STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315294	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00179530, NJ00180295 Survey Dates: 11/15/2024, 11/18/2024, 11/21/2024, 11/26/2024 Census: 76 Sample Size: 5 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. F580 Based on interviews, review of the medical records, and other pertinent facility documents on 11/15/24, 11/18/2024, 11/21/2024, and 11/25/2024, it was determined that the facility failed to properly notify a Resident's (Resident #1) U.S. FOIA (b) (6)) of a need for NJ Ex Order 26.4(b)(1) that was recommended by the U.S. FOIA (b) (6)) on NJ Ex Order 26.4(b)(1). Resident #1 was on NJ Ex Order 26.4(b)(1) that was being done by the staff. The US FOIA recommended NJ Ex Order 26.4(b)(1) for a week until next evaluation because Resident #1 would NJ Exec Order 26.4b1 during the meeting. On NJ Ex Order 26.4(b)(1), Resident #1 was NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4(b)(1) with a NJ Ex Order 26.4(b)(1) and gNJ Ex Order 26.4(b)(1) with their NJ Ex Order 26.4 The Resident was transferred to an NJ Ex Order 26.4(b)(1) for a NJ Ex Order evaluation. This placed Resident #1 and all residents who are recommended for increased	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/21/2025

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	Continued From page 1 supervision at risk for [NJ Ex Order 2] [NJ Ex Order 26.4(b)(1)] and or [NJ Ex Order 2] for 1 of 5 residents reviewed. The Immediate Jeopardy (IJ) was identified on 11/21/2024 and the IJ template was provided to the facility on the same day at 4:45 pm. The IJ started on [NJ Exec Order 26.4b1] and continued until the facility sent a removal plan of action on 11/21/2024 with a completion date of 11/22/2024. The removal plan was reviewed and accepted on 11/22/2024. On 11/25/2024, the surveyors went onsite to validate that the removal plan was implemented. The facility implemented the removal plan, which included individual education for the involved [US FOIA] [redacted], training for licensed nursing staff involved in receiving recommendations, notifications of changes in residents' status, and revision of physician notification policy.	F 000		
F 580 SS=J	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of	F 580		12/2/24

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F 580	Continued From page 2 treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179530 Based on interviews, review of the medical records, and other pertinent facility documents on 11/15/24, 11/18/2024, 11/21/2024, and	F 580	Resident #1 was transferred to the hospital for [redacted] evaluation and [redacted] interventions. The UM/LPN #4 identified was immediately educated on the importance	

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F 580	Continued From page 3 11/25/2024, it was determined that the facility failed to properly notify a Resident's (Resident #1) U.S. FOIA (b) (6)) of a need for NJ Ex Order 26.4(b)(1) that was recommended by the U.S. FOIA (b) (6)) on NJ Ex Order 26.4(b)(1). Resident #1 was on Q (Every) NJ Ex that was being done by the staff. The U.S. FO recommended NJ Ex Order 26.4(b)(1) for one week until the next evaluation because Resident #1 would NJ Exec Order 26.4b1 during the meeting. On NJ Ex Order 26.4(b)(1), Resident #1 was NJ Ex Order 2 in NJ Ex Order 26.4(b)(1) with a NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1). The Resident was transferred to an NJ Ex Order 26.4(b)(1) for a NJ Ex Order evaluation. This placed Resident #1 and all residents who are recommended for NJ Ex Order 26.4(b)(1) at risk for NJ Ex Order 2 NJ Ex Order 26.4(b)(1) and or NJ Ex Order 2 for 1 of 5 residents reviewed. The Immediate Jeopardy (IJ) was identified on 11/21/2024 and the IJ template was provided to the facility on the same day at 4:45 pm. The IJ started on NJ Exec Order 26.4b1 and continued until the facility sent a removal plan of action on 11/21/2024 with a completion date of 11/22/2024. The removal plan was reviewed and accepted on 11/22/2024. On 11/25/2024, the surveyors went onsite to validate that the removal plan was implemented. The facility implemented the removal plan, which included individual education for the involved U.S. FOIA , training for licensed nursing staff involved in receiving recommendations, notifications of changes in residents' status, and revision of physician notification policy.	F 580	of physician notification, informing Primary Care Physician (PCP) of all assessment findings, and all recommendations given by the NJ Exec Order 26.4b1 Nurse Practitioner (NP). All RN/LPN□s were in-serviced on the importance of physician notification, informing Primary Care Physician (PCP) of all assessment findings, and all recommendations given by the psychiatric NP. All residents have the potential to be affected. All residents who received new recommendations given by the Psychiatric NP or specialty providers have the potential to be affected. DON/Unit Managers and ADON conducted an audit on 11/21/2024 of all residents who recently received recommendations given by the psychiatry NP to ensure that the Primary Care Physician (PCP) was made aware of the NPs assessment findings and their recommendations in their entirety. The PCP was properly notified of all assessments findings and recommendations. Physician Notification policy and procedure was revised on 11/21/2024 to specifically reflect the importance of notifying doctors of assessment findings and recommendations given by the consulting psychiatric NP.	

