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 02/08/2024

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 A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). Complaint #'s: NJ164067 NJ166370 NJ166770 NJ169235 NJ170803 Survey Dates: 02/05/24 through 02/08/24. Survey Census: 214 Sample Size: 35 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 RECERTIFICATION AND COMPLAINT VISIT	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or	F 550		2/13/24

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

Electronically Signed | 02/28/2024

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.

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 02/08/2024

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 550	Continued From page 1 her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview and policy review, the facility failed to provide care and services in a manner that maintained and promoted dignity for two of three sampled residents (Resident (R157 and R88) reviewed for dignity in a sample of 35 residents. Specifically, staff stood while assisting residents with their meals. This failure placed residents at risk for diminished self-worth, self-esteem, and feelings	F 550	The employee was taken off duty immediately to be given in depth training completed on proper protocols when assisting residents with meal times to assure meal service is provided in a manner maintaining and promoting dignity.	

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 02/08/2024

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 550	Continued From page 2 of embarrassment. Findings include: 1 Review of R88's "Admission Record" found in the electronic medical record (EMR) under the "Profile" tab documented R88 was admitted to the facility on [redacted] and had diagnoses that included NJ EX Order. 264b1 [redacted] Review of the quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] documented R88 had a "Brief Interview of Mental Status (BIMS) score of five out of 15 indicating NJ EX Order. 264b1 and required NJ EX Order. 264b1 with eating. Review of the "Care Plan" found in the EMR under the "Care Plan" tab dated [redacted] documented: "Pt is at NJ EX Order. 264b1 [redacted] Pt will have 1:1 [NJ EX Order. 264b1 supervision/assistance by staff member during times of oral consumption to provide prompting to perform safe NJ EX Order. 264b1 and due to NJ EX Order. 264b1 [redacted]." During an interview on 02/08/24 at 10:00 AM, the Director of Nurses (DON) said R88 was at risk for [redacted] and the staff were to assist/supervise R88 while eating the meal. During an observation on 02/05/24 at 12:44 PM, R88 was seated in the dining room and Certified Nursing Assistant (CNA) 10 was standing on the right side of R88 and was feeding [redacted] lunch. After giving R88 some food, CNA10 monitored other residents and then came back and continued to feed R88 while standing.	F 550	All residents have the potential to be affected by this deficient practice. Staff has been in-serviced on proper protocols when assisting residents with meal times to assure meal service is provided in a manner maintaining and promoting dignity. This will become part of our orientation education as well as our annual education. DON/ADON/designee will audit meal times to observe and to assure the proper protocols are being adhered to. 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. 2/13/2024	

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 02/08/2024

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 550	Continued From page 3	F 550		

2. Review of R22's "Admission Record" found in the EMR under the "Profile" tab documented R22 was admitted to the facility on [NJ EX Order 264b1] had diagnoses that included NJ EX Order. 264b1 and [NJ EX Order 264b1].

Review of the quarterly "MDS" found in the EMR under the "MDS" tab with an ARD of [NJ EX Order 264b1] documented: R22 had a BIMS score of [NJ EX Orde] out of [NJ EX], indicating NJ EX Order. 264b1 impairment.

During an observation on 02/06/24 at 1:00 PM of the lunch meal revealed R22 was seated at table in the dining room and was eating his lunch independently. At 1:05 PM, CNA10 was standing across from R22, on the other side of the table, reached across the table and gave R22 a few bites of food with [NJ EX] fork. CNA10 then came and stood to the right of R22 and continued to feed R22 using [NJ EX] fork.

During an interview on 04/06/24 at 1:06 PM, the Registered Dietician (RD) was observing residents in the [NJ EX Order]-floor dining room and confirmed CNA10 was standing while feeding R22. She stated that staff were to sit when feeding residents and do not stand and lean across a table to feed a resident.

During an interview with CNA10 on 04/06/26 at 1:12 PM, he confirmed he was standing while feeding R88 on [NJ EX Order 264b1] and [NJ EX Order 264b1] and R22 on [NJ EX Order 264b1]. CNA10 said that staff were to sit when feeding residents.

During an interview on 02/06/24 at 4:20 PM, the DON said the staff were to feed one resident at a time and sit when feeding residents to maintain

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 02/08/2024

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 550	Continued From page 4 the resident's dignity. Review of the facility's policy titled "Quality of Life/Dignity" dated 12/2021 documented: "Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality ...sit at the resident's eye level and assist with feeding." NJAC 8:39-4.1(a)12	F 550		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release	F 583		2/13/24

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 02/08/2024

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 583	Continued From page 5 of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, document review and policy review, the facility failed to ensure one resident (Resident (R) 46) of 35 sampled residents were maintained in a manner to ensure resident privacy, in that the computer screen on the medication cart was left open revealing R46's medications. This failure placed residents at risk of loss of the right to personal privacy and confidentiality of medical information. Findings include: Review of R46's "Admission Record" located in the Electronic Medical Record (EMR) under the "Profile" tab documented R46 was admitted to the facility on [redacted] During an observation on 02/04/24, at 3:55 PM, the computer screen was on the top of the fourth-floor medication cart left open and was displaying R46's medications. The cart was locked and there were no staff member at the medication cart. During an interview on 02/05/24 at 3:58 PM, Licensed Practical Nurse (LPN) 3 acknowledged the computer screen had displayed R46's name and medications while she was away from the	F 583	The employee was taken off duty immediately to be given an in depth training on confidentiality and the resident's right to personal privacy and confidentiality of medical information. All residents have the potential to be affected by this deficient practice. Staff has been in-serviced on confidentiality and the resident's right to personal privacy and confidentiality of medical information. This will become part of our orientation education as well as our annual education. DON/ADON/designee will audit med pass times to observe and to assure the resident information is not visible and proper protocols are being adhered to. 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.	

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 02/08/2024

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 583	Continued From page 6 medication cart giving R46 [redacted]. LPN3 stated she was not sure how to turn the computer screen to hidden mode. LPN3 stated the expectation was for the computer screen not to show any resident information when a nurse was not at the medication cart for privacy reasons to prevent anyone from viewing a resident's information. During an observation on 02/05/24, at 4:02 PM, the computer screen on top of the [redacted]-floor unit medication cart was left open, displaying R46's medications. During interview with LPN3 on 02/05/24 at 4:06 PM, she confirmed the computer screen was left open revealing R46's name and medications displayed on the screen while away from the medication cart giving R46's medications. Review of the facility's policy titled, "Confidentiality of Information" dated 04/2014 documented, "Our facility shall treat all resident information confidentially and shall access protected health information only as necessary. The facility will safeguard all resident records ..." Review of LPN3's "Employee Confidentiality and Non-Disclosure Agreement" provided by the Director of Nurses (DON) on 02/08/24 that was signed by LPN3 and dated 08/10/23 included the following information: "Not to leave your computer terminal or workstation unattended without logging off or using your system's screen saver function before leaving your work area or securing hardcopy information so that it may not be disclosed to unauthorized persons." During an interview on 02/05/24 at 4:24 PM, the	F 583	A monthly report will be given to the Administrator and the QAPI Committee. 2/13/2024	

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 02/08/2024

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 583	Continued From page 7 Assistant Director of Nurses (ADON) said all nursing staff were educated on resident confidentiality of records, including ensuring the computer screen was not open with resident information when the nurse was not at the medication cart. She stated when the nurse was not at the medication cart, it was an expectation to log out of the computer screen to show the screen is hidden for privacy reasons to prevent anyone not authorized to see the resident's information. The ADON said when the computer screen was open to the resident's Medication Administration Record (MAR) in the EMR, a person could see the resident's name and their medications, which is a Health Insurance Portability and Accountability Act (HIPAA) violation. She stated all staff signed the "Non-Disclosure Agreement" during orientation. NJAC 8:39-4.1(a)18	F 583		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;	F 600		2/13/24

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 02/08/2024

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 600	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on record review, interview and policy review, the facility failed to ensure residents were free from physical abuse for two of seven residents (Resident (R) 191 and R79) reviewed for resident-to-resident abuse. R79 suffered a facial fracture due to physical abuse. The facility failed to ensure residents were free from sexual abuse for one of seven (R116) residents reviewed for sexual abuse. Findings include: 1. Review of R168's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed admission to the facility on [redacted] and was re-admitted on [redacted] with diagnoses including [redacted]. Review of R168's quarterly "Minimum Data Set (MDS)" under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of [redacted], revealed a "Brief Interview for Mental Status (BIMS)," score of [redacted] which indicated [redacted]. Review of R168's "Care Plan," located under the "Care Plan" tab of the EMR and dated [redacted], revealed "The resident was at risk for potential [redacted] and [redacted] related to a diagnosis of [redacted] Resident had an [redacted] with a peer and was the [redacted]." Interventions in place were R168 will be kept separate from R79 while in the	F 600	Education provided to staff immediately on abuse protocols. Added a few new steps to the protocols. All residents have the potential to be affected by this deficient practice. Education provided to staff on abuse protocols. Added to the protocols when resident has altercation goes out to hospital [redacted] returns, they will be on q15 for 3 days, q30 2 day, q60 2 day. Social services will meet with resident upon return and again on day 7 from PESS and assess mood and behavior. This will become part of our orientation education as well as our annual education. Administrator/DON/ADON/designee will audit abuse reportable events to observe and to assure the resident is placed on the checks for 7 days and that Social services is doing follow up meetings with residents and proper protocols are being adhered to. 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. 02/13/2024	

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 02/08/2024

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 600	Continued From page 9	F 600		

common room, NJ EX Order. 264b1 evaluation as needed, NJ EX Order. 264b1 to review and change NJ EX Order. 264b1 medications as needed, resident will change rooms/units upon return to facility, and resident will be offered a facility change.

