintains the highest practicable, physical, mental, and psychosocial well-being of each resident.</p> <p>The surveyor verified the removal plan on site on 4/29/2025 and determined the IJ for F835 J was removed as of 4/29/2025.</p> <p>After the IJ removal, the non-compliance continued from 4/29/2025 for no actual harm with the potential for more than minimal harm that is not an immediate jeopardy.</p> <p>According to the Facility Reportable Event (FRE), a New Jersey Department of Health (NJDOH) document used by healthcare facilities to report incidents with an event date of [NJ Exec Order 26.4b1] revealed "Staff reported she witnessed Resident #1 [NJ Exec Order 26.4b1] on Resident #2."</p> <p>According to the facility's "Summary of Investigation" with an event date of [NJ Exec Order 26.4b1] revealed under "Summary," "Staff knocked on the door and entered the room to complete her work assignment. The staff member observed Resident #1 and #2 involved in a [NJ Exec Order 26.4b1] [REDACTED] The staff member exited the room and reported what she witnessed to the nurse. The residents were immediately [NJ Exec Order 26.4b1] and placed on [NJ Exec Order 26.4b1] The residents expressed [NJ Exec Order 26.4b1] to their actions without anyone being taken [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] is [NJ Exec Order 26.4b1] as both residents were [NJ Exec Order 26.4b1]."</p>	F 835			

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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 C 04/29/2025
NAME OF PROVIDER OR SUPPLIER CRYSTAL LAKE HEALTHCARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 395 LAKESIDE BLVD BAYVILLE, NJ 08721		
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F 835	<p>Continued From page 18</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility in [REDACTED] with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 [REDACTED]</p> <p>According to the Quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #1 had a BIMS score of [REDACTED] which indicated the resident's [REDACTED] was [REDACTED]</p> <p>2. According to the AR, Resident #2 was admitted to the facility in [REDACTED] with diagnoses which included but were not limited to: NJ Exec Order 26.4b1 [REDACTED]</p> <p>According to the Quarterly MDS, an assessment tool dated [REDACTED], Resident #2 had a BIMS score of [REDACTED] which indicated the resident's [REDACTED] was [REDACTED].</p> <p>A review of Resident #2's care plan (CP) revealed under "Focus", "Resident #2 has an [REDACTED] in [REDACTED] related to [REDACTED] associated with [REDACTED] History of asking for [REDACTED] and [REDACTED]." Under "Interventions", [REDACTED]</p> <p>On 4/10/25 at 11:46 A.M., the surveyor interviewed the [REDACTED] who stated last week she was collecting hangers, and she went to both residents' room and knocked on the door. She further stated when she entered the room, she</p>	F 835			

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F 835	<p>Continued From page 19</p> <p>observed Resident #1 on the NJ Exec Order 26.4b1 on Resident #2, who had NJ Exec Order 26.4b1. The US FOIA stated that both residents stopped when they saw her. She stated she finished collecting the hangers, then left the room and observed Resident #2 come out of the room behind her. The US FOIA indicated she could not remember the exact date and time the incident had occurred. The US FOIA further stated she went to lunch for 30 minutes and when she returned, she told her co-worker who reported it to the US FOIA (b)(5). The US FOIA stated "I did not tell my supervisor because he was off. I was scared to report it to a supervisor because my NJ Exec Order 26.4b1 is not always NJ Exec Order 26.4b1. The US FOIA indicated "Yes, I should have reported it sooner. I knew I had to report it, but I did not at that moment." The surveyor asked the US FOIA why she wrote in her statement that she "immediately told a staff member." The US FOIA did not respond to the surveyor's question.</p> <p>On 4/10/25 at 2:23 P.M., the surveyor interviewed the US FOIA (b)(6), who stated that the facility residents were allowed to engage in NJ Exec Order 26.4b1 under certain circumstances such as having the NJ Exec Order 26.4b1. The US FOIA stated that NJ Exec Order 26.4b1 meant that the residents understood the consequences of their actions. The US FOIA stated the BIMS score determined the resident's NJ Exec Order 26.4b1. The US FOIA further stated "No, I would not consider a resident having a BIMS score of NJ Exec Order 26.4b1 that they have the capacity to make a NJ Exec Order 26.4b1 regarding having NJ Exec Order 26.4b1. The US FOIA further indicated "I think a BIMS score of NJ Exec Order 26.4b1 is NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 as well."</p> <p>On 4/10/25 at 3:20 P.M., the surveyor interviewed the US FOIA (b)(6) who stated that the NJ Exec Order 26.4b1 came to the facility and Resident #1 denied what</p>	F 835			

