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 05/07/2026

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 #: 2979829, 3001864 Census: 203 Sample Size: 6 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 SURVEY.	F0000		05/18/2026
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide care and services in accordance with professional standards of practice for 2 of 6 residents reviewed (Resident # 1 and Resident #2) by implementing the practice of NJ Ex Order 26.4(b)(1), which is not an accepted standard of NJ Ex Order 26.4(b)(1) care and has the potential to compromise NJ Ex Order 26.4(b)(1) and resident dignity. According to the Admission Record (AR) Resident #1 was admitted to the facility with diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) , and NJ Ex Order 26.4(	F0684	F-684 – Quality of Care Resident(s) affected by the deficient practice: Resident #1 and Resident #2 were immediately assessed following identification of the deficient practice. The practice of NJ Ex Order 26.4(b)(1) was discontinued immediately. Both residents received comprehensive NJ Ex O assessments to evaluate for any signs of NJ Ex Order 26.4(b)(1) . NJ Ex Order 26.4(b)(1) care interventions were reviewed and revised to ensure care was provided in accordance with accepted professional standards of practice, resident dignity, and infection prevention principles. The Interdisciplinary Care Plans (ICP) for both residents were reviewed and updated to reflect individualized incontinence care interventions, including NJ Ex Order 26 , routine NJ Ex Order 26.4(b)(1) and measures to maintain NJ Ex Ord and resident dignity. Identification of those individuals who could be affected by the deficient practice: The Director of Nursing (DON)/designee conducted an audit of all residents requiring incontinence care to identify any additional residents who may have been subjected to the practice of double diapering or inappropriate incontinence care practices. The audit included direct observation of incontinent care practices, review of resident care plans, skin assessments, and staff assignments. Any identified	05/18/2026

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

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 05/07/2026

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
F0684 SS = D	Continued from page 1 NJ Ex Order 26.4(b)(1) According to the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order, Resident #1 had a Brief Interview for Mental Status (BIMS) score NJ E which indicated that the resident was NJ Ex Order 26.4(b) this assessment. Resident #1's CP under "Focus" date initiated NJ Ex Order 26.4("Resident #1 is at risk for NJ Ex Order 26.4(b)(1) According to the Admission Record (AR) Resident #2 was admitted to the facility with diagnoses which included but were 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) According to the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4 Resident #2 had a Brief Interview for Mental Status (BIMS) score of N out of 15 which indicated that the resident was NJ Ex Order 26.4(b)(1) Resident #2's CP included the following: Under "Focus" date initiated NJ Ex Order 26.4 NJ Ex Order [Resident #2] HAS THE POTENTIAL FOR NJ Ex Order 26.4(b)(1) RELATED TO: -NJ Ex Order 26.4(b)(1) Under "Interventions": "KEEP NJ Ex Order 26.4(b)(1)--PROVIDE PROMPT NJ Ex Order 26.4(b)(1) CARE". On 4/28/26 at 5:31 AM, during care observation, Resident # 1 was noted to be NJ Ex Order 26.4(b)(1) layered on top of each other NJ Ex Order 26.4(b)(1) The NJ Ex Order 26.4(b)(1) with NJ Ex Orde while the NJ Ex Order 26.4(b)(1) remained in place and NJ Ex O On 4/28/26 at 5:35 AM, during care observation, Resident #2 was noted to be NJ Ex Order 26.4(b)(1). The NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b), while the Order 26.4(b)(remained in place and NJ Ex O On 4/28/26 at 6:43 AM, the surveyor interviewed the U.S. FOIA (b)(6) from the NJ Ex Order 26.4(who was responsible for NJ Ex Order 26.4(b)(1) both residents. The U.S. FOIA apologized for NJ Ex Order 26.4(b)(1) residents and acknowledged this was not good practice. She further stated that both residents are NJ Ex Order 26.4(b)(1) and reported it was not a frequent practice she performed but due to short staffing that	F0684	Continued from page 1 concerns or deficient practices were corrected immediately upon identification. What corrective actions will be accomplished for those residents affected by the deficient practice: Education was immediately provided to all licensed nurses and Certified Nursing Assistants (CNAs) regarding acceptable standards of incontinence care, resident dignity, infection prevention, skin integrity preservation, and prohibition of double diapering practices. Education included reinforcement that residents must receive prompt incontinent care, routine brief changes, proper skin cleansing and drying, and individualized interventions based on resident needs and continence status. Staff were further educated that layering briefs or utilizing double diapering is not an accepted standard of practice and may place residents at risk for skin breakdown, infection, discomfort, and compromised dignity. The facility reinforced expectations for appropriate supervision and monitoring of incontinent care practices by nursing leadership. Measures or systemic changes to ensure that the deficiencies will not recur: The DON/designee will conduct random incontinent care observations weekly for 4 weeks to ensure staff are providing incontinence care in accordance with professional standards of practice and facility policy, including ensuring residents are not double diapered. Audits will include verification of timely incontinent care, proper skin care practices, maintenance of resident dignity, and compliance with individualized care plans. Following the initial 4 weeks, audits will be conducted monthly for 2 additional months. Any identified non-compliance will be addressed immediately through re-education and corrective action. Results of the audits will be reviewed during the monthly QAPI Committee meeting for 3 months to identify trends and ensure ongoing compliance and sustained corrective action.	05/18/2026