Review of R191's "Admission Record," located in the "Profile" tab of the EMR revealed admission to the facility on NJ EX Order. 264b1 and was re-admitted on NJ EX Order. 264b1 with diagnosis of NJ EX Order. 264b1.

Review of R191's discharge "MDS" assessment under the "MDS" tab of the EMR, with an ARD of NJ EX Order. 264b1 revealed "BIMS" score of NJ EX Order. out of NJ EX which indicated NJ EX Order. 264b1.

Review of R191's "Care Plan," located under the "Care Plan" tab of the EMR and dated NJ EX Order. 264b1, revealed "The resident was at NJ EX Order. 264b1 and NJ EX Order. 264b1 due to NJ EX Order. 264b1 history, periods of increased NJ EX Order. 264b1 and NJ EX Order. 264b1 and NJ EX Order. 264b1." Interventions in place were remind resident of 12 step meeting, attempt to build a NJ EX Order. 264b1 with resident, attempt to identify situations that may trigger NJ EX Order. 264b1 techniques, monitor for NJ EX Order. 264b1 and NJ EX Order. 264b1 of NJ EX Order. 264b1, be alert to impending NJ EX Order. 264b1, and increase NJ EX Order. 264b1 activity.

Review of a "Nurse's Note," in the EMR under the "Note"" tab written by Licensed Practical Nurse (LPN) 1 and dated NJ EX Order. 264b1 at 9:13 AM indicated, nurse was called to R168's room, R191 stated NJ EX Order. 264b1." R168 was observed sitting in a chair. The DON [Director of Nursing] and physician was made aware and 911 was called to report assault. An order was made to

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 02/08/2024

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 600	Continued From page 10	F 600		

send resident to emergency room (ER) for evaluation. R 191 was removed from the room and R168 was placed on NJ EX Order. 264b1 supervision until transport arrived.

During an interview on 02/07/24 at 11:03 AM, LPN1 stated on NJ EX Order. 264b1 she heard something and went into R168's room and observed NJ EX O sitting on the bed. R191, who was the roommate at the time told her "NJ EX Order. 264b1 and just NJ EX Order. 264b1 in my f NJ EX Or" She said both residents were immediately separated, and the DON was made aware.

2. Review of R79's "Admission Record," located in the "Profile" tab of the EMR revealed admission to the facility on NJ EX Order. 264b1 and was re-admitted on NJ EX Order. 264b1 with diagnoses including NJ EX Order. 264b1, secondary NJ EX Order. 264b1 Review of R79's quarterly "MDS" assessment under the "MDS" tab of the EMR, with an ARD of NJ EX Order. 264b1, revealed a "BIMS" score of NJ EX Order. 264b1 out of NJ EX which indicated NJ EX Order. 264b1 NJ EX Order. 264b1

Review of R79's "Care Plan," located under the "Care Plan" tab of the EMR and dated NJ EX Order. 264b1 revealed, "The resident was the receiver in an NJ EX Order. 264b1 with another peer." Further review revealed staff were to ensure that residents were kept separate from R168 while in common areas.

Review of a "Nurse's Note," in the EMR under the "Notes" tab by Registered Nurse (RN) 1 dated NJ EX Order. 264b1 at 3:37 PM indicated, R79 was punched in the back by R168. A NJ EX O assessment was completed with noted NJ EX Order. 264b1 to NJ EX Order. 264b1 NJ EX Order. 264b1 area. R79 stated the area was NJ EX Order. 264b1 NJ EX Order. 264b1 but NJ EX O refused any PRN (as needed)

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 02/08/2024

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 600	Continued From page 11	F 600		

medication. The physician was made aware. 911 was called, R79 and R168 were separated and R168 was placed on [redacted] supervision until [redacted] was sent to the ER for evaluation.

3. Review of R53's "Admission Record," located in the "Profile" tab of the EMR revealed admission to the facility on [redacted] and was re-admitted on [redacted] with diagnoses including [redacted]

Review of R53's quarterly "MDS" assessment under the "MDS" tab of the EMR, with an ARD of [redacted], revealed a "BIMS," score of [redacted] out of [redacted] which indicated [redacted].

Review of R53's "Care Plan," located under the "Care Plan" tab of the EMR and dated [redacted]0, revealed "The resident is at risk for [redacted] due to [redacted] history, periods of increased [redacted], conflicts with roommates and [redacted] and [redacted]." Interventions in place were [redacted] caregiver when available, 2 people in room as needed, attempt to build a [redacted] with resident, provide consistent caregiver routine, attempt to identify situations that may trigger [redacted] techniques, monitor for [redacted] and [redacted], be alert to impending [redacted], and increase [redacted] activity, decrease stimuli, and [redacted] techniques.

Review of a "Nurse's Note," in the EMR under the "Notes" tab written by LPN8 dated [redacted] at 9:01 PM indicated, R79 came to nurses' station with an obvious injury to [redacted] and stated that [redacted] roommate R53 [redacted] in [redacted]

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 02/08/2024

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 600	Continued From page 12	F 600		

NJ EX Or. Spoke with R53 and asked him what happened and R53 stated R79 was making a lot of noise, and NJ EX could not sleep, so R53 NJ EX R79. R53 was sent out for NJ EX Order 264b1 evaluation and R79 was sent to ER.

Review of a "Nurse's Note," in the EMR under the "Notes" tab written by LPN8 dated 1 NJ EX Order 264 at 5:18 AM indicated, R79 "returned to the facility around 5:00 am ... New diagnosis of NJ EX Order. 264b1 and NJ EX Order. 264b1 ...."

Review of a "Nurse's Note," in the EMR under the "Notes" tab written by Social Services Director (SSD) dated NJ EX Order. 264b1 at 2:45 PM indicated, she spoke with R79 today about the incident NJ EX had with NJ EX roommate, R53. R79 said he was having trouble sleeping and does keep NJ EX overbed light on for reading. NJ EX had NJ EX curtain closed and did not mean to upset NJ EX former roommate. SSD explained to R79 he had every right to read at night.

During an interview on 02/07/24 at 3:20 PM, RN1 stated that she was at the nurse's station on NJ EX Order. 264b1 when R79 walked up to her NJ EX Order. Ex. Or. and told her R53 NJ EX Order. 2 but NJ EX did not know why. She said she walked back to the resident's room and spoke with R53 who told her "I wanted to go sleep and I wanted to go to bed, and NJ EX wouldn't let me, so NJ EX Order. 264 ." RN1 did remember R79 had some NJ EX Order. 264b1 and NJ EX Order. 264b1. Both residents were sent out to the emergency room and when they were readmitted, R53 was placed on another unit.

4. Review of the "Investigative Report," provided by the facility, revealed, "[R190] was NJ EX Order and

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 02/08/2024

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 600	Continued From page 13 NJ EX Order. 264b1 and NJ EX Order. 264b1 with a wheelchair. [R116] was NJ EX Or and NJ EX Order. 264b1 NJ EX O and to NJ EX immediate environment .... Summary/Conclusion: [R190] entered Room NJ EX Ord without permission and climbed into the bed of [R116]. [R190] was fully clothed at the time NJ EX entered NJ EX bed. [R116] demanded the resident get out of NJ EX bed and room." Review of the "Admission Record" found under the "Profile" tab of the EMR revealed R116 was admitted to the facility on NJ EX Order. 264b1 with a diagnosis of NJ EX Order. 264b1er. 264b1 , and NJ EX Order. 264b1 Review of the quarterly "MDS" found under the "MDS" tab of the EMR, with an ARD of NJ EX Order. 264b1 indicated the resident scored a NJ EX O on NJ EX Ord BIMS" indicating NJ EX Order. 264b1 . Record review of the "Admission Record" in the EMR under the "Profile" tab revealed R190 was admitted to the facility on NJ EX Order. 264b1 and discharged immediately after the above incident on NJ EX Order. 264b1 with a diagnosis of NJ EX Order. 264b1 , and NJ EX Order. 264b1 NJ EX Or . Review of the quarterly "MDS" found under the "MDS" tab of the EMR, with an ARD of NJ EX Order. 264b1 indicated the "BIMS" score of NJ EX Order. 264b1 which indicated NJ EX Order. 264b1 . Review of the "Progress Note," in the EMR under the "Notes" tab documented by the SSD dated NJ EX Order. 264b1 at 8:55 AM, titled, "Communication with Resident" indicated, "On NJ EX Order. 264b1 [R190] approached this SSD and asked ...if NJ EX could visit any of the NJ EX Order. 264 residents at that end of the	F 600		

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 02/08/2024

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 600	Continued From page 14	F 600		

hall? SSD explained that NJ EX was not able to visit with any residents in their room as it was a resident's right to privacy issue. All visits must be in the common area dayroom. [R190] expressed an understanding and the conversation ended."