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F 580	Continued From page 4 The noncompliance remained on 11/25/24 at a level G for actual harm that is not an IJ based on the facility staff have been educated on physician notification. The deficient practice was evidenced by the following: According to the admission record, Resident #1 was admitted to the facility with diagnoses which included but not limited to: NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1) indicated that Resident #1 had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15, which indicated that the Resident's NJ Exec Order 26.4b1 was NJ Ex Order 26 The MDS revealed that the Resident scored NJ Ex in section NJ E NJ Ex Order 26.4(b)(1), does not diagnose a NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) but provides a standard score which can be communicated to the resident's physician, other clinicians and NJ Exec Order 26.4b1 specialists for appropriate follow up) which indicated a total score of NJ Ex Order 26.4(b)(1).) The MDS further revealed that Resident #1 was able to NJ Ex Order 26.4(b)(1) NJ Exec Order 26.4b1 an NJ Exec Order 26.4b device. A review of Order Summary Report, dated NJ Ex Order 26.4(b)(1), revealed an order for NJ Ex Order 26.4(b)(1), 1 tablet daily for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). A review of Resident #1's Baseline Care Plan,	F 580	In-service was immediately initiated with all RN/LPN□s on 11/21/2024 by the DON/ADON or designee on the importance of physician notification, informing Primary Care Physician (PCP) of all assessment findings, and all recommendations given by the psychiatric NP. In-service was immediately initiated with all RN/LPN□s on 11/21/2024 by the DON/ADON or designee on the revised Physician Notification Policy and procedure. The DON or designee will audit five (5) consultation reports weekly for four (4) weeks, then monthly for two (2) months to ensure that psychiatric assessment findings and recommendations are communicated to PCPs and carried out in their entirety. All findings from the audits will be reported, reviewed by the DON or designee and submitted to the monthly Quality Assurance and Performance Improvement Committee (QAPI) for three (3) months in order to determine if further interventions are needed.	

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dated [NJ Ex Order 26.4(b)], revealed that the Resident to [NJ Ex Order], to be [NJ Ex Order 26.4(b)(1)] every [NJ Ex Order], and to remove NJ Ex Order 26.4(b)(1) from the room.

A review of Medication Administration Record, dated [NJ Ex Order 26.4(b)], revealed on [NJ Ex Order 26] at 12:49 p.m., Resident #1 was administered [NJ Ex Order 26.4] tablet [NJ Ex Order] for [NJ Ex Order 26.4(b)] On [NJ Ex Order 26] at 5:18 p.m., Resident #1 was administered NJ Ex Order 26.4(b)(1) for [NJ Ex Order 26.4(b)]

A Review of Resident #1's progress notes (PN) revealed the following:

On [NJ Exec Order 26.4(b)] at 4:08 p.m., documented by Registered Nurse (RN) #2, at 10:00 a.m. Resident #1's family member (FM) called who was [NJ Ex Order 2] and reported that the Resident was 'NJ Ex Order 26.4(b)(1). pt states [she/he] NJ Ex Order 26.4(b)(1) (i.e., NJ Ex Order 26.4(b)(1) [US FOIA (b)] was] aware, ordered [NJ Ex Order 26.4(b)(1)] bid [twice as needed,] observe for [NJ Ex Order 26.4(b)(1)] and NJ Ex Order 26.4(b)(1). dose administered [at 12:45 p.m.] recheck pt [NJ Ex Order 26.4(b)] .... [4:30 p.m. Resident #1] calls again stating...verbalized NJ Ex Order 26.4(b)(1) and has [NJ Ex Order 26] in the room. Room swept for NJ Ex Order 26.4(b)(1) and removed. Initiated NJ Ex Order 26.4(b)(1). [US FOIA (b)] does not want NJ Ex Order 26.4(b)(1), states...has always had NJ Ex Order 26.4(b)(1). Does not want to order NJ Ex Order 26.4(b)(1)] or labs to [to rule out [NJ Ex Order 26.4(b)]. [NJ Ex Order 26.] [discontinued]. On assessment [Resident #1] denies [NJ Ex Order 26.4(b)], states [she/he] agreed..NJ Ex Order 26.4(b)(1) . [When] asked if it NJ Ex Order 26.4(b)(1) or [NJ Ex Order 26.4(b)(1)], pt answered [NJ Ex Ord]

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On [redacted] at 9:13 a.m., documented by [redacted] #4, "reached out to [redacted] services at this time [related to] reports from weekend of pt having [redacted] and [redacted] and statements about [redacted]...continues [every [redacted]] as of this time. At 3:41 pm, documented by RN #4 "..[redacted] appears [redacted], [redacted]..." At 10:05 p.m., documented by RN #1, "..[redacted] appears [redacted]/has [redacted]...currently on [redacted] for [redacted]...talked about [redacted] and [redacted]

On [redacted] at 6:25 a.m., documented by LPN #5 "..[redacted]...talked about [redacted] and [redacted] At 2:41 pm, documented by LPN#4 "..[redacted], [redacted] ..."

On [redacted] at 4:33 p.m., documented by [redacted] #4, "...recommendations received from the [redacted] are as follows following call...5. [redacted] until [redacted] next visit...Spoke with [redacted] after speaking with [redacted] and [redacted] approved medication changes and new medication orders and gave orders to continue [redacted] as of this time. [Resident #1] stated during telemed that if everything [redacted] at [her/his] appointment on [Friday, [redacted], she/he] have [redacted] and be [redacted] ' [redacted] to ensure [Resident #1's] [redacted] as of this time."

On [redacted] at 10:22 a.m., documented by the Supervisor/RN #2, "resident [redacted] in [redacted] another resident's family member with [redacted] and [redacted]. Visitor [redacted] [her/his] [redacted] and [redacted]

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and notified staff. When asked what NJ Ex Order 26.4(b)(1) resident stated NJ Ex Order 26.4(b)(1)' ...ems called for transport to ER for NJ Ex Order evaluation ..." At 3:17 p.m., documented by LPN #3, nurse who was assigned to Resident #1 on NJ Ex Order 26.4(during 7:00 a.m. to 3:00 p.m. shift, the PN indicated "Late entry for 0800 ...
At [9:40 a.m.] this writer was down another hallway when called by ancillary staff that resident was NJ Ex Order 26.4(b)(1) of this resident to observe resident NJ Ex Order 26.4(b)(1) and there was a visitor there also when the visitor stated my NJ Ex Or is in the next room and I wanted to check the NJ Ex Order 26.4(b)(1) and when i came in here I found this [woman/man] NJ Ex Order 26.4(b)(1) and [her/his] NJ Ex Order 26.4(b)(1) .. NJ Ex Order 26.4(b)(1) when spoken to when this writer asked what happened resident stated, NJ Ex Order 26.4(b)(1),' supervisor in room 911 activated, EMS, Paramedics arrived, and resident transported to local ER. Dr made aware and family notified."