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CRYSTAL LAKE HEALTHCARE AND REHABILITATION	395 LAKESIDE BLVD , BAYVILLE, New Jersey, 08721

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F0684 SS = D	Continued from page 2 was why she NJ Ex Order 26.4(b)(1) the residents. The U.S. FOIA stated that residents should not be NJ Ex Order 26.4(b)(1) as it could cause NJ Ex Order 26.4(b)(1) On 4/28/26 at 6:57 AM, the surveyor interviewed the U.S. FOIA (b)(6) who was covering the NJ Ex Order 26.4(b)(1) The U.S. FOIA stated that when he checked the residents, they were not NJ Ex Order 26.4(b)(1). He stated if he did observe a resident being NJ Ex Order 26.4(b)(1), he would NJ Ex Order 26.4(b)(1) them into NJ Ex Order 26.4(b)(1). When asked why residents shouldn't be NJ Ex Order 26.4(b)(1) the U.S. FOIA responded that it could cause NJ Ex Order 26.4(b)(1) because NJ Ex Order 26.4(b)(1) to a resident's NJ Ex Order 26.4(b)(1) and that it was an NJ Ex Order 26.4(b)(1) practice. On 4/28/26 at 8:32 AM, the surveyor interviewed the U.S. FOIA (b)(6) who stated that she expects her staff to round on all residents, to make sure that the residents are NJ Exec Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) as needed, and that they are NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) The U.S. FOIA (b)(6) stated she was unaware that staff were NJ Ex Order 26.4(b)(1) residents but that they should not be because it can cause NJ Ex Order 26.4(b)(1). On 4/28/29 at 9:33 AM, the surveyor interviewed the U.S. FOIA (b)(6) who stated the expectation is for staff to not NJ Ex Order 26.4(b)(1) residents because NJ Ex Order 26.4(b)(1) is a concern and NJ Ex Order 26.4(b)(1) could cause other complications to arise. The U.S. FOIA stated that there was no previous knowledge of staff NJ Ex Order 26.4(b)(1) residents and that there were no grievances or complaints regarding this practice. On 4/28/29 at 9:33 AM, the U.S. FOIA provided the surveyor with training that had been completed on 4/25/26 for the CNAs regarding CNA expectations and daily duties for the facility. The facility document titled "CNA DON'T'S [sic]" included: "4. Do not NJ Ex Order 26.4(b)(1) any resident - If a resident request [sic] inform nursing administration". A review of the facility's policy titled, "Perineal Care" with an updated date of 1/2026, included the following information under "Policy Statement": The purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition. A review of the facility's policy titled, "Resident Rights" with an updated date of 1/2026, included the following information "Policy Statement": employees shall treat all residents with kindness, respect, and dignity. Under, "Policy Interpretation and	F0684		05/18/2026