Review of the "Progress Note" in the EMR under the "Notes" tab dated NJ EX Order. 264b1 at 10:04 AM, revealed the R190 was observed by staff to be in R116's room in NJ EX bed, fully clothed. The NJ EX Order. 26 resident did not want R190 in NJ EX room at the time NJ EX was in the room. Staff ensured the resident exited the NJ EX Order. 26 resident's room and back to NJ EX room. The resident was educated this behavior is not acceptable and immediately placed on NJ EX supervision. A call was placed to the doctor's office to inform of the resident's behavior and sent to hospital for evaluation and has not returned to the facility.

Interview with Certified Nursing Assistant (CNA)7 on 02/07/24 at 12:05 PM, CNA7 stated that she saw R190 lying in the bed with R116. NJ EX had NJ EX in the bed like they were NJ EX Order. 264b1. CNA7 stated she went to go get help and when she returned, R190 had NJ EX Order. 264b1. Two CNAs helped R190 up and got NJ EX out of the room. CNA7 stated she had never seen R190 in R116's room prior to the incident.

Interview with Assistant Director of Nursing (ADON) and the Administrator on 02/07/24 at 12:12 AM revealed she had to do a full investigation. The ADON and the Administrator stated they interviewed the CNA who found the resident. The SSD interviewed the residents, and the Administrator interviewed the staff. The Administrator stated they did not interview the SSD because she was not a part of the

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 02/08/2024

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 600	Continued From page 15	F 600		

accusation. When asked about the SSD having knowledge of the resident wanting to visit residents' rooms prior to the incident, the Administrator stated, every morning we have a morning meeting with all department, in which the SSD attends. The Administrator stated she did not recall anything prior that was brought to our attention about R190 wanting to visit resident's room during the morning meetings.

During an interview on 02/08/24 at 11:53 AM, the DON stated that she did not know why there were no specific changes to interventions that were identified and implemented after each of the incidents that occurred. The DON agreed there should have been. The DON said she sees now there should have been something done after the residents were readmitted following the incidents to ensure continued safety for all the residents.

During an interview on 02/08/24 at 3:21 PM, the Administrator stated how the facility handled preventing resident-to-resident abuse and identifying new interventions depending on the level of aggression during an incident. They would tell staff on that floor to just keep an eye on the resident but that was not documented and there was no supervision.

Review of the undated facility's policy titled "[Name of Facility] /Abridged Abuse Policy for Annual Review" revealed the "goal was to keep all residents of [Name of Facility] free from abuse."

NJAC 8:39-4.1(a)5
NJAC 8:39-33.2(c)12

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 02/08/2024

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 609	Continued From page 16	F 609		
F 609 SS=E	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview and policy review, the facility failed to ensure allegations of NJ EX Order. 264b1 abuse and injury of unknown origin were reported to the State Survey Agency (SSA) timely for three of seven residents (Resident (R)191, R79 and R116) reviewed for	F 609	We are now following the new procedure which will show proof that we emailed in a timely manner for all future reportables. All residents have the potential to be affected by this deficient practice.	2/13/24

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 02/08/2024

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 609	Continued From page 17 NJ EX Order. 264b1 abuse and one of one resident (R79) reviewed for injury of unknown origin. Findings include: 1. Review of R168's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed she was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnoses including [redacted]. Review of R191's "Admission Record," located in the "Profile" tab of the EMR revealed she was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnosis including [redacted]. Review of a "Nurse's Note" in the EMR under the "Notes" tab written by Licensed Practical Nurse (LPN) 1 dated [redacted] at 9:13 AM indicated a nurse was called to R168's room. R191 stated "NJ EX Order. 264b1." R168 was observed sitting in a chair. The Director of Nursing (DON) and physician were made aware. During an interview on 02/07/24 at 11:03 AM, LPN1 stated that the DON was made aware of the incident on [redacted] at 9:13AM. Review of the facility's "Reportable Event" provided by the DON revealed the incident occurred on [redacted] at 8:49 AM. However, the incident was not reported to New Jersey Department of Health (NJDOH) until [redacted] at 8:50 AM.	F 609	Education provided to staff on abuse protocols, specifically, any abuse must be reported to DOH within 2 hours. Signs were put up with name and phone number of abuse coordinator to contact. This will become part of our orientation education as well as our annual education. Administrator/DON/ADON/designee will audit abuse reportable events to observe and to assure they are reported timely and protocols are being adhered to. 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. 02/13/2024	

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 02/08/2024

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 609	Continued From page 18 2. Review of a "Nurse's Note," in the EMR under the "Notes" tab written by Registered Nurse (RN) 1 and dated [redacted] at 3:37 PM indicated, R79 was punched in the back by R168. Review of the facility's "Reportable Event" provided by the DON revealed the incident occurred on [redacted] at 2:30 PM. However, the incident was not reported to NJDOH until [redacted] at 1:43 PM. 3. Review of R53's "Admission Record," located in the "Profile" tab of the EMR revealed R53 was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnoses including NJ EX Order. 264b1 [redacted]. Review of a "Nurse's Note," in the EMR under the "Notes" tab written by LPN8 dated [redacted] at 9:01 PM indicated, R79 came to nurses' station with an obvious injury to [redacted] and stated that [redacted] roommate R53 [redacted] multiple times in [redacted]. Review of the facility's "Reportable Event" provided by the DON revealed the incident occurred on [redacted] at 9:01 PM. However, the DON could not provide any documentation that the incident was reported to NJDOH. 4. Review of the facility's document titled "Reportable Event Record/Event" provided by the facility, revealed an "Event" occurred on [redacted] at 7:05 PM where, "R190 entered [R116's room without permission and climbed into the bed with R116. R190 was fully clothed at the time he entered the room and climbed into the bed of	F 609		

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 02/08/2024

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 609	Continued From page 19	F 609		

R116. R116 demanded the resident get out of the bed and the room.

Review of the "Intake Information" document provided by the DON revealed the facility reported the incident on [redacted] at 9:12 AM.

5. Review of R79's "Admission Record," located in the "Profile" tab of the EMR revealed she was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnosis of NJ EX Order. 264b1,

Review of a "Nurse's Note," in the EMR under the "Notes" tab written by RN4 dated [redacted] at 7:55 PM indicated that RN4 was informed by one of the Certified Nursing Assistants (CNAs) that the R79 was NJ EX Order. 264b1. [redacted] was found lying on [redacted] bed with a NJ EX Order. 264b1 on [redacted]. The resident cannot tell us exactly what happened. The resident was sent to the emergency room for further intervention and evaluation.

During an interview on 02/08/24 at 8:42 AM, RN9 stated that R79's roommate came out of the room and reported to a CNA who reported to RN9 that R79 was lying on the bed [redacted] from the [redacted] RN9 stated that R79 was not able to state how the injury occurred. RN9 stated that he reported it to the DON and sent R79 to the hospital.

Review of the facility's "Reportable Events" provided by the DON revealed the injury of unknown origin was never reported to NJDOH.

During an interview on 02/08/24 at 11:53 AM the DON confirmed that she did not report R79's

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 02/08/2024

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 609	Continued From page 20	F 609		

injury of unknown origin to NJDOH, because R79 was able to tell her what occurred. The DON stated that she no documentation of the conversation with R79 and did not know when the conversation occurred. The DON was shown RN9's "nurses note" dated [redacted] which indicated R79 was unable to tell how the injury occurred. The DON had no response once the nurses note was reviewed.

During an interview on 02/08/24 at 3:21 PM, the Administrator said the facility must report any concerns or incidents to the state agency within two hours and they had five days to submit the final report. The Administrator stated the incidents that occurred on [redacted] and [redacted] were both reported in time but there was no documentation to prove that. She said she thinks the incident that occurred on [redacted] was reported but she would have to look. They did not report the injury that R79 sustained on [redacted] because she said the DON said the resident was able to tell staff what occurred. However, there was no documentation of that conversation. The Administrator provided no further documentation prior to the survey team's exit from the facility.

