STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315125	A. BUILDING _____ B. WING _____	C 06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL LAKE HEALTHCARE AND REHABILITATION	**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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00172152, NJ00173597, & NJ00173806 Census: 208 Sample Size: 5 THE FACILITY IS IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		

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

Electronically Signed | 07/15/2024

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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	061501	A. BUILDING: _____ B. WING _____	C 06/25/2024

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S 000	Initial Comments COMPLAINT #NJ00173806 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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 (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: COMPLAINT #NJ00173806 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 3 of 14 day shifts and 5 of 14 overnight shifts. The deficient practice was evidenced by the following:	S 560	No residents were identified. All residents have the potential to be affected by this deficient practice. Director of Nursing, and Staffing coordinator were in-serviced on new minimum staffing requirements. DON, Staffing Coordinator, Human Resource Director and Administrator will meet daily during the week to review recruitment efforts, staffing for next day, and staffing for upcoming week, as well as review Contract staff utilization to identify	7/8/24

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

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S 560	Continued From page 1 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 work as a CNA and perform CNA duties. 1. The surveyor requested staffing for the weeks of 04/28/2024 to 05/11/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -04/28/24 had 21 CNAs for 213 residents on the day shift, required at least 27 CNAs. -04/29/24 had 23 CNAs for 213 residents on the day shift, required at least 27 CNAs. -04/30/24 had 23 CNAs for 213 residents on the day shift, required at least 27 CNAs. -05/01/24 had 23 CNAs for 213 residents on the day shift, required at least 27 CNAs. -05/02/24 had 24 CNAs for 210 residents on the day shift, required at least 26 CNAs.	S 560	trends and opportunities. The facility has developed an employee culture committee focused on morale to help retention of staff. The facility participates in a weekly meeting to review open positions, recruitment tactics, and changes to improve outcomes. The facility has implemented a multifaceted approach for recruitment and retention of employees, Job fairs, Flexible scheduling, Increased utilization of PRN staff, Multimedia advertisements, Partnership with schools, Sign on bonuses, Referral bonuses, Pick-up shift bonuses, rehire campaign to rehire staff that have left our employ. The DON/designee will review the minutes from resident council to determine whether any concerns regarding care and services are identified monthly for three months and then quarterly. The administrator/designee will interview five residents weekly for 4 weeks and then monthly to determine if needs are being met. Results of the audits will be reported to the QAPI committee monthly. The QAPI Committee will make recommendations based upon the results of the audits, and will recommend tapering and dissolution of audits once consistent compliance is achieved. We also recruit nursing aids and send to	

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S 560	Continued From page 2 -05/03/24 had 25 CNAs for 210 residents on the day shift, required at least 26 CNAs. -05/04/24 had 20 CNAs for 210 residents on the day shift, required at least 26 CNAs. -05/05/24 had 20 CNAs for 210 residents on the day shift, required at least 26 CNAs. -05/06/24 had 22 CNAs for 210 residents on the day shift, required at least 26 CNAs. -05/07/24 had 23 CNAs for 210 residents on the day shift, required at least 26 CNAs. -05/08/24 had 23 CNAs for 211 residents on the day shift, required at least 26 CNAs. -05/09/24 had 25 CNAs for 211 residents on the day shift, required at least 26 CNAs. -05/10/24 had 24 CNAs for 211 residents on the day shift, required at least 26 CNAs. -05/11/24 had 19 CNAs for 211 residents on the day shift, required at least 26 CNAs. 2. The surveyor requested staffing for the weeks of 06/09/2024 to 06/22/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 3 of 14 day shifts, and deficient in total staff for residents on 5 of 14 overnight shifts as follows: -06/09/24 had 19 CNAs for 211 residents on the day shift, required at least 26 CNAs. -06/09/24 had 20 total staff for 211 residents on the evening shift, required at least 21 total staff. -06/10/24 had 18 CNAs for 211 residents on the day shift, required at least 26 CNAs. -06/11/24 had 23 CNAs for 211 residents on the day shift, required at least 26 CNAs. -06/11/24 had 14 total staff for 211 residents on the overnight shift, required at least 15 total staff. -06/12/24 had 23 CNAs for 211 residents on the day shift, required at least 26 CNAs.	S 560	school. Director of Nursing/designee will conduct audits of staffing ratios. Audits will be completed weekly for the next 4 weeks and monthly for the next 3 months Audits will be on-going to prevent this deficient practice. A monthly report will be given to the Administrator and the QAPI Committee. Director of Nursing/designee will conduct audits of staffing ratios. Audits will be completed weekly for the next 4 weeks and monthly for the next 3 months Audits will be on-going to prevent this deficient practice. A monthly report will be given to the Administrator and the QAPI Committee.	

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S 560	Continued From page 3 -06/13/24 had 21 CNAs for 211 residents on the day shift, required at least 26 CNAs. -06/13/24 had 14 total staff for 211 residents on the overnight shift, required at least 15 total staff. -06/14/24 had 20 CNAs for 212 residents on the day shift, required at least 26 CNAs. -06/15/24 had 23 CNAs for 212 residents on the day shift, required at least 26 CNAs. -06/16/24 had 19 CNAs for 208 residents on the day shift, required at least 26 CNAs. -06/16/24 had 14 total staff for 208 residents on the overnight shift, required at least 15 total staff. -06/17/24 had 17 CNAs for 208 residents on the day shift, required at least 26 CNAs. -06/18/24 had 22 CNAs for 208 residents on the day shift, required at least 26 CNAs. -06/19/24 had 19 CNAs for 208 residents on the day shift, required at least 26 CNAs. -06/20/24 had 20 CNAs for 207 residents on the day shift, required at least 26 CNAs. -06/21/24 had 17 CNAs for 207 residents on the day shift, required at least 26 CNAs. -06/21/24 had 18 total staff for 207 residents on the day shift, required at least 21 total staff. -06/21/24 had 14 total staff for 207 residents on the overnight shift, required at least 15 total staff. -06/22/24 had 18 CNAs for 207 residents on the day shift, required at least 26 CNAs. -06/22/24 had 19 total staff for 207 residents on the evening shift, required at least 21 total staff. -06/22/24 had 14 total staff for 207 residents on the overnight shift, required at least 15 total staff.	S 560		