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 04/04/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ172203 Census: 217 Sample Size: 3 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. Survey date: 04/04/2024	F 000		
F 576 SS=D	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent	F 576		4/8/24

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

Electronically Signed | 05/08/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 576	Continued From page 1 with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense. §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Complaint #: NJ172203 Based on interviews, record review, and facility policy review, the facility failed to honor the rights to have in their possession a personal cell phone for 1 (Resident #1) of 3 sampled residents reviewed for resident rights. Findings included: The facility policy titled, "Personal Property," revised in September 2012, revealed "Residents are permitted to retain and use personal possessions and appropriate clothing, as space permits." A review of Resident #1's "Admission Record" revealed the facility admitted the resident on [redacted] with diagnoses that include [redacted] A review of Resident #1's admission Minimum Data Set (MDS), with an Assessment Reference	F 576	The resident was given his cell phone back immediately. All residents have the potential to be affected by this deficient practice. Staff has been in-serviced on the resident□s right 483.10(g)(6), 483.10(g)(7), 483.10(g)(8) and (483.10(g)9): 483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. 483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including	

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F 576	Continued From page 2 Date (ARD) of NJ ex order 26.4b1, revealed the resident had a Brief Interview for Mental Status (BIMS) score of NJ which indicated the resident had NJ Ex.Order 26.4(b)(1) . A review of Resident#1's care plan, initiated on NJ ex order 26.4b1 revealed the resident NJ ex order 26.4b1 [redacted] During an interview on 04/04/2024 at 12:33 PM, Resident #1 stated their cell phone was taken away from them because they used it to call 911. Resident #1 stated they did not like it, and now they must use the telephone located in the social services office or the nurses' station to call their family. During a telephone interview on 04/04/2024 at 1:30 PM, Resident #1's family member (FM) stated they bought Resident #1 a cell phone so the resident could communicate with them as they lived in another state. The FM acknowledged they did not ask the facility staff to take the resident's cell phone. The FM stated they were aware the resident called 911, so they asked the facility staff to try and address the resident's concerns. The FM stated they would like the facility to give the resident their cell phone back so they could communicate with each other. During an interview on 04/04/2024 at 11:56 AM, the Social Worker (SW) stated the resident called 911 a lot before they asked the nurses for help. The SW stated now the resident could use the telephone at the nurses' station. The SW acknowledged she took the resident's telephone, and it was now kept in the social services office	F 576	reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. 483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i)Privacy of such communications consistent with this section; and (ii)Access to stationery, postage, and writing implements at the resident's own expense. 483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This will become part of our orientation education as well as our annual education. DON/Social Workers/designee will audit resident with cell phones to assure the staff is compliant with the resident rights and that cell phones are no longer being	

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F 576	Continued From page 3 because the resident called 911 many times during a day. A review of Resident #1's progress note written by the SW and dated [NJ ex order 26.4b1] at 2:41 PM, revealed the SW notified Resident #1's FM that the resident's cell phone was being held in the social services office. During an interview on 04/04/2024 at 12:16 PM, Certified Nurse Aide (CNA) #2 stated he usually assisted Resident #1 to use the telephone that was located at the nurses' station. CNA #2 stated he had not observed the resident with a cell phone in their room. During an interview on 04/04/2024 at 2:17 PM, the Director of Nursing (DON) stated Resident #1's cell phone was taken away because the resident dialed 911 and the emergency authority kept coming to the facility. According to the DON, the resident did not inform the staff of their concerns before they called 911. Per the DON, moving forward the staff would not take the resident's cell phone away from they, the staff would instead, educate the resident to report their concerns to the staff before they called 911. The DON acknowledged the facility did not have a policy related to the use of cell phones. During an interview on 04/04/2024 at 2:25 PM, the Administrator stated the facility would not take away the cell phone from Resident #1 but would continue to educate the resident to not dial 911 and notify the staff of their concerns. New Jersey Administrative Code § 8:39-5.1(a)	F 576	held for residents. 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.	

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	5/10/2024 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 F0576	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.10(g)(6)-(9)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/08/2024	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?
4/4/2024	☐ YES ☐ NO