Review of the undated facility's policy titled, "Crystal Lake Health Care and Rehabilitation Center/Abridged Abuse Policy for Annual Review" revealed, "Allegations of abuse can be reported by anyone with knowledge of an incident, including ' residents, employees, family members, responsible parties, and visitors. Regarding employees, all staff members are required to immediately report any form of suspected abuse, as well as any sign of an injury to a resident, regardless of whether the cause is known. Whenever possible, allegations should be

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 02/08/2024

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 609	Continued From page 21 reported to a representative of the social services department." NJAC 8:39-9.4(f)	F 609		
F 610 SS=E	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview and policy review, the facility failed to ensure resident-to-resident abuse and injury of unknown origin were investigated thoroughly for two of seven residents reviewed for NJ EX Order. 264b1 abuse (Resident (R)191 and R79) and for one of one injury of unknown origin (R79). Findings include:	F 610	Education provided immediately on proper investigation protocols was given to staff. All residents have the potential to be affected by this deficient practice. Education provided to staff on abuse protocols, specifically, any abuse must be	2/13/24

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 02/08/2024

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 610	Continued From page 22 1. Review of R168's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed she was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnoses including [redacted] r and [redacted] NJ EX Order. 264b1 . Review of R191's "Admission Record," located in the "Profile" tab of the EMR revealed she was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnosis of [redacted] Review of the facility's "Reportable Event" provided by Director of Nursing (DON) revealed the incident occurred on [redacted] at 8:49 AM. Further review revealed there was no documentation of an investigation. There were no NJ EX Order. 264b1 or statements by staff or residents. Review of a "Nurse's Note," in the EMR under the "Notes" tab written by Licensed Practical Nurse (LPN) 1 dated [redacted] at 9:13 AM indicated, nurse was called to R168 room and R191 stated, NJ EX Order. 264b1 ." R168 was observed sitting in a chair. The DON and physician was made aware and 911 was called to report assault. Order to send resident to emergency room (ER) for evaluation. During an interview on 02/07/24 at 11:03 AM, LPN1 stated on [redacted] she went into R168's room and observed [redacted] sitting on the bed. R191, who was the roommate at the time told her "This NJ EX Order. 264b1 and just NJ EX Order. 264b1 ."	F 610	reported to DOH within 2 hours. Signs were put up with name and phone number of abuse coordinator to contact. This will become part of our orientation education as well as our annual education. Administrator/DON/ADON/designee will audit abuse reportable events to observe and to assure they are reported timely and protocols are being adhered to. 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. 2/13/2024	

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 02/08/2024

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 610	Continued From page 23 The DON was made aware of the incident. 2. Review of R79's "Admission Record," located in the "Profile" tab of the EMR revealed [redacted] was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnoses including NJ EX Order. 264b1 and NJ EX Order. 264b1 . Review of the facility's "Reportable Event" provided by the DON revealed the incident occurred on [redacted] at 2:30 PM. Further review revealed there was no documentation of an investigation. There were no [redacted] assessments or statements by staff or residents. Review of a "Nurse's Note," in the EMR under the "Notes" tab written by Registered Nurse (RN) 1 dated [redacted] at 3:37 PM indicated that R79 was NJ EX Order. 264b1 by R168 3. Review of R53's "Admission Record," located in the "Profile" tab of the EMR revealed she was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnoses including NJ EX Order. 264b1 [redacted], Review of R53's quarterly "MDS" assessment under the "MDS" tab of the EMR, with an ARD of [redacted] revealed a "BIMS" score of [redacted] which indicated moderate cognitive impairment. Review of the facility's "Reportable Event" provided by the DON revealed the incident occurred on [redacted] at 9:01 PM. Further review revealed there was no documentation of an investigation. There were no [redacted] assessments or statements by staff or residents.	F 610		

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 02/08/2024

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 610	Continued From page 24	F 610		

Review of a "Nurse's Note," in the EMR under the "Notes" tab written by LPN8 dated NJ EX Order. 264b1 at 9:01 PM indicated, R79 came to nurses' station with an obvious injury to NJ EX Order. 264b1 and stated that NJ EX roommate R53. NJ EX Order. 264b1 in NJ EX C NJ EX Or.

4. Review of the facility Reportable Events provided by DON revealed the injury of unknown origin was not investigated. There was no documentation of an investigation.

Review of a "Nurse's Note," in the EMR under the "Notes" tab written by RN4 dated NJ EX Order. 264b1 at 7:55 PM indicated that RN4 was informed by one of the Certified Nursing Assistants (CNAs) that the R79 was NJ EX Order. 264b1 and was found lying on NJ EX bed with a NJ EX Order. 264b1 on NJ EX Order. 264b1. The resident cannot tell us exactly what happened.

During an interview on 02/08/24 at 11:53 AM, the DON stated that the Administrator would delegate to each staff person their role during the investigation. She said during an investigation skin assessment should have been completed along with written statements from staff. Staff should talk to everyone who could be a witness, including direct care staff and any other staff that were around. She was unsure who would get the residents' statements. The DON was unsure where all the documentation for the investigations into all three of the incidents was located. The DON confirmed that there should have been statements by all staff and other residents at the times of each of the incidents. She stated that R79's injury that occurred on NJ EX Order. 264b1 was not investigated.

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 02/08/2024

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 610	Continued From page 25 During an interview on 02/08/24 at 3:21 PM, the Administrator stated that she assists with all of the facility's investigations. The Administrator stated that Social Services Director (SSD) would interview the residents involved and other residents on the unit at the time the incident occurred, and that all staff, whoever was working at the time, would also be interviewed. The Administrator stated whenever there was an injury of unknown origin staff should go back 72 hours and talk to all the staff that provided care or interacted with that resident. She stated that NJ EX Ord assessments would be completed for NJ EX Order: 26401 residents. The Administrator stated she was unsure if there were resident or staff statements or any additional documentation of an investigation into all three incidents. She said she did look at all the documentation before completing the investigation's final summary, but she was unable to answer why there was nothing additional. Review of the undated facility's policy titled "Crystal Lake Health Care and Rehabilitation Center/Abridged Abuse Policy for Annual Review" revealed, " ...once a report is received, the administrative team will conduct a thorough investigation in a timely matter, while ensuring safety of all residents involved ..." NJAC 8:39-9.4(f)	F 610		
F 638 SS=E	Qrtly Assessment at Least Every 3 Months CFR(s): 483.20(c) §483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than	F 638		2/13/24

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 02/08/2024

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 638	Continued From page 26 once every 3 months. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, the facility failed to complete the quarterly Minimum Data Set (MDS) assessment in a timely manner for 14 of 35 sampled residents (Resident (R) 11, R12, R24, R38, R47, R53, R76, R80, R85, R99, R116, R145, R157 and R171). Findings include: Review of the "CMS's RAI 3.0 User's Manual Version 1.18.11, " dated 10/01/23, revealed " ... Chapter 2: Assessment for the RAI ... 05. Quarterly Assessment (A0310A = 02) The Quarterly assessment is an OBRA non-comprehensive assessment for a resident that must be completed at least every 92 days following the previous OBRA assessment of any type. It is used to track a resident's status between comprehensive assessments to ensure critical indicators of gradual change in a resident's status are monitored. As such, not all MDS items appear on the Quarterly assessment. The ARD (A2300) must be not more than 92 days after the ARD of the most recent OBRA assessment of any type ...." 1. Review of R80's "Admission Record," located in the EMR under the "Profile" tab, revealed the resident was admitted to the facility on [redacted] with diagnoses that included [redacted] NJ EX Order. 264b1 [redacted]) and [redacted] NJ EX Order. 264b1).	F 638	Quarterly Minimum Data Set assessments were completed for 14 residents by 2/8/2024. All residents have the potential to be affected by this deficient practice. DON/ADON/IDC Team has been in-serviced on completing quarterly assessments timely. This will become part of our orientation education as well as our annual education. MDS Coordinator/DON will audit all residents MDS to assure quarterly mds are completed timely. 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.	

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 02/08/2024

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 638	Continued From page 27	F 638		

Review of R80's "MDS" located in the EMR under the "MDS" tab revealed an annual "MDS" was submitted with an ARD of [redacted] However, the quarterly MDS with an ARD of [redacted] was not submitted until [redacted], 76 days late.

2. Review of R99's "Admission Record," located in the EMR under the "Profile" tab, revealed the resident was admitted to the facility on [redacted] with diagnosis of NJ EX Order. 264b1 [redacted]

Review of R99's "MDS" located in the EMR under the "MDS" tab revealed a quarterly "MDS" was submitted with an ARD of [redacted]. However, the quarterly "MDS" with an ARD of [redacted] was not submitted until [redacted], 85 days late.