A Review of Resident #1's NJ Ex Order 26.4(b)(1) notes dated NJ Ex Order 26.4(b)(1) from 2:00 p.m. to 3:00 p.m., revealed that Resident #1 had a video-conference with the U.S. FOIA (with the UM/LPN #4. The NJ Ex Order 26.4(b)(1) notes indicated, "... [Resident #1] made a comment to [FM] and staff NJ Ex Order 26.4(b)(1) [herself/himself]. [She/he] noted that [she/he] had NJ Ex Order 26 as written. NJ Ex Order 26.4(b)(1) removed and [she/he] has been on NJ Ex Order 26.4(b)(1) . Patient seen with U.S. FOIA (b) (6) present. [She/he] appears NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) in formal until health assessment. Vaguely mentions NJ Ex Order 26.4(b)(that [she/he] has NJ Ex Order 26 [herself/himself] NJ Ex Or that [her/his] [NJ Exec Order 26.4b1] does not know about. [She/he] is not agreeable to discuss in detail at this time. Admits [She/he] continues to

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NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(Significant NJ Ex Order 26.4(b)(1) Reports NJ Ex Order 26.4(b)(1). [She/he] openly admits that [she/he] is NJ Exec Order 26.4b1 at this time but NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1). [She/he] denies any current NJ Ex Order 26.4(b)(1) The [Resident] reported NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex , NJ Ex Order 26.4(b NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4 and NJ Ex Order 26.4(b)(1) but no other NJ Ex Order 26.4(b)(1). The NJ Ex Order 26.4(b)(1) notes indicated NJ Ex Order 26.4 included but not limited to: "clinician suggested NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1), [she/he] NJ Exec Order 26.4b at this time NJ Ex Order 26.4(b)(1) [her/his NJ Exec Order 26.4b1], I do not believe [she/he] NJ Exec Order for NJ Ex Order 26.4(b)(1) Initiate NJ Ex Order 26.4 , NJ Exec Order 26. NJ Ex Order 26.4(b)(1) from [her/his] room including NJ Ex Order 26 NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26. only, NJ Ex Order 26.4(b)(1) until Face-to-face eval next week...Target behaviors include NJ Ex Order 26.4(, NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(Follow-up is needed..."

Review of "RESIDENT NJ Ex Order 26.4(b)(1) FORM" from NJ Ex Order 26.4(to NJ Ex Order 26.4(indicated that the Resident was being NJ Ex Order 26.4(b)(1) every NJ Ex Order 26.4(b)(1).

During a telephone interview with the surveyor on 11/19/24 at 11:43 AM, the U.S. FOIA (stated that on NJ Ex Order 26.4(during the video-conference call, Resident #1 did NJ Exec Order 26.4b1 to NJ Ex Order 26.4(b)(1) prior to face-to-face visit on NJ Ex Order 26.4(b)(. The US FOIA further stated that Resident #1 was a NJ Ex Order 26.4(b)(1) herself/himself and required NJ Ex O

During a telephone interview with the surveyor on 11/19/24 at 12:20 PM, U.S. FOIA (stated that on NJ Ex Order 26.4(

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he received a call from UM/LPN #4 and notified him of the [redacted] recommendations. However, the [redacted] did not mention that the Resident did [redacted]. According to the [redacted] he agreed with the LPN that [redacted] be done because the UM/LPN #1 reported that the Resident was [redacted] on every [redacted] instead of the [redacted]. The Physician further stated, "If I had been made aware that the resident did not [redacted] during the video-conference with the [redacted], I would have agreed with the [redacted] instead of continuing every [redacted]."

During an interview with the surveyor on 11/21/24 at 10:24 AM, UM/LPN #2 stated that during the video-conference call on [redacted], Resident #1 was [redacted] about an upcoming [redacted] and had expressed [redacted] but would not elaborate. LPN#2/UM stated that she was aware that Resident #1 did not [redacted] during the video conference call. LPN#2/UM stated that during the video conference call, Resident #1 stated that she/he would [redacted] with [redacted] LPN#2/UM confirmed that she called the [redacted] and notified him of the [redacted] recommendations. However, the LPN#2/UM failed to mention that Resident #1 did not [redacted] when she called the [redacted] to notify him of the [redacted] recommendations. The LPN #2/UM stated that Resident #1 should have been placed on [redacted] as recommended by the [redacted] on [redacted] instead of continuing every [redacted] to prevent the incident on [redacted].