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F 835	<p>Continued From page 20</p> <p>occurred but Resident #2 confirmed what the [US FOIA (b)(6)] stated she observed. The [US FOIA (b)(6)] stated "Yes, I wrote that both residents were [NJ Exec Order 26.4b1] to their [NJ Exec Order 26.4b1]. Neither of them said they were [NJ Exec Order 26.4b1]." The [US FOIA (b)(6)] further stated "Every resident has a right to make a decision, whether good, bad, or indifferent. They all have rights. I don't have the right to tell them not to do it." The [US FOIA (b)(6)] further indicated she did not have the right to tell the residents not to have [NJ Exec C]. She further stated, "I don't think they can [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1] with a BIMS score of [NJ Exec C] and [NJ Exec C]. The [US FOIA (b)(6)] stated that if the staff had seen any residents having [NJ Exec C] they must immediately report it to the [US FOIA (b)(6)] and [NJ Exec Order 26.4b1] both residents to ensure their safety. She further indicated that any [NJ Exec Order 26.4b1] should be reported immediately because it could be [NJ Exec Order 26.4b1].</p> <p>On 4/10/25 at 4:10 P.M., the surveyor interviewed the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)]. The [US FOIA (b)(6)] stated that the [US FOIA (b)(6)] reported the [NJ Exec Order 26.4b1] between Resident #1 and #2 to the [US FOIA (b)(6)] and the [US FOIA (b)(6)]. [US FOIA (b)(6)] reported it to her. The [US FOIA (b)(6)] stated "Yes, correct it was [NJ Exec Order 26.4b1] because both residents said in front of the [NJ Exec Order 26.4b1] that they [NJ Exec Order 26.4b1]." The [US FOIA (b)(6)] stated the [US FOIA (b)(6)] told her that she reported the incident to her co-worker who reported it immediately to the [US FOIA (b)(6)]. The [US FOIA (b)(6)] indicated she was not aware that the [US FOIA (b)(6)] went to lunch prior to reporting the incident. The [US FOIA (b)(6)] stated "Yes, she [US FOIA (b)(6)] should have reported it immediately to the nurse and the [US FOIA (b)(6)], so it could have been addressed and the safety of all residents could have been assured."</p>	F 835			

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F 835	Continued From page 21 On 4/23/25 at 12:06 P.M., the surveyor conducted a follow up interview with the [US FOIA (b)(6)] who stated, "I oversee everything in the building as the [US FOIA (b)(6)]. The [US FOIA (b)(6)] further indicated she reviewed the completed investigation for the incident between the two residents. She stated, "Based on everything in the investigation, I agreed [NJ Exec Order] was unsubstantiated." The [US FOIA (b)(6)] indicated that she did not know why the [US FOIA (b)(6)] did not report the incident immediately. A review of the facility's undated job description titled "Facility Administrator" revealed " This role is responsible for ensuring compliance with regulatory standards, maintaining a high standard of care, managing staff, and fostering a supportive environment for residents and employees." Under "Miscellaneous", "Assure that all residents receive care in a manner and in an environment that maintains or enhances their quality of life without abridging the safety and rights of the residents. Assure that each resident receives the necessary nursing, medical, and psychosocial services to attain and maintain the highest possible mental and physical functional status, as defined by the comprehensive assessment and care plan."	F 835			
F 865 SS=F	NJAC 8:39-9.2 (a) QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the	F 865			5/22/25

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F 865	<p>Continued From page 22</p> <p>outcomes of care and quality of life. The facility must:</p> <p>§483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;</p> <p>§483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation;</p> <p>§483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and</p> <p>§483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.</p> <p>§483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:</p> <p>§483.75(b)(1) Address all systems of care and management practices;</p>	F 865			