3. Review of 145's "Admission Record," located in the EMR under the "Profile" tab, revealed the resident was admitted to the facility on [redacted] with diagnosis of NJ EX Order. 264b1 [redacted]

Review of R145's "MDS" located in the EMR under the "MDS" tab revealed a quarterly "MDS" was submitted with an ARD of [redacted]. However, the quarterly "MDS" with an ARD of [redacted] was not submitted until [redacted], 88 days late.

4. Review of R171's "Admission Record," located in the EMR under the "Profile" tab, revealed the resident was admitted to the facility on [redacted] with diagnosis of other NJ EX Order. 264b1 and [redacted].

Review of R171's "MDS" located in the EMR under the "MDS" tab revealed a quarterly MDS

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 02/08/2024

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 638	Continued From page 28	F 638		

was submitted with an ARD of [redacted]. However, the quarterly "MDS" with an ARD of [redacted] was not submitted until [redacted], 88 days late.

5. Review of R24's "Admission Record," located in the EMR under the "Profile" tab, revealed the resident was admitted to the facility on [redacted] with diagnoses that included [redacted]).

Review of R24's "MDS" revealed a quarterly "MDS" was submitted with ARD of [redacted]. However, the quarterly "MDS" with an ARD of [redacted] was not submitted unit [redacted], 88 days late.

6. Review of R47's "Admission Record," located in the EMR under the "Profile" tab, revealed the resident was admitted to the facility on [redacted] with diagnoses that included [redacted]).

Review of R47's "MDS" Admission Record", tab revealed a quarterly "MDS" was submitted with ARD of [redacted]. However, quarterly "MDS" with an of [redacted] was not submitted until [redacted] 88 days late.

7. Review of R38's "Admission Record," located in the "Profile" tab of the EMR revealed R38 was admitted to the facility on readmitted to the facility on [redacted] with diagnosis of [redacted] NJ EX Order. 264b1 .

Review of R38's "MDS" located in the EMR under the MDS tab revealed a quarterly MDS an ARD of [redacted] was not completed until [redacted], 47 days later.

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 02/08/2024

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 638	Continued From page 29 8. Review of R12's "Admission Record," located in the "Profile" tab of the EMR revealed R12 was admitted to the facility on [redacted] with a diagnosis of NJ EX Order. 264b1. Review of R12's "MDS" located in the EMR under the MDS tab revealed quarterly MDS with an ARD of [redacted] was not completed until [redacted], 77 days later. 9. Review of R116's "Admission Record," located in the "Profile" tab of the EMR revealed R116 was admitted to the facility on [redacted] with a diagnosis of NJ EX Order. 264b1. Review of R116's "MDS" located in the EMR under the MDS tab revealed a quarterly MDS with an ARD of [redacted] was not completed until [redacted], 62 days later. 10. Review of R157's "Admission Record," located in the "Profile" tab of the EMR revealed R157 was admitted to the facility on [redacted] with diagnoses of NJ EX Order. 264b1 [redacted] Review of R157's "MDS)" located in the "MDS" tab of the EMR revealed an annual "MDS": was submitted with an ARD of [redacted] However, the quarterly "MDS" with an ARD of [redacted] was not submitted unit [redacted] 59 days late. 11. Review of R11's "Admission Record" located in the "Profile" tab of the EMR revealed R11 was admitted to the facility on [redacted] with diagnoses of NJ EX Order. 264b1 [redacted]. Review of R11's "MDS" located in the "MDS" tab	F 638		

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 02/08/2024

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 638	Continued From page 30	F 638		

of the EMR revealed a quarterly MDS was submitted with an ARD of [redacted]. However, the quarterly "MDS" with an ARD of [redacted] was not submitted until [redacted], 55 days late.

12. Review of R76's "Admission Record" located in the "Profile" tab of the EMR revealed R76 was admitted to the facility on [redacted] with diagnoses of NJ EX Order. 264b1 [redacted]

Review of R76's "MDS" located in the "MDS" tab of the EMR revealed the admission "MDS" was submitted on [redacted] However, the quarterly "MDS" with an ARD of [redacted] was not submitted until [redacted], 19 days late.

13. Review of R85's "Admission Record" located in the "Profile" tab of the EMR revealed R85 was admitted to the facility on [redacted] with diagnoses of NJ EX Order. 264b1 and NJ EX Order. 264b1

Review of R85's "MDS" located in the "MDS" tab of the EMR revealed the quarterly "MDS" was submitted with an ARD of [redacted]. However, the quarterly "MDS" with an ARD of [redacted] was not submitted until [redacted] 38 days late.

14. Review of R53's "Admission Record" located in the "Profile" tab of the EMR revealed R53 was admitted to the facility on [redacted] with diagnoses of NJ EX Order. 264b1 and NJ EX Order. 264b1

Review R53's "MDS" located in the "MDS" tab of the EMR revealed a quarterly "MDS" was submitted with an ARD of [redacted]. However, the quarterly "MDS" with an ARD of [redacted] was not submitted until [redacted], 29 days late.

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 02/08/2024

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 638	Continued From page 31 During an interview on 02/08/24 at 11:38 AM, the Director of Nursing (DON) confirmed she served as the MDS Coordinator and that the MDS assessments should be submitted no later than 92 days after the ARD of the last comprehensive assessment according to the RAI User's Manual. The DON stated she completed MDS assessments in December 2023 but forgot to submit them.	F 638		
F 644 SS=D	NJAC 8:39-11.2(h) Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and policy review, the facility failed to ensure that a	F 644	PASARR from readmission was found and was sent to surveyors. Education was	2/13/24

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 02/08/2024

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 644	Continued From page 32 new Preadmission Screening and Resident Review (PASARR) Level I assessment was submitted after a new [redacted] illness diagnosis for one (Resident (R)168) out of 3 residents reviewed for PASARR. Findings include: Review of R168's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed [redacted] was admitted to the facility on [redacted] and was re-admitted on [redacted] with diagnoses including NJ EX Order. 264b1 [redacted] NJ EX Order. 264b1 NJ EX Order. 264b1 Review of R168's quarterly "Minimum Data Set (MDS)" assessment under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of [redacted] and the "Brief Interview for Mental Status (BIMS)," score of NJ EX Order. 264b1 which indicated NJ EX Order. 264b1 . Review of R168's "Initial Assessment PASARR" located under the "Resident Documents" tab in the EMR and dated [redacted] did not indicate any mental illness diagnosis. Further review revealed the only [redacted] illness diagnosis listed was NJ EX Order. 264b1 Review of "Section [redacted] Illness Primary [redacted] Exclusion" revealed it was not completed. No other PASARR Level I was completed after the initial assessment was completed on [redacted] Review of R168's "Diagnosis List," located under the "Medical Diagnosis" tab of the EMR revealed a diagnoses of NJ EX Order. 264b1 and	F 644	given to Social Service Director, Social Worker and Admission Director on importance of obtaining PASARR for admissions, readmissions, making sure it matches the resident and assuring it is in emr as well as Chart at nurses station. PASARR should be reviewed and updated promptly when a resident with [redacted] or [redacted] experiences a significant change in mental or physical status. All residents have the potential to be affected by this deficient practice. Education was given to staff on importance of admissions and social work staff obtaining PASARR for admissions, readmissions, making sure it matches the resident and assuring it is in emr as well as Chart at nurses station. It is located after the face sheet in the charts. Active resident charts will be reviewed to assure PASARR are up to date, in correct spot in the emr. This will become part of our orientation education as well as our annual education Administrator/Social Worker/designee will audit all active resident charts to observe and to assure the process and protocols for PASSAR are being adhered to. 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	

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 02/08/2024

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 644	Continued From page 33 NJ EX Order. 264b1 dated NJ EX Order. 264b1 and NJ EX Order. 264b1 dated NJ EX Order. 264b1 was not listed as a primary diagnosis. During an interview on 02/08/24 at 10:18 AM the Social Services Director (SSD) stated that admissions would notify her when a resident was going to be admitted and she would request the PASARR level I. She said that she would review the PASARR level I to ensure that it was accurate. She said whenever a resident had a new NJ EX Order. 26illness diagnosis, that a new PASARR level I would need to be completed. She said that when a resident declined and was sent to the hospital's behavioral unit, before the resident was readmitted, there should be a PASARR level II completed. She stated that she was unaware that R168 had several additional NJ EX Order. 2illnesses or that he had been sent out for behavioral health services within the last 12 months. She said there was no system in place to ensure any new NJ EX Order. 26illness diagnosis was reported to SSD so they could complete a new Level I. The SSD agreed that another PASARR level I should have been completed and that R168 needed a PASARR level II completed. During an interview on 02/08/24 at 2:55 PM the Director of Nursing (DON) stated that she did not have anything to do with PASARR process and she was not aware of the process, or the requirements related to it. During an interview on 02/08/24 at 3:21 PM, the Administrator said all the PASARRs came with the admission package, and the facility would not accept a resident if there wasn't a completed PASARR. She stated if the residents did not have	F 644	deficient practice. A monthly report will be given to the Administrator and the QAPI Committee. 2/13/2024	