During an interview with the surveyor on 11/21/24 at 11:00 AM with the [redacted] and [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315294	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210

(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) COMPLETION DATE
F 580	Continued From page 10 ([U.S. FOIA (b) (6)] the [U.S. FOIA (b)] stated that she was aware of the [U.S. FOIA (b) (6)] recommendations for Resident #1. The [U.S. FOIA (b)] further stated that she felt that Resident #1 did not need [NJ Ex Order 26.4(b)(1)] because the resident did not have [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA (b)] stated that the incident that occurred on [NJ Ex Order 26.4(b)(1)] with Resident #1 was [NJ Exec Order 26.4b1] and could have happened even if Resident #1 was on [NJ Ex Order 26.4(b)(1)]. However, the [U.S. FOIA (b)] stated that she was aware that Resident #1 could not [NJ Ex Order 26.4(b)(1)] herself/himself if the [NJ Ex Order 26.4(b)(1)] did [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA (b)] stated, "I may have considered the [NJ Ex Order 26.4(b)(1)] as recommended by the [U.S. FOIA (b)] if I would have read [NJ Exec] notes and recommendations made on [NJ Ex Order 26.4(]." A review of the facility's policy titled "Physician Notification," dated 2/2024, indicated "Policy: This outlines the guidelines for when and how healthcare should contact a resident's physician to inform them of significant changes in their condition, critical test results, or other situation requiring medical attention, ensuring timely intervention, and coordinated care. Procedure: 1. Clearly define situations that necessitate notifying the physician, such as...Unexpected complications Significant changes in patient status...3. Provide the essential information to communicate when contacting the physician, including...Current condition and recent changes Relevant medical history...Any immediate actions taken...Information relayed...When calling the doctor...2. Collect relevant details about the patient's status...any significant changes...4. Provide a concise and accurate summary of the resident's condition..." NJAC 8:39-13.1(d) NJAC 8:39-27.1 (a)	F 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315294	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	**4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210**

(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) COMPLETION DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060501	A. BUILDING: _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATIO	4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210

(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
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 #: NJ00179530 Based on interviews and review of facility documents on 11/15/2024, 11/18/2024, and 11/21/2024, it was determined that the facility failed to ensure staffing ratios were met for 2 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	S 560	No residents were affected by not meeting the State of NJ minimum staffing requirements as determined by routine monitoring and review on those dates that no significant changes were noted. The facility actively seeks to hire CNA□s, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the Staffing Coordinator or the shift Supervisor to fill the shift. The facility has documented evidence to reflect recruitment and retention efforts in it□s relentless attempts to comply with the staffing ratios.	12/2/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 01/21/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	060501	A. BUILDING: _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATIC	4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210

(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
S 560	Continued From page 1 nursing homes," indicated the New Jersey 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: 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. For the 2 weeks of staffing prior to survey from 10/27/2024 to 11/09/2024, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows: -10/27/24 had 9 CNAs for 77 residents on the day shift, required at least 10 CNAs. -11/04/24 had 9 CNAs for 78 residents on the day shift, required at least 10 CNAs.	S 560	No residents have been adversely affected. All residents have the potential to be affected. Staffing Coordinator re-educated by Administrator on current staffing regulation and shift ratios. Recruitment and retention efforts continue to include: a. Daily staffing meetings and weekly Regional Labor Management reviews b. Training mentor program to support retention c. Employee Enrichment committee in place to improve and maintain staff morale d. Recruitment bonus and sign-on bonuses offered. e. Completive wage analysis f. Hired Elite Recruiting to support increased recruiting of nurses and aides DON/Staffing Coordinator/Administrator or designee will monitor and review staffing daily for 1 week, weekly for 3 weeks and monthly for 3 months. Results will be presented to the Quality Assurance and Performance Improvement (QAPI) team monthly for continued review and recommendations until substantial compliance is maintained.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315294 Y1	A. Building B. Wing Y2	2/3/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210

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 F0580	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/02/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
11/26/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
060501 Y1	A. Building B. Wing Y2	2/3/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST HAVEN NURSING AND REHABILITATION CENTER	4 MOORE ROAD CAPE MAY COURT HOUSE, NJ 08210

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	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/02/2024	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
11/26/2024	☐ YES ☐ NO