STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315125	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL LAKE HEALTHCARE AND REHABILITATION	**395 LAKESIDE BLVD , BAYVILLE, New Jersey, 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) COMPLETION DATE
F0000	INITIAL COMMENTS Complaint #: 2788947 Survey Date: 3/30/26 Census: 200 Sample Size: 3 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F0000		04/15/2026

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061501	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL LAKE HEALTHCARE AND REHABILITATION	**395 LAKESIDE BLVD , BAYVILLE, New Jersey, 08721**

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S0000	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.	S0000		04/15/2026
S1680	Mandatory Nurse Staffing CFR(s): 8:39-25.2(b)(1)&(2) (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: 1. Total number of residents multiplied by 2.5 hours/day; plus 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day	S1680	1.All residents have the potential to be affected by this practice. 2.All residents residing in the facility were assessed to assure that no negative outcomes arose due to staffing issues. 3.The facility has begun planning an "on Call" schedule for nursing staff, in order to assure that staff call outs can be covered at the last minute. in addition, we are also working with local school districts to see if the facility could hire "School Nurses" during high vacation seasons to cover staffing appropriately. Staffing personnel have been in serviced on this protocol and as well as being instructed to report any and all issues to the DON that can affect staffing patterns. 4.The DON and Staffing Coordinator will review effectiveness of any and all protocols we are implementing to assure staffing needs are being met on a daily basis. The DON will report their finding at the facilities monthly QAPI meetings.	04/15/2026

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S1680	Continued from page 1 Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of the Nurse Staffing Reports for the weeks of 3/8/26-3/14/26 the facility was deficient in nurse staffing for 1 of 7 days. The required staffing hours and actual staffing hours are as follows: -3/9/26 had 496.00 nursing hours, required at least 508.25 hours for a deficiency of 12.25 hours.	S1680		04/15/2026
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 11 day shifts. The deficient practice was evidenced by the following: 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 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	S0560	All residents have the potential to be affected by this deficient practice All residents were reviewed to assure that no negative effects were encountered due to this practice. The facility has implemented protocols to review staffing needs of the facility with resident acuities taken into regard. these protocols include increased focus on recruitment and retention, referral bonus programs as well as in servicing staffing personnel to review staffing with DON or their designee on a daily basis each afternoon for the next day. Weekend covered is reviewed on Fridays and throughout the weakened. Staff has been in serviced regarding the importance of maintain in appropriate and adequate staffing. The DON will review outcomes of these protocols every Friday, in addition the DON will present their findings at the facilities monthly QAPI Meeting, for a period of six months. DON will then review outcome QAPI Committee at all meetings going forth	04/15/2026

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S0560	Continued from page 2 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 3/8/26-3/21/26 the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows: -3/8/26 had 16 CNAs for 199 residents on the day shift, required at least 25 CNAs. -3/9/26 had 14 CNAs for 198 residents on the day shift, required at least 25 CNAs. -3/10/26 had 19 CNAs for 198 residents on the day shift, required at least 25 CNAs. -3/13/26 had 23 CNAs for 198 residents on the day shift, required at least 25 CNAs. -3/14/26 had 18 CNAs for 198 residents on the day shift, required at least 25 CNAs. -3/15/26 had 17 CNAs for 199 residents on the day shift, required at least 25 CNAs. -3/16/26 had 24 CNAs for 198 residents on the day shift, required at least 25 CNAs. -3/17/26 had 22 CNAs for 198 residents on the day shift, required at least 25 CNAs. -3/18/26 had 24 CNAs for 198 residents on the day shift, required at least 25 CNAs. -3/20/26 had 23 CNAs for 198 residents on the day shift, required at least 25 CNAs. -3/21/26 had 23 CNAs for 198 residents on the day shift, required at least 25 CNAs.	S0560		04/15/2026

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F0000	INITIAL COMMENTS No federal deficient practices were identified in the 3/30/26 survey	F0000		04/30/2026

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 4/30/26 in relation to the 3/30/26 State of New Jersey Complaint survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities.	S0000		04/30/2026

Office of Primary Care and Health Systems Management

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