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 02/08/2024

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 644	Continued From page 34 one completed then the SSD would complete a PASARR level I. She thought that all residents PASARRs were reviewed annually during care conferences, but she was unsure if there was a process to track and monitor those. Review of the facility's policy titled "Pre-Admission Screening Resident Review (PASARR), revised November 1, 2014, revealed, "To ensure that all Facility applicants are screened for mental illness [MI] and or intellectual disability [ID] prior to admission and to ensure this assessment effort is coordinated with the appropriate state agencies if indicated. Preadmission Screening and Resident Review (PASARR) is a federal requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care. The facility must notify the state designated mental health or intellectual disability authority promptly when a resident with MI or ID experiences a significant change in mental or physical status." NJAC 8:39-40.3(d)	F 644		
F 678 SS=D	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by:	F 678		2/13/24

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 02/08/2024

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 678	Continued From page 35 Based on record review, interview and policy review, the facility failed to ensure medical records included accurate advance directives for one (Resident (R) R88) of three residents reviewed for advance directives, of a total sample of 35 residents. Findings include: Review of the "Admission Record" found in the Electronic Medical Record (EMR) under the "Profile" tab documented R88 was admitted to the facility on [redacted] and had diagnoses that included NJ EX Order. 264b1 [redacted] Review of the quarterly "Minimum Data Set (MDS)" assessment found in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of [redacted] documented R88 had a Brief Interview of Mental Status (BIMS) score of [redacted] out NJ EX Order. 264b1 severe cognitive impairment. Review of R88's "Physician Order for Sustaining Treatment (POLST)" located in the EMR under the "Miscellaneous" tab dated [redacted] revealed, "Attempt r NJ EX Order. 264b1 NJ EX Order. 264b1 ..." Review of the "Physician Orders" located in the EMR under the "Orders" tab revealed R88 did not have a physician order for [redacted] Review of the facility's policy titled "Advance Directive" dated 06/17/19, provided by the Director of Nurses (DON) documented, "the physician will write an order on the Physician Order sheet specific to the Resident/Medical Proxy's wishes stated in the Resident's Advance Directive ..."	F 678	Education was immediately given to Social Service Director and Social Worker on importance of obtaining advance directives and/or POLST for admissions, readmissions, assuring it is in emr as well as Chart at nurses station. In addition POLST and advance directives should be reviewed during care plan meetings. All residents have the potential to be affected by this deficient practice. Education was given to staff on importance of obtaining advance directives and/or POLST for admissions, readmissions, assuring it is in emr as well as Chart at nurses station. It is located after the face sheet in the charts. In addition POLST and advance directives should be reviewed during care plan meetings. Active resident charts will be reviewed to assure advance directive and/or POLST are up to date, in correct spot and an order is on the emr. This will become part of our orientation education as well as our annual education Administrator/Social Worker/designee will audit all active resident charts to observe and to assure the process and protocols for advance directives/POLST are being adhered to. Audits will be completed weekly for the next 4 weeks and monthly for the next 3	

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 02/08/2024

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 678	Continued From page 36 During an interview on 02/07/24 at 5:20 PM, the DON said the Social Service Director (SSD) verified each resident's code status and the nurses were responsible for obtaining a physician order for each resident's code status. She confirmed there was no physician order for NJ EX ID:EX:D in R88's EMR. NJAC 8:39-14.2(b)	F 678	months. Audits will be on-going to prevent this deficient practice. A monthly report will be given to the Administrator and the QAPI Committee.	
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to maintain the cleanliness of the oxygen concentrators for two out of two residents (Resident (R) 38 and R12) of 35 sample residents. Findings include: 1. Observation on 02/05/24 at 12:05 PM, revealed R38's NJ EX Order: 264b1 was dirty with debris. Review of R38's "Admission Record" located	F 695	The two residents on NJ Ex Order: 264 had their NJ EX Order: 264b1 cleaned immediately. Education given to housekeeper immediately on importance of cleaning NJ EX Order: 264b1 properly. All residents have the potential to be affected by this deficient practice. Education given to staff on importance of cleaning NJ EX Order: 264b1 properly. This will become part of our orientation	2/13/24

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 02/08/2024

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 695	Continued From page 37 under the "Profile" tab of the electronic medical record (EMR) revealed the resident was admitted to on [redacted] with diagnosis of [redacted]. Review of the "Physician Orders" under the "Orders" tab of the EMR revealed the resident had an order dated [redacted] for "[redacted] via [redacted] @ [at][redacted] every shift for [redacted]" 2. Observation on 02/06/24 at 12:18 PM revealed R12's [redacted] filter and machine were dirty with debris. Further observation on 02/08/24 at 9:41 AM, the outside of R12's [redacted] machine was dirty with debris. Record review of the "Admission Record" found under the "Profile" tab of the EMR revealed R12 was admitted to the facility on [redacted] with a diagnosis of [redacted] Review of the "Physician Order" under "Orders" tab of the EMR revealed the resident had an order for "Apply [redacted] every shift." During an interview on 02/08/24 at 9:46 AM, Licensed Practical Nurse (LPN) 6 stated the [redacted] are cleaned by the housekeeping staff. During an interview on 02/08/24 at 9:58 AM, the housekeeper stated the [redacted] are cleaned once a month or when they are dirty. She provided a calendar of the cleaning schedule. Review of the cleaning schedule revealed R12's	F 695	education as well as our annual education Administrator/ Housekeeping Director/designee will audit residents with [redacted] to assure they are being cleaned properly. 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. 2/13/2024	

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 02/08/2024

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 695	Continued From page 38 room was not signed as completed. The housekeeper stated she was not there that day and if she does not work the rooms do not get cleaned. Review of the facility's policy titled, "Cleaning and Disinfection of Resident Care Equipment" revised 03/20/20, indicated, "I. The following categories are used to distinguish the level of sterilization/disinfection necessary for items used in resident care ...B. Semi-critical items consist of items that come in contact with mucous membranes or non-intact skin (e.g. respiratory therapy equipment) ..." NJAC 8:39-19.4(k)	F 695		
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.	F 700		2/13/24

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 02/08/2024

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 700	Continued From page 39 §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to attempt to use appropriate alternatives prior to installing a [NJ EX Order 264] and failed to complete quarterly assessments for the continued use and safety of the [NJ EX Order 264] for one of one resident reviewed for [NJ EX Order 26480] out of 35 sampled residents (Resident (R) 80). Findings include: Review of the facility's policy titled "[NJ EX Order 26480] revised 10/01/17, revealed "Purpose To determine the appropriateness of [NJ EX Order 26] use for individual residents. Procedure I. The Assessment of whether to use [NJ EX Order 26480] should include an evaluation of the alternatives to the use of [NJ EX Order 264] that were attempted and how these alternatives failed to meet the resident's assessed needs. II. If [NJ EX Order 26480] are to be used, the assessment form, [NJ EX Order 26480] Utilization Assessment, by a licensed nurse and/or the IDT ... i. Before installing a [NJ EX Order 264], the Facility must: a. Assess the risk resident for risk of [NJ EX Order 26480] from [NJ EX Order 26480]; and b. Ensure the bed's dimensions are appropriate for the resident's size and weight. The manufacturer's recommendations and specifications for installing and maintaining [NJ EX Order 2648] will be followed ... IV. Ongoing Monitoring and Supervision A. After installation of [NJ EX Order 26480], the IDT will document the review of the use of [NJ EX Order 26480] at a minimum of quarterly. Re-evaluations should include a	F 700	Education given to Rehab director and maintenance director regarding [NJ EX Order 26480], safety and importance of proper protocols followed when deciding to use [NJ EX Order 26480]. Education given to IDT about importance of assessing continued use of [NJ EX Order 2648] and following proper protocols. All residents have the potential to be affected by this deficient practice. Education given to staff regarding importance of assessing continued use of [NJ EX Order 2648] and following proper protocols. All residents with [NJ EX Order 26480] will be assessed for alternatives to [NJ EX Order 26480]. All residents needing [NJ EX Order 2648] will have proper documentation in chart and will be assessed at monthly meetings for alternatives to bed rails. This will become part of our orientation education as well as our annual education. Administrator/Maintenance Director/Rehab Director/designee will audit all residents with [NJ EX Order 26480]. Rehab will assess for need. Maintenance will assess for safety. Nursing will assess for proper documentation.	