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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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F0684 SS = D	Continued from page 3 Implementation": 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity. N.J.A.C. 8:39-27.1(b)	F0684		05/18/2026

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 05/07/2026

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		05/18/2026
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 interviews and review of facility documents on 5/7/26, it was determined that the facility failed to ensure staffing ratios were met for 6 of 7-day shifts reviewed and 2 of 7 overnight shifts. This deficient practice had the potential to affect all residents. 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 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	S0560	. Resident affected by the deficient practice: All residents residing in the facility during the identified timeframes were considered potentially affected by the facility's failure to meet the required minimum nursing hours per resident per day (HPRD). Immediate actions were taken to review staffing levels and ensure sufficient licensed nursing and nurse aide coverage to meet or exceed the required 2.5 hours of direct care per resident per day. Additional staff were secured as needed to ensure resident care needs were met. 2. Identification of those individuals who could be affected by the deficient practice: All residents have the potential to be affected. The Administrator and Director of Nursing (DON)/designee conducted a comprehensive review of staffing schedules, payroll records, and daily staffing hours in relation to resident census. The review included calculation of hours per resident day (HPRD) to ensure compliance with N.J.A.C. 8:39-25.2 requirements. Any identified discrepancies in staffing hours were immediately addressed and corrected. 3. What corrective actions will be accomplished for those residents affected by the deficient practice: Education was provided on 3/17/2026 by the Admin and DON to administrative staff responsible for staffing coordination and scheduling regarding New Jersey mandatory nurse staffing requirements, including calculation of HPRD and inclusion of only qualifying direct care staff hours. The facility reinforced staffing policies to ensure schedules are developed to meet or exceed required staffing hours	05/18/2026

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S0560	Continued from page 1 work as a CNA and perform CNA duties. For the 1 week of staffing prior to survey from 4/19/26-4/25/26, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts, and 2 of 7 overnight shifts as follows: -4/19/26 had 21 CNAs for 199 residents on the day shift, required at least 25 CNAs. -4/20/26 had 23 CNAs for 199 residents on the day shift, required at least 25 CNAs. -4/20/26 had 13 CNAs for 199 residents on the overnight shift, required at least 14 CNAs. -4/21/26 had 21 CNAs for 199 residents on the day shift, required at least 25 CNAs. -4/22/26 had 24 CNAs for 202 residents on the day shift, required at least 25 CNAs. -4/22/26 had 13 CNAs for 202 residents on the overnight shift, required at least 14 CNAs. -4/23/26 had 22 CNAs for 202 residents on the day shift, required at least 25 CNAs. -4/25/26 had 22 CNAs for 202 residents on the day shift, required at least 25 CNAs.	S0560	Continued from page 1 based on daily census. A process was implemented to review staffing hours daily and adjust staffing levels as needed, including utilization of agency staff when necessary to maintain compliance. 4. Measures or systemic changes to ensure that the deficiencies will not recur: The Administrator and DON/designee will conduct daily monitoring of staffing hours in relation to resident census for 4 weeks to ensure compliance with required HPRD. Weekly audits will be conducted for 4 weeks, followed by monthly audits for 2 additional months. Any identified non-compliance will be addressed immediately through staffing adjustments and corrective action. Audit findings will be reviewed at the QAPI Committee monthly for 3 months to ensure sustained compliance.	05/18/2026

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 5/19/26 in relation to the 5/7/26 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		05/18/2026

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.

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New Jersey Department of Health

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 5/19/26 in relation to the 5/7/26 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		05/18/2026

Office of Primary Care and Health Systems Management

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