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F 865	<p>Continued From page 23</p> <p>§483.75(b)(2) Include clinical care, quality of life, and resident choice;</p> <p>§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.</p> <p>§483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides.</p> <p>§483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:</p> <p>§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.</p> <p>§483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing; §483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;</p> <p>§483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.</p>	F 865			

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F 865	<p>Continued From page 24</p> <p>§483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and</p> <p>§483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.</p> <p>§483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>§483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Complaint #: NJ185153</p> <p>Based on interviews and review of other pertinent facility documentation on 4/23/25, it was determined that the facility failed to maintain documentation and demonstrate evidence of its Quality Assurance and Performance Improvement (QAPI) program.</p> <p>On 4/23/25 at 10:47 AM, the surveyor requested the facility's QAPI plan and most recent meeting minutes from the US FOIA (b)(6)</p> <p>On 4/23/25 at 11:05 AM, the surveyor interviewed the US FOIA (b)(6) who stated she was unable to retrieve the QAPI plan and meeting minutes due to not having internet access. The US FOIA (b)(6) stated she kept the QAPI plan and meeting minutes on her computer. She further stated she would try to</p>	F 865	<p>F865 QAPI</p> <p>1. Corrective Action: -On 4/23/25 upon identification, the Administrator printed a copy of QAPI meeting minutes, performance improvement plans, data tracking logs, and related documentation, sent the information to the DOH and placed the printed items in a QAPI binder entitled QAPI 2025.</p> <p>2. Identification of other residents or areas having the potential to be affected due to the nature of this deficiency: -All residents have the potential to be affected by this deficient practice.</p> <p>3. Measures Put Into Place: -Monthly audits X6 months will be conducted by the Administrator or their designee to ensure the QAPI binder is current and complete.</p>		

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F 865	<p>Continued From page 25</p> <p>email the surveyor the QAPI plan and meeting minutes.</p> <p>On 4/23/25 at 12:06 PM, the surveyor conducted a follow up interview with the [US FOIA (b)(6)] who stated "No, I am unable to print my QAPI meeting minutes. Since we don't have internet, I am unable to access it." The [US FOIA (b)(6)] further indicated that the QAPI should have been readily accessible to the surveyors when requested.</p> <p>A review of the facility's policy titled "Facility Quality Improvement Plan" revealed under "Authority and Responsibility", "Record minutes of all meetings according to Lineage policy. Maintain documentation according to Lineage policy."</p> <p>NJAC 8:39-33.1 (b) (c)</p>	F 865	<p>4.How Will These Actions Be Measured:</p> <p>-The results of the monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held June 6, 2025.</p>		

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ182091, NJ185153 Based on review of facility documents on 4/10/25, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey	S 560	S560 Mandatory Access to Care 1. Corrective Action -Staffing coordinator as educated on New Jersey state staffing ratio requirements by the DON on May 19, 2025. -Efforts to hire facility staff will continue until there is adequate staff to meet the minimum staff to resident ratios. Until that time, the facility will use staffing agencies and offer additional shifts to current staff with bonuses as required. 2. Identification of other residents or areas having the potential to be affected due to the nature of the deficiency: -All residents have the potential to be	5/22/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/21/25

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S 560	<p>Continued From page 1</p> <p>Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of staffing prior to complaint survey from 03/23/25 to 4/05/25, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts as follows:</p> <p>On 03/23/25, the facility had 16 CNAs for 190 residents on the day shift, required at least 24 CNAs.</p> <p>On 03/24/25, the facility had 17 CNAs for 190 residents on the day shift, required at least 24 CNAs.</p> <p>On 03/25/25, the facility had 16 CNAs for 189 residents on the day shift, required at least 24 CNAs.</p> <p>On 03/26/25, the facility had 15 CNAs for 189 residents on the day shift, required at least 24 CNAs.</p> <p>On 03/27/25, the facility had 18 CNAs for 189</p>	S 560	<p>affected by this deficient practice.</p> <p>3. Measure Put into Place:</p> <ul style="list-style-type: none"> -Weekly recruitment, retention and employee appreciation meeting was initiated and will be led by the Director of Human Resources and/or designee. -Hiring and recruitment efforts including pay for experience, online job listing, job fairs, shift differentials and referral bonuses are being utilized to continue to be competitive in the marketplace. -The facility administrator/designee will continue to track and document any recruitment and retention efforts weekly. -The administrator, DON/designee will review staffing schedules weekly to ensure adequate staffing for all shifts. <p>4. How Will These Actions Be Measured:</p> <ul style="list-style-type: none"> -The results of the weekly recruitment and retention audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on June 6, 2025. 	