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 02/08/2024

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 700	Continued From page 40 discussion of any adverse effects of NJ EX Order. 264b1 and attempts to eliminate the need for the NJ EX Order. 264b1 if it is being used as a NJ EX Order. 264b1 Review of R80's "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed the resident was admitted to the facility on NJ EX Order. 264b1 with diagnosis of NJ EX Order. 264b1 Review of R80's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ EX Order. 264b1, located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of NJ EX Order. 264b1 which indicated the resident was NJ EX Order. 264b1 NJ EX Order. 264b1 Continued review of the "MDS" revealed R80 required NJ EX Or assistance of two persons with bed NJ EX Order. 264b1 and NJ EX Order. 264b1 Review of R80's "Multidisciplinary Therapy Screen," dated NJ EX Order. 264b1 provided by the Therapy department, revealed "may benefit from a NJ EX Or NJ EX Order. 264 to be placed on the side of NJ EX Order. 264b1 or away from the wall to promote NJ EX Order. 264b1 NJ EX Order. 264b1 and NJ EX Order. 264b1." Review of R80's NJ EX Order. 264b1 Safety Information and Consent Form," dated NJ EX Order. 264b1, revealed "the resident has read the risks of NJ EX Order. 264b1 and was given a copy of A Guide to Bed Safety Pamphlet and understand the serious risks associated with using NJ EX Order. 264b1; however, is making an informed consent decision for the use of NJ EX Order. 264b1 for safety and mobility" signed by the resident's Power of Attorney (POA). Review of R80's "Physician's Orders," dated NJ EX Order. 264b1, located in the EMR under the "Orders"	F 700	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.	

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 02/08/2024

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 700	Continued From page 41	F 700		

tab, revealed an order for "1 NJ EX Order. 264b1 to bed for NJ EX Order. 264b1 and NJ EX Order. 264b1

Review of R80's "Care Plan," dated NJ EX Order. 264b1 located in the EMR under the "Care Plan" tab, revealed under the problem of activities of daily living (ADL) self-care performance deficit bed mobility was an intervention that resident uses NJ EX Order. 264b1 to maximize independence with NJ EX Order. 264b1 in bed.

Observations on 02/05/24 at 1:40 PM and 02/06/24 at 4:45 PM revealed R80 was lying in the bed with NJ EX Order. 264b1 up on the right side of the head of the bed.

During an interview on 02/08/24 at 8:39 AM, the Director of Nursing (DON) stated the interdisciplinary team (IDT) recommended side rails and determined the continued use of the NJ EX Order. 264b1. Therapy staff evaluated the resident for use of the NJ EX Order. 264b1. A consent for the side rails was completed by the resident/resident representative prior to installation of the NJ EX Order. 264b1 NJ EX Order. 264b1 An order was obtained for the use of the NJ EX Order. 264b1 for positioning. A care plan was developed for the use of the NJ EX Order. 264b1 Maintenance installed the side rail and conducted quarterly NJ EX Order. 264b1 installation assessments. The DON confirmed the NJ EX Order. 264b1 assessments were not completed on a quarterly basis and attempts to use appropriate alternatives to NJ EX Order. 264b1 were not performed prior to the therapy evaluation for NJ EX Order. 264b1.

During an interview on 02/08/24 at 9:21 AM, the Director of Therapy acknowledged alternatives to NJ EX Order. 264b1 were not attempted prior to the NJ EX Order. 264b1 evaluation for use of them as an NJ EX Order. 264b1 by the therapy department. The Director of Therapy

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 02/08/2024

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 700	Continued From page 42 stated the residents were trialed using the [redacted] as an [redacted] then they were installed after determined to benefit the resident. During an interview on 02/08/24 at 12:24 PM, Licensed Practical Nurse (LPN)1 confirmed R80 used the [redacted] to [redacted] in bed and was not aware of any alternatives to [redacted] were attempted prior to referred to therapy for use of them. LPN1 stated that [redacted] assessments were not completed by nursing staff. During an interview on 02/08/24 at 3:57 PM, the Administrator verified the use of ongoing need for the [redacted] are discussed in the IDT meetings, but an assessment form has not been completed documenting the attempts tried to discontinue them, safety of the use of them, and ongoing need to use them. The Administrator stated that [redacted] were not used for a long time at the facility and when they started using them again last year for [redacted] as recommended by the therapy department, they forgot to implement the completion of assessments for the continued use of [redacted] by the nursing staff.	F 700		
F 880 SS=D	NJAC 8:39-27.1(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880		2/13/24

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 02/08/2024

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 880	Continued From page 43 §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable	F 880		

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 02/08/2024

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 880	Continued From page 44 disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, policy review and manufacturer's guidelines review, the facility failed to prevent the potential spread of infection and cross-contamination between residents in that the nurses did not disinfected the NJ EX Order 26401 after completing R76's NJ EX Order 26401 per the facility's policy prior to storage of the NJ EX Order 26401 and the nurse failed to sanitize the top of the medication cart and residents' beside table after placing the unclean NJ EX Order 26401 directly on the two surfaces for two residents (Resident (R) 76 and R4) of three residents in the sample of 35. In addition, one of one Certified Nursing Assistant (CNA10) staff failed to sanitize their hands between direct contact with residents, R22 and R88. Findings include:	F 880	The nurse was taken off duty immediately to be given in depth training completed on proper protocol to disinfect the NJ EX Order 26401 after completing the resident's accu chek prior to storage of the NJ EX Order 26401 and to sanitize the top of the medication cart and residents' beside table after placing the unclean NJ EX Order 26401 directly on the two surfaces for two residents. The nursing aid was taken off duty immediately to be given an in depth training on how to sanitize their hands between direct contact with residents. All residents have the potential to be affected by this deficient practice.	

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 02/08/2024

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 880	Continued From page 45 1 Review of R76's "Admission Record" found in the Electronic Medical Record (EMR) under the "Profile" tab documented R76 was admitted to the facility on [redacted] and had a diagnosis of [redacted] NJ EX Order. 264b1. During an observation on 02/05/23 at 4:08 PM, Licensed Practical Nurse (LPN) 3 brought the [redacted] to R76's room and placed the [redacted] directly on R76's bedside table. When she completed the [redacted], she came out of the room and placed the [redacted] directly on the medication cart. After a few minutes, LPN3 cleaned the [redacted] with one alcohol wipe and placed the [redacted] in the medication drawer. LPN3 did not disinfect R76's overbed table and the top of the medication cart. LPN3 proceeded to another resident's room (room [redacted] to dispense medications. During an interview on 02/05/24 at 4:20 PM, LPN3 stated she was educated to use either alcohol wipes or purple top [redacted] wipes to clean the [redacted] She stated she did not use a barrier on the overbed table or top of the medication cart, placed the [redacted] directly on both surfaces, and did not clean the surfaces afterward. 2. Review of R4's "Admission Record" found in the EMR under the "Admissions" tab documented R4 was admitted to the facility on [redacted] and had a diagnosis of NJ EX Order. 264b1. During an observation on 02/05/24 at 4:30 PM, Registered Nurse (RN)1 placed the [redacted] directly on R4's bedside table. After completing R4's [redacted], RN1 placed the [redacted] directly on the medication cart. RN1 cleaned the	F 880	Staff has been in-serviced on proper infection control protocols specifically for med pass and for meal times. This will become part of our orientation education as well as our annual education Infection Preventionist/designee will audit nurses during med pass to assure they are following proper infection control procedures. IP/Dietician/will audit meal times assuring nursing aids are following proper procedures. 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. 2/13/2024	

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 02/08/2024

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 880		F 880		

Continued From page 46

NJ EX Order. 264b1 with a NJ EX Order wipe, placed it in the medication drawer once dry, however, did not clean the top of R4's bedside table and medication cart, locked the medication cart, and continued down the hallway.

During an interview on 02/05/24 at 4:35 PM, RN1 confirmed she did not clean R4's bedside table and the top of the medication cart after placing the NJ EX Order. 264b1 r directly on those surfaces.

Review of the facility's policy titled "Cleaning and Disinfection of NJ EX Order. 264b1 " dated 09/2010 documented "The following recommendations provide the guidance for the cleaning and decontamination of NJ EX Order. 264b1 that may be contaminated with NJ EX Order. 264b1 ...Any NJ EX ONJ EX Order. 264b1 used by more than one person will be cleaned and disinfected as stated in this policy ....Disinfect the exterior surfaces following the manufactures directions using a cloth/wipe with either an EPA-registered detergent/germicide with an tuberculocidal and HBV/HCV/HIV label claim ...Alcohol should never be used ...and is not an EPA-registered detergent/disinfectant ..."

Review of the manufacturer's guidelines titled, 'NJ EX Order. 264b1 NJ EX Order. 264b1 Monitoring System User's Guide" dated 2003 documented the NJ EX Order. 264b1, "should be cleaned and disinfected between each patient ...Disinfect your meter with one of the approved disinfectant detergent or germicidal wipes. Allow the surface of the NJ EX Order to remain wet at room temperature for the contact time listed on the wipe's directions for use. Wipe all external areas of the NJ EX Order including both front and back surfaces until visibly wet ..."

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 02/08/2024

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 880	Continued From page 47 Review of the [redacted] wipe instructions used by the facility for cleaning/disinfecting equipment documented the wipes were EPA approved with the following instructions: "NJ EX Order. 264b1 wipes) - allow treated surface to remain wet for one minute. Let air dry." During an interview on 02/06/24 at 4:20 PM, the Director of Nurses (DON) said staff were to always use a barrier when placing a [redacted] on any surface such as on a resident's room bedside table and on the medication cart. She stated if the nurse forgot to place a barrier under the [redacted] the area was to be cleaned with a [redacted] wipe. The DON said the nurses were to use a [redacted] wipe to disinfect a [redacted] and were never to use alcohol wipes to clean the glucometer as the alcohol wipes were not effective to prevent potential [redacted] infections. 3. Review of R88's "Admission Record" found in the Electronic Medical Record (EMR) under the "Profile" tab documented R27 was admitted to the facility on [redacted] and had diagnoses that included NJ EX Order. 264b1 [redacted] The quarterly "MDS" found in R88's EMR under the "MDS" tab with an ARD of [redacted] documented R88 had a BIMS score of [redacted] out of [redacted], indicating NJ EX Order. 264b1 . Review of R22's "Admission Record" found in the EMR under the "Profile" tab documented R22 was admitted to the facility on [redacted] had diagnoses that included NJ EX Order. 264b1 and [redacted]	F 880		

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 02/08/2024

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 880	Continued From page 48 During a review of the quarterly "MDS" found in R22's EMR under the "MDS" tab with an ARD of [redacted] documented R22 had a BIMS score of [redacted] out [redacted] indicating [redacted] and required set up assistance with meals. During an observation on 02/06/24 at 1:05 PM, CNA10 was standing across from R22, reached across the table, and gave [redacted] a few bites of food with his fork. He then came and stood to the right of R22 and continued to feed R22 [redacted] meal using [redacted] fork. On 02/06/24 at 1:08 PM, CNA10 stood to the right of R88, who was sitting next to R22, fed [redacted] the last three bites of his meal using R88's spoon, and assisted [redacted] with [redacted] juice. CNA10 did not sanitize his hands prior to feeding R88. During an interview with CNA10 on 04/06/26 at 1:12 PM, he confirmed that he did not sanitize his hands after feeding R22 and prior to feeding R88. Review of the policy titled "Infection Control Overview" dated 11/2008 documented: "Healthcare providers are recommended to perform hand hygiene at certain points to disrupt the transmission of bacteria to patients ...Hand hygiene is recommended between patients before patient contact ...:" During an interview on 02/06/24 at 4:20 PM, the DON said staff were to sanitize their hands prior to interacting or feeding another resident. She said staff were to sanitize their hands between each resident contact.	F 880		

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 02/08/2024

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 880	Continued From page 49 NJAC 8:39-19.4(l)(n)	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061501	A. BUILDING: _____ B. WING _____	C 02/08/2024

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) COMPLETE DATE
S 000	Initial Comments 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: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. 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 Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were	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 trends and opportunities.	2/13/24

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

Electronically Signed | 02/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061501	A. BUILDING: _____ B. WING _____	C 02/08/2024

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) COMPLETE DATE
S 560	Continued From page 1 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA 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. For the week of Complaint staffing from 05/07/2023 to 05/13/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -05/07/23 had 15 CNAs for 220 residents on the day shift, required at least 27 CNAs. -05/08/23 had 18 CNAs for 220 residents on the day shift, required at least 27 CNAs. -05/09/23 had 21 CNAs for 220 residents on the day shift, required at least 27 CNAs. -05/10/23 had 21 CNAs for 220 residents on the day shift, required at least 27 CNAs. -05/11/23 had 24 CNAs for 219 residents on the day shift, required at least 27 CNAs. -05/12/23 had 24 CNAs for 219 residents on the day shift, required at least 27 CNAs. -05/13/23 had 17 CNAs for 219 residents on the day shift, required at least 27 CNAs. 2. For the week of Complaint staffing from 08/06/2023 to 08/12/2023, the facility was deficient in CNA staffing for residents on 4 of 7	S 560	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 school.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061501	A. BUILDING: _____ B. WING _____	C 02/08/2024

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) COMPLETE DATE
S 560	Continued From page 2 day shifts as follows: -08/06/23 had 24 CNAs for 215 residents on the day shift, required at least 27 CNAs. -08/07/23 had 23 CNAs for 214 residents on the day shift, required at least 27 CNAs. -08/10/23 had 26 CNAs for 213 residents on the day shift, required at least 27 CNAs. -08/11/23 had 26 CNAs for 213 residents on the day shift, required at least 27 CNAs. 3. For the week of Complaint staffing from 08/20/2023 to 08/26/2023, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows: -08/20/23 had 20 CNAs for 210 residents on the day shift, required at least 26 CNAs. -08/21/23 had 21 CNAs for 210 residents on the day shift, required at least 26 CNAs. -08/22/23 had 21 CNAs for 210 residents on the day shift, required at least 26 CNAs. -08/23/23 had 25 CNAs for 210 residents on the day shift, required at least 26 CNAs. -08/26/23 had 21 CNAs for 21`3 residents on the day shift, required at least 27 CNAs. 4. For the week of Complaint staffing from 11/19/2023 to 11/25/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -11/19/23 had 17 CNAs for 218 residents on the day shift, required at least 27 CNAs. -11/20/23 had 20 CNAs for 218 residents on the day shift, required at least 27 CNAs. -11/21/23 had 25 CNAs for 218 residents on the day shift, required at least 27 CNAs. -11/22/23 had 25 CNAs for 218 residents on the day shift, required at least 27 CNAs.	S 560	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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061501	A. BUILDING: _____ B. WING _____	C 02/08/2024

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) COMPLETE DATE
S 560	Continued From page 3 -11/24/23 had 24 CNAs for 217 residents on the day shift, required at least 27 CNAs. -11/25/23 had 24 CNAs for 217 residents on the day shift, required at least 27 CNAs. 5. For the 2 weeks of staffing prior to survey from 01/21/2024 to 02/03/2024, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -01/21/24 had 22 CNAs for 217 residents on the day shift, required at least 27 CNAs. -01/22/24 had 21 CNAs for 217 residents on the day shift, required at least 27 CNAs. -01/25/24 had 25 CNAs for 214 residents on the day shift, required at least 27 CNAs. -01/26/24 had 26 CNAs for 214 residents on the day shift, required at least 27 CNAs. -01/27/24 had 26 CNAs for 214 residents on the day shift, required at least 27 CNAs. -01/28/24 had 25 CNAs for 214 residents on the day shift, required at least 27 CNAs. -01/29/24 had 21 CNAs for 216 residents on the day shift, required at least 27 CNAs. -01/31/24 had 25 CNAs for 215 residents on the day shift, required at least 27 CNAs. -02/03/24 had 23 CNAs for 212 residents on the day shift, required at least 26 CNAs.	S 560		

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 _____	R-C 03/25/2024

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 Standard Survey Date: 02/08/24 Revisit Date: 03/25/24 Census: 215 Sample: 8 An Onsite Revisit Survey was conducted by the New Jersey Department of Health. The facility was found to be to in compliance with 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities.	{F 000}		

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

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.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061501 Y1	A. Building B. Wing Y2	3/25/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL LAKE HEALTHCARE AND REHABILITATION	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	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/13/2024	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?
2/8/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061501 Y1	A. Building B. Wing Y2	3/25/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL LAKE HEALTHCARE AND REHABILITATION	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	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/13/2024	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?
2/8/2024	☐ YES ☐ NO

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
315125 Y1	A. Building B. Wing Y2	3/25/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL LAKE HEALTHCARE AND REHABILITATION	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 F0550	Correction	ID Prefix F0583	Correction	ID Prefix F0600	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.12(a)(1)	Completed
LSC	02/13/2024	LSC	02/13/2024	LSC	02/13/2024
ID Prefix F0609	Correction	ID Prefix F0610	Correction	ID Prefix F0638	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.20(c)	Completed
LSC	02/13/2024	LSC	02/13/2024	LSC	02/13/2024
ID Prefix F0644	Correction	ID Prefix F0678	Correction	ID Prefix F0695	Correction
Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.24(a)(3)	Completed	Reg. # 483.25(i)	Completed
LSC	02/13/2024	LSC	02/13/2024	LSC	02/13/2024
ID Prefix F0700	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.25(n)(1)-(4)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	02/13/2024	LSC	02/13/2024	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?
2/8/2024	☐ YES ☐ NO