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S 560	Continued From page 2 residents on the day shift, required at least 24 CNAs. On 03/28/25, the facility had 16 CNAs for 189 residents on the day shift, required at least 24 CNAs. On 03/29/25, the facility had 16 CNAs for 192 residents on the day shift, required at least 24 CNAs. On 03/30/25, the facility had 18 CNAs for 190 residents on the day shift, required at least 24 CNAs. On 03/31/25, the facility had 15 CNAs for 190 residents on the day shift, required at least 24 CNAs. On 04/01/25, the facility had 15 CNAs for 187 residents on the day shift, required at least 23 CNAs. On 04/02/25, the facility had 15 CNAs for 187 residents on the day shift, required at least 23 CNAs. On 04/03/25, the facility had 16 CNAs for 187 residents on the day shift, required at least 23 CNAs. On 04/04/25, the facility had 16 CNAs for 187 residents on the day shift, required at least 23 CNAs. On 04/05/25, the facility had 17 CNAs for 189 residents on the day shift, required at least 24 CNAs.	S 560			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/29/2025
NAME OF PROVIDER OR SUPPLIER CRYSTAL LAKE HEALTHCARE AND REHABILI		STREET ADDRESS, CITY, STATE, ZIP CODE 395 LAKESIDE BLVD BAYVILLE, NJ 08721		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S1680	Continued From page 3	S1680		
S1680	<p>8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p style="padding-left: 40px;">Wound care 0.75 hour/day</p> <p style="padding-left: 40px;">Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p style="padding-left: 40px;">Oxygen therapy 0.75 hour/day</p> <p style="padding-left: 40px;">Tracheostomy 1.25 hours/day</p> <p style="padding-left: 40px;">Intravenous therapy 1.50 hours/day</p> <p style="padding-left: 40px;">Use of respirator 1.25 hours/day</p> <p style="padding-left: 40px;">Head trauma stimulation/advanced neuromuscular/orthopedic</p>	S1680		5/22/25

If continuation sheet 5 of 6

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/29/2025
NAME OF PROVIDER OR SUPPLIER CRYSTAL LAKE HEALTHCARE AND REHABILI			STREET ADDRESS, CITY, STATE, ZIP CODE 395 LAKESIDE BLVD BAYVILLE, NJ 08721		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S1680	Continued From page 5 On 04/01/25, the facility had 480 actual staffing hours, for a difference of -4 hours.	S1680	<p>having the potential to be affected due to the nature of this deficiency: -All residents have the potential to be affected by this deficient practice.</p> <p>3. Measures Put in Place: -The administrator, DON/designee will review staffing schedules weekly to ensure adequate nursing staffing for all shifts.</p> <p>4. How Will These Actions Be Measured: -The results of the weekly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on June 6, 2025.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315125	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/27/2025
NAME OF FACILITY CRYSTAL LAKE HEALTHCARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 395 LAKESIDE BLVD BAYVILLE, NJ 08721	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0600	Correction	ID Prefix F0728	Correction	ID Prefix F0835	Correction
Reg. # 483.12(a)(1)	Completed	Reg. # 483.35(d)(1)-(3)	Completed	Reg. # 483.70	Completed
LSC	05/22/2025	LSC	05/22/2025	LSC	05/22/2025
ID Prefix F0865	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/22/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 4/29/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061501	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/27/2025
NAME OF FACILITY CRYSTAL LAKE HEALTHCARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 395 LAKESIDE BLVD BAYVILLE, NJ 08721	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix S1680	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-25.2(b)(1)&(2)	Completed	Reg. #	Completed
LSC	05/22/2025	LSC	05/22/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 4/29/2